

Medical Pluralism and Homoeopathy in India and Germany (1810-2010). Practices in a comparative perspective

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The question of whether we face a “new medical pluralism” these days has been asked frequently. Undoubtedly, “biomedicine”, as the dominating modern medicine taught in universities and practiced by the majority of all physicians, is no longer – but was in fact never – alone in offering medical treatments to sick people. Amongst so-called “complementary and alternative medicines” (CAM) today, there are such different therapeutic methods as homoeopathy, naturopathy, ayurveda, yoga or traditional Chinese medicine. Since its foundation, research in the history of homoeopathy has been one of the main focuses of the Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart. For several years, this focus was broadened to the use and the history of “alternative” medical methods in general, dealing with questions concerning the “new medical pluralism” asked today and delivering a historical perspective to these questions. India is the country in which homoeopathy has received an amazing reception and developed a main role in the medical market. Since 1937, the therapeutic system, founded by the doctor Samuel Hahnemann at the beginning of the 19th Century, has even been one of the officially-accepted methods in India. In general, the tradition of medical pluralism is more evident there than in other Asian countries. Moreover, the official equality of “biomedicine” and the “other” therapies, ayurveda, yoga and naturopathy, unani, sidha and homoeopathy (AYUSH), is unique, giving medical pluralism in India a governmentally-supported basis. For all these reasons, a comparative perspective of India and Germany, specially focusing on homoeopathy, seemed very promising and therefore gave birth to the idea for this unrivalled conference. Scholars from very different disciplines were invited to Stuttgart to discuss the features of medical pluralism in those two countries.

In his introductory remarks, MARTIN DINGES (Stuttgart) sketched out the historical and current situation of the therapeutic landscape in India and Germany. Quoting the German ethnologist Pfeleiderer, he defined “medical pluralism” as a “juxtaposition of medical systems, which is a historical result of cultural and social developments leading to institutionalized forms of medical care”. Dinges then divided the historical development into three sections: the “old medical pluralism” until the 1880s/1900, followed by the “modern medical pluralism” up to the 1970s and the “new medical pluralism” from the 1980s onward. Dealing also with the different motivations for the patients’ demand for CAM, he focused on the systemic thresholds, on the one hand limiting the patients’ choice, and, on the other, personal preferences.

The first paper presented the world of the “old medical pluralism” dealing with the patients’ choices in 19th Century Münster. Based on patient journals, MARION BASCHIN (Stuttgart) was able to describe how and why sick people used the treatment of the two homoeopaths Clemens and Friedrich von Bönninghausen. As the majority of all the patients had only short-term therapy, the use was a sporadic one in most cases. But this is, by no means, a purely “homoeopathic” phenomenon. The same applies to “allopathic” practices in the 19th Century, which had already been under investigation. Homoeopathy cannot be seen as a real “alternative” in the medical market of Münster. Moreover, it was used as a “complementary” concept by most of the sick people, who searched for a cure, whatever it might have been.

SILVIA WAISSE (São Paulo) presented the pluralistic views of the 19th Century from the point of view of Johann M. Honigberger (1795-1869), a lay healer from Romania. In his publication, Honigberger discusses the state of medicine in the West and in the East at that time. After meeting Samuel Hahnemann in Paris, Honigberger even introduced homoeopathy in India. However, not satisfied with the healing successes of any of the current medical systems of his time, he decided to combine the best of all of them into his own medical system, being pragmatically rooted in experience, experiment and the use of small doses.

Some of the reasons why homoeopathy experienced such a warm welcome in India and could develop such a strong role in the medical market were shown in the paper of SHINJINI DAS (London). The advantages of homoeopathic therapy, such as the simplicity of learning it and the quick possibilities for self-help, as well as the philosophical ideas of the system fitted perfectly with the positive self-perceptions of Bengali families in the 19th Century. Therefore, the use of homoeopathic remedies could guarantee the preservation of familial health in Bengal by ensuring the well-being of various family members while looking after the overall structure of the institution of family itself, as the referee pointed out.

AVI SHARMA (Chicago) then posed the question of whether the “whiggish” way of writing history prohibited a proper view of medical pluralism in general. Focusing on progress or what is thought to be progress in medical history leaves all the “alternatives” that were available at a given time behind and neglects them. Specially referring to the example of “Naturheilkunde” in Imperial Germany, Sharma dealt with the interdependences of power and resistance, professionalisation and popular opinion, law and scientific authority, showing the different motivations and interests of the elite in handling an “alternative” system during the last decades before World War I.

