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Medical Pluralism – Bibliography

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Max-Planck-Institut zur Erforschung multireligiöser und multiethnischer Gesellschaften,
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Preface

Bibliographies inevitably remain incomplete. They can never cover the whole literature existing in one field of research, not to mention the problem of defining the borders of any of such fields. Therefore, the most important task of bibliographies is to offer pathways through the literature. In order to inform the reader what kind of pathways this bibliography represents, and to clarify what the bibliography does not include, a few words about its construction are in order.

We offer with this bibliography a thematic clustering of publications on medical pluralism – meaning the co-existence of different therapeutic practices in one context – including biomedicine, spiritual healing, herbal medicine, and so called alternative and complementary medicines. Although facets of medical pluralism have been touched upon in earlier studies, e.g. on cosmologies, spiritual protection, and healing, the topic came into full swing only in the 1970s. This bibliography therefore covers classical studies from the 1970s up to very recent work.

The articles are grouped under different headings representing key topics in the discussion. The grouping of single articles or books is however in many cases problematic, because of overlaps between the topics.

We found that the focus on a region would be the widest criterion and have avoided using this, but looked rather for the thematic issues and theoretical questions that are covered in the publications. To give a few examples: the early writings of Charles Leslie have been grouped under „conceptualisation“, since they have been very influential in bringing the whole topic of medical pluralism to the forefront, and are not grouped under „Asian medicine“. Along the same line of reasoning, we placed an article on ethno-veterinarian pluralism in the same section, and not under the region it covers, since studies on care for animals and medical pluralism are very rare. We also created extra headings when we thought that a topic is important, as for instance the subject of “medical pluralism and children”. Although this section entails only four entries, we considered it of importance since the inclusion of children‘s view in the study of medical pluralism is an emergent field of study.

Within one thematic section, the articles are ordered according to their years of publication, starting with the earliest ones. We hope that this will enable the user to gain an idea of how the respective discussions have developed. If a reader would like to look for a particular author, s/he can still use the search function to do so.

This bibliography is the product of collaborative work. In the following we quickly outline how we arrived at the titles included in it and who was involved in the work. Stephanie Stocker completed literature research covering the period from 1975-2009, using the search term „medical pluralism“ (limited to 100 results) in the library catalogue and the electronic journal library at the University of Heidelberg, as well as the Proquest Dissertation Index. She also wrote most of the summaries of book chapters and edited volumes which have been published here covering this period. Thereas Funke contributed a comprehensive search within AnthroSource, EBSCOhost, Proquest and single journals on

the time period between 2009-2011 using the following keywords: “Medical pluralism”, “Healing, Spiritual healing”, “religious healing”, “Traditional medicine”, “Ethnomedicine”. She also conducted a direct search within the following journals:

- American Ethnologist
- Current Anthropology
- Medical Anthropology
- Medical Anthropology Quarterly
- Anthropology and Medicine
- Curare
- Ethnicity and Health
- Medical Sociology
- Social Science and Medicine
- Ethnopsychitary
- Ethnos

Gabi Alex, Kristine Krause and David Parkin contributed summaries of monographs and edited volumes, created the headings and decided on how to group the abstracts and which titles to leave out. We have created the headings of the sections while reading through the search results. This means that the headings do not reproduce the search terms as such. This means also, that sometimes the entries under one heading are much fewer than they would have been, if we had used the heading itself as a search term. For instance, ‘reproduction’ or ‘primary health care’ were not part of our search terms, but we have created sections with these headings.

For most journal articles and dissertations the published abstracts were used. This is indicated by the sub heading “published abstract” before the indented abstract. Most book chapters and edited volumes have been summarised by one of us. This is indicated through the subheading “summary”.

In addition to the mentioned names, other colleagues have helped us to finalize the bibliography. We would like to extend our profound thanks to Thorsten Wallbott, Farima Sadeghi and Bettina Voigt for their tedious work in preparing the bibliography for publication. We are furthermore thankful to Chris Kofri for the overall editorial management and helpful advice in the process. All remaining faults and inconsistencies remain our responsibility.

Göttingen, April 2012, Kristine Krause, Gabi Alex, David Parkin

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1. Conceptualisations

Leslie, C. 1975. Pluralism and integration in the Indian and Chinese medical systems. In A. Kleinmann (ed.) *Medicine in Chinese cultures*. Washington D.C.: U.S. Government Printing Office, pp. 401-417.