Leading to the actual situation in “new” medical pluralism, HARALD WALACH (Frankfurt/Oder) presented the medical possibilities available in the German medical market. By taking into account the possibility of choice for or against CAM from doctors as well as the patients, he stressed the role of patients’ demand in the German system. But the main problem still is that the German health care system supports intervention and not time, a factor that is crucial for CAM therapies, which are often more time-consuming. Fortunately, insurance companies are slowly starting to rethink their strategies for dealing with illness and health, backed by the patients’ demands and the knowledge that CAM could save money, especially when dealing with chronic diseases, as Walach said.

In their papers, AMEETA MANCHANDA and RAJ MANCHANDA (both New Delhi) focused on the practice of medical pluralism in hospitals and primary health care units in India today. In many hospitals in India, “biomedicine” and AYUSH therapies are now offered at the same time. As A. Manchanda pointed out, the patients often choose the therapies according to their accessibility, affordability and personal preference. Moreover, the success story of the AYUSH therapies is explained by the support of the political administration, the

financial satisfaction and active participation of the patients. To this, R. Manchanda added the interesting fact that the number of patients in homoeopathic dispensaries was still increasing and indicating the growing popularity of the system. His study proves that homoeopathy is a popular, affordable and efficacious system of medicine at primary health care level – especially seen from the patients’ side. Therefore, homoeopathy has the potential to minimize the health care expenditure.

Staying in the field of everyday practice, HARISH NARAIN DAS (New Delhi) raised the question of according to which nosology remedies are prescribed. Obviously, “biomedicine” nosology delivers such a strong basis that this is also used in the AYUSH medical encounters. This cognitive and epistemic duality results for example in a conception of an “anatomical” heart and an ayurvedic “hyrdayam”. This can be particularly observed during the anamneses, with regard to the types of question the doctor asks and the answers given. Naraindas showed how the practitioners attempt to straddle two seemingly disparate cognitive universes and the translations which occur.

HUGUES DUSAUSOIT (Namur) described his experiences in the encounter of the practice of a homoeopathic doctor, working in primary health care in South India for three months. During this ethnographical study, he was astonished by the fact that, although homoeopathy claims to have intensive and time-consuming contact with the patients, reality showed a very different situation. His results especially provoked critical reactions from the participants who were practicing homoeopathy themselves. Nevertheless this paper was followed by fruitful discussions about the difference between theory and practice of health care providers.

In his report about the use of different medical systems in India, RAHUL TEWARI (Noida) challenged the finding that wealthy people seem to use ayurveda more often. In his study, wealthy patients tended to use “biomedicine”. In general, homoeopathy and “biomedicine” are used for all sorts of illnesses, as could be proven by the data. But mainly in rural areas the choice of treatment depends on the availability according to time and distance as well as cost effectiveness.

Dealing with letters that were written to the German organization “Natur und Medizin e. V”, PHILIPP EISELE (Stuttgart) presented patterns of patients who actively searched for a CAM therapy in present day Germany. The more than 2,500 letters provide a unique insight into the perspectives of patients who are both, skeptical towards “biomedicine” and open-minded about any other therapy, in particular naturopathy and homoeopathy. One of the main results is that the texts show that patients do not only turn to “complementary” medicine when “biomedicine” has nothing more to offer, but that there are various motivations involved in the decision making.

According to patients’ demand, homoeopathic “doctors” – in fact lay practitioners - not only prescribe homoeopathic but also “biomedical” remedies on a large scale, as NUPUR BARUA (New Delhi) showed in her paper. According to her findings, a lot of sick people from the slums also preferred a “less-qualified” doctor because they had the feeling that he was more competent and helpful than the “fully-organised” and “fully-trained” practitioners. Furthermore, it is interesting that, while the prescribed remedies were almost invariably “biomedical” combinations, the manner in which these were administered was clearly rooted in ayurvedic and homeopathic practice. In these cases, homoeopathy was used as adjuvant.