Summary

This article presented a revolutionary analysis in the 1970s about pluralism in Asian medical systems, which shattered the idea of biomedicine as the only kind of sophisticated and well-developed medicine. The study demonstrates the coexistence of biomedical and alternative medicine systems in China and India, and points to the fact that all of these traditions include major medical texts, educational institutions, professionalized practitioners, and treatment regimes.

Leslie, C. 1976. *Asian medical systems. A comparative study.* Berkeley: University of California Press.

Summary

By analysing the medical systems of complex Asian societies, this volume introduced a fresh and distinctly anthropological approach to the research of illness and health in the 1970s. The study recognized that Asian medical practices, as logically integrated systems, were grounded in the specificity of local practices and were historically situated and dynamically evolving. The author argues that each medical system consists of beliefs and practices connected by an underlying logic.

Janzen, J. 1979. Pluralistic legitimation of therapy systems in contemporary Zaire. In Z.A. Ademuwagun (ed.) *African therapeutic systems.* Honolulu: Crossroads Press, pp. 208-216.

Summary

The author examines medical pluralism in Lower Zaire arguing that each system is made up of a body of practitioners sharing title, organisation and treatment modalities. Within this perspective, the author is able to demonstrate the historical development of social organisations and legal rights for different kinds of practitioners in the country. While similar studies like that of Charles Leslie focus on only one pluralistic medical system in one country, Janzen argues for the coexistence of multiple medical systems in the same community.

Kleinmann, A. 1980. *Patients and healers in the context of culture. An exploration of the borderland between anthropology, medicine, and psychiatry.* Berkeley: University of California Press.

Summary

This classic book describes observations of clinical interviews between various medical practitioners, namely folk healers, temple medicine men, Chinese style and Western style physicians, and their patients. Among other things, the book became one of the most widely read monographs from medical anthropology because the author develops a structural model of different health care systems, which provides a useful approach for further studies on medical pluralism. According to this model, individuals with health problems seek help within a local cultural system composed of three overlapping parts: the professional, the folk, and the popular sectors. The professional sector consists of the organized, healing professions. In most societies, it refers to the modern scientific medicine. The folk sector is the non-professional, non-bureaucratic, specialist sector, encompassing both sacred and secular healers, while the popular sector represents what lay people know about sicknesses and therapies. This sector is crucial for anthropological analysis because it is here that illness is first defined and health care activities initiated.

Lock, M. 1980. *East Asian medicine in urban Japan: Varieties of medical experience.* Berkeley: University of California Press.

Summary

The book explains the background of the revival of traditional medicine in urban Japan next to the prevailing biomedical medical system. The author claims that, even if the rate of 'cure' is not very successful, the very existence of alternative medical systems is essential to the psychological well-being of potential patients. An example is *Sheishin*, a traditional concept that includes the idea of accepting spiritualism over materialism, which is particularly pronounced in managerial classes. This leads to the conclusion that modernization will enhance an increasing use of alternative concepts as a means of countering the effects of urbanization and mechanization.

Press, I. 1980. Problems in the definition and classification of medical systems. *Social Science & Medicine* 14 (1): 45-57.

Published Abstract

The paper has two basic parts. The first deals with definitions and terms. Discussed are: uses and definition of "medical system"; the question of "pluralistic" medical systems; simple and complex medical systems; the problem of multisystemic

configurations; “sympatric” and “allopatric” systems; dominant and variant medical systems; sub-systems and marginal systems; problems in the conceptualization and use of “professional”, “popular”, and “folk” medicine. Some new definitions and usages are proposed. The second part of the paper concentrates on attempts to type or classify medical systems. Geographic, healing-task, paradigmatic, world view, social structural, ecological, societal, and other typological bases are examined, and their relative advantages discussed. A summary of readily usable typological criteria is presented. Overall, the goal of the paper is to call into attention our rather uncritical abandonment to “common usage” of the definition and treatment of key concepts and terms relevant to the functional and comparative analysis of medical systems.

Coreil, J. 1983. Parallel structures in professional and folk health care: A model applied to rural Haiti. *Culture, Medicine and Psychiatry* 7 (2): 131-151.