In the last paper, KRISHNA SOMAN (Kolkata) shed light on lay practices of homoeopathy in India. This is a field which is very difficult to investigate, due to the lack of sources and documents. Homoeopathy is not only offered by trained doctors but also widely spread

amongst lay people. Also encouraged by such famous examples as the Indian Nobel Laureate in literature Rabindranath Tagore (1861-1941), lay healers mainly practice in villages, where public health care delivery is not sufficiently developed. Sometimes this causes trouble with the local authorities but, again, patients' demand and search for a cure is so strong that more often these lay practices are ignored or tolerated.

Summing up the main results of the conference, WILLIAM SAX (Heidelberg) firstly stated that there is obviously a strong dominance of "biomedicine" everywhere in the world. But this dominance is challenged in several ways. Moreover, in most medical systems, different sorts of mixtures exist. There is, secondly, a main clash between what people say that they do and practice and the way they actually act or practice. Therefore, in reality as well as in history, research work has to focus on these mixtures and the asymmetries which exist. The demand for CAM is obviously unbroken and what we are experiencing today might be some sort of "looping effect", in which this demand from the patients' side enforces CAM to challenge "biomedicine" in a totally new way.

In general, the conference profited largely from the different disciplinary backgrounds of the participants, being medical practitioners, ethnologists, historians and philosophers. The discussions which followed all the pre-circulated papers focused on a very high level on the several questions of medical pluralism in theory and practice. It became evident that "medical pluralism" has always existed, but that it is quite difficult to define it at a present stage, as the definitions of what is "alternative" at a certain time are shifting. Parallels as well as differences concerning the medical systems, the education of medical staff in "biomedicine" and "CAM" and everyday practice were highlighted. The chosen comparative approach was most useful for discovering the differences between Germany and India and what they both have in common with regard to an expanding medical pluralism. A choice of the papers will be published in 2012.

Programme

Introduction and German Patients' Choices During the 19th Century (Chair: Robert Jütte)

Robert Jütte (Stuttgart, Germany): Opening

Martin Dinges (Stuttgart, Germany): Introduction

Marion Baschin (Stuttgart, Germany): The Patients' Choice – How and Why Sick People Used Homoeopathy in 19th Century Münster

Medical Encounters During the 19th Century (Chair: Harald Walach)

Silvia Waisse (São Paulo, Brazil): East Meets West: Johann M. Honigberger and Medical Pluralism through the Eyes of a 19th Century Transylvanian Saxon in India

Shinjini Das (London, United Kingdom): Curing Familial Ills, Ensuring Familial Wealth: Quotidian Domesticity, Homoeopathy and the 'Indigenous' in Colonial Bengal

Regulated Medical Pluralism in Germany and Practiced Medical Pluralism in India (Chair: Harish Naraindas)

Avi Sharma (Chicago, USA): A Chinese Wall' on the Road to Scientific Discovery: Regulating 'Other Healers' in Wilhelmine Germany

Harald Walach (Frankfurt/Oder, Germany): Medical Pluralism in Germany

Ameeta Manchanda (New Delhi, India): Homoeopathic clinic in a multispeciality hospital. The example of the Holy Family Hospital, New Delhi

Raj K. Manchanda (New Delhi, India): An attempt towards Symbiosis: Homeopathy, Allopathy and Indian Systems of Medicine in Primary Health Care Units of Government of Delhi (short presentation and discussion)

Practices of Health Care Providers: Indian Physicians in the late 20th Century (Chair: Rahul Tewari)

Harish Naraindas (New Delhi, India): Epistemic Mangling: The Modern Doctor of Traditional Indian Medicine

Hugues Dusausoit (Namur, Belgium): The quest for a different recognition. Ethnography of an Indian homoeopath in Tamil Nadu

Patients' Choices: Recent Developments (Chair: Krishna Soman)

Rahul Tewari (Noida, India): Patients' trend in choosing the medical system in India

Philipp Eisele (Stuttgart, Germany): Medical Pluralism and Patient's Perspective - Letters to Natur und Medizin (1992-2000)

Practices of Health Care Providers: Lay Practitioners at the end of the 20th Century (Chair: Marion Baschin)

Nupur Barua (New Delhi, India): Local Medicine in a Global Garb? Medical Pluralism in a slum in Delhi

Krishna Soman (Kolkata, India): Pluralism, popularity and propaganda: Narratives of lay practices of Homeopathy in India

Conclusion (Chair: Martin Dinges)

William Sax (Heidelberg, Germany): Summing up