Published Abstract

The paper argues that professional and folk sectors of pluralistic health care systems share certain structural features that in some respects have equal or greater importance than obvious differences. A model based on the concepts of primary, secondary and tertiary care is adapted to an analysis of both folk and professional domains of the rural Haitian health care system. Ethnographic and survey data are presented to support the position that underlying similarities are evident in patterns of cost, accessibility, specialization, recruitment and training of practitioners in both health sectors. The level of care model provides an analytic framework which gives proper attention to diversity in traditional healing, which is applicable to other health care systems, and which has relevance for the development of primary care resources in developing areas.

Ohnuki-Tierney, E. 1984. *Illness and culture in contemporary Japan. An anthropological view.* Cambridge: Cambridge University Press.

Summary

Referring to the findings of Leslie and Janzen this study introduces another way of conceptualizing medical systems and medical pluralism. Examining medical pluralism in Japan, the author identifies three medical systems in coexistence: biomedicine, Kanpo medicine and religious healing. Each of these systems is comprised of a number of different kinds of practitioners who use different treatment methods, but share a common paradigm of health and healing.

Van der Veen, K. W. 1984. Classification and pluralism of medical systems. In J. G. Meulenbeld (ed.), *Proceedings of the international workshop on priorities in the study of Indian medicine.* Institute of Indian Studies, University of Groningen, pp. 345-381.

Summary

The author attempts to classify medical systems and disease etiologies in a similar way as cultural anthropologist have classified societies as tribal, peasant and industrialized. The presuppositions of the so called Personalistic, Naturalistic and Cosmopolitan Medical Systems are related to the ideal types of worldviews and cultural codes in the three types of societies. The author argues that in order to understand the implications of integrated cures that people derive from different medical systems into pragmatic strategies for managing specific cases of sickness, it is necessary to analyse the complex and ambiguous nature of human aims and the way they are conceptualized in rules for social contact.

Scheper-Hughes, N. and Lock, M. 1987. The mindful body: A prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly* 1 (1): 7-41.

Published Abstract

Conceptions of the body are central not only to substantive work in medical anthropology, but also to the philosophical underpinnings of the entire discipline of anthropology, where western assumptions about the mind and body, the individual and society, affect both theoretical viewpoints and research paradigms. These same conceptions also influence ways in which health care is planned and delivered in western societies. In this article we advocate the deconstruction of received concepts about the body and begin this process by examining three perspectives from which the body may be viewed: (1) as a phenomenally experienced individual body-self; (2) as a social body, a natural symbol for thinking about relationships among nature, society, and culture; and (3) as a body politic, an artifact of social and political control. After discussing ways in which anthropologists, other social scientists, and people from various cultures have conceptualized the body, we propose the study of emotions as an area of inquiry that holds promise for providing a new approach to the subject.

Lyng, S. 1990. *Holistic health and biomedical medicine – A counter-system analysis.* New-York: State University of New York Press.

Summary

Taking the American Health Care System as example, Lyng presents an empirical study of the relationship between medical knowledge and the social structure of medical practice. By drawing on classical Marxian theory and literature from the holistic health move-

ment, he develops a "medical counter-system" that is contrasted against the traditional biomedical model of medical practice. One of the key concepts that the book is cited for, is the notion of *elective affinity.* He proposes this term to describe connections between power, praxis knowledge, and the body. The term, which originated from chemistry, is introduced in social science to account for a relation between two social factors.

Harrell, S. 1991. Pluralism, performance and meaning in Taiwanese healing: A case study. *Culture, Medicine and Psychiatry* 15 (1): 45-68.

Published Abstract

A case of presumed psychosis in a 16-year-old Taiwanese girl is examined to show the role of performance in creating meaning in a plural medical system. The case illustrates that there is no necessary correspondence between diagnoses, authorities, and therapies; that consensus, if achieved at all, is tenuous and context-dependent; that meaning is created by performance, rather than the other way around; and that understanding of how therapies work depends on their efficacy.

Last, M. 1992. The importance of knowing about not knowing: Observations from Hausaland. In S. Feiermann and J. M. Janzen (eds.) *The social basis of health and healing in Africa*. Berkeley: University of California Press, pp. 393-406.

Summary

This often reprinted article analyses the structure and hierarchy of medical knowledge in Malumfashi, Nigeria, by exploring how much people know and care to know about specific medical cultures. The author engages in a general critic of medical anthropology's efforts to seek out illness taxonomies and to portray these in medical systems. Instead, he places emphasis on the exchanges between different traditions of medical knowledge, and on the power interests involved in processes of diagnosis. He argues that what might in theory appear to be a system, might in fact be a bundle of very scattered and de-systematised practices. He shows how medical practices are positioned in a hierarchically structured spectrum of various medical traditions and used when 'appropriate'. He furthermore highlights the linguistic and dialectical diversity in Africa, which results in the usage and mixing of many different medical terms. The preference of one illness term over the other is 'not so much to describe a complaint as to pre-empt further discussion or diagnosis' (399). Talking about disturbing bodily conditions in terms of illness is part of a web of practices employed to improve a condition, and is not necessarily part of a closed system.

In a postscript added to a reprint of the article (Last 2007: 14-16), Last supplements this emphasis on the appropriateness of treatment with further details. People in his area of study now have more biomedical health care in their reach than before, and due to their conversion to Islam, they are more likely to use it. But for them, he concludes, it is

'not the systematic knowledge that matters so much as experienced skill and care for the patient' (Last 2007: 15).

Turner, B. 1992. *Regulating bodies – Essays in medical sociology.* London: Routledge

Description by publisher

The book provides a framework for the development of a sub-field: namely the development of the body. Through the examination of various philosophical traditions--phenomenology, philosophical anthropology, structuralism, and postmodernism the author shows how the human body has been ignored or neglected by mainstream social theory. Turner integrates these different traditions, demonstrating how this absence has not only impoverished the sociology of health and illness, but the very foundations of sociology itself. There are three major aspects to this argument. Firstly, it is impossible to develop an adequate theory of social action without a conception of the embodied social agent. Secondly, the idea of embodiment offers a fundamental critique of the positivistic side of the medical model of illness, thus offering a new theoretical basis for medical sociology. Thirdly, following the work of Michel Foucault, Turner demonstrates that medical practice functions as a moral discourse which produces a regulation of the body. In providing a general account of the problem of the body in modern society, this book builds on Turner's previous studies of The Body and Society (1984) and Medical Power and Social Knowledge(1987), attempting to solve many of the existing epistemological and theoretical difficulties in social theories of the body. Turner has provided a major synthesis of his earlier work on the sociology of the body, establishing the idea of embodiment as fundamental to the sociology of health and illness, and guiding the way to new areas of cultural analysis. This volume is a major university text for sociology, philosophy, and feminist theory.

In regard to medical pluralism, Turner finds the concept of *elective affinity* helpful because it allows to makes reference to the social and political context of knowledge and practices of the body. He identifies the concept of elective affinity as the 'missing link' in connections across these levels.

Ernst, W. (ed.) 2002. *Plural medicine, tradition and modernity, 1800-2000*. London: Routledge.

Summary

The essays in this collection reveal the extent to which different medical traditions, including western medicine continue to exist alongside as well as in competition with each other in different parts of the globe. While research into 'colonial' or 'imperial' medicine has made considerable progress in recent years, the historical study of what is

usually referred to as 'indigenous' or 'folk' medicine in colonized societies has received much less attention. The book addresses this research gap by ensembling a selection of historical, anthropological, and sociological case-studies, ranging from New Zealand to Africa, China, South Asia, Europe, and the USA.

Nichter, M. and Lock, M. (eds.) 2002. *New horizons in medical anthropology. Essays in honour of Charles Leslie.* London and New York: Routledge.

Summary
A very influential volume, in honour of one of the founding figures of medical anthropology. It reflects research by medical anthropologists on topics such as medical pluralism and the early emergence of biomedicine, the social relations of therapy management, and the relationship between the politics of the state and discourses about the health of the populations, illness, and medicine. A critical and activist approach to the subject matter unites the authors and all are alert to global pluralism in medical knowledge and practice, a lesson disseminated by Charles Leslie many years ago.

Johannessen, H. and Lazar, I. (eds.) 2006. *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books.

Summary
This edited volume offers a range of contributions, which focus on plural usages of health care, based on participant observation and interviews focussing on the health care praxis of patients, families and healers of various kinds. The editors conclude in their introduction that the co-existence of different therapeutic traditions should therefore not be conceived of as separate and independent sociocultural systems, but rather as networks that are formed on different levels and across levels. They suggest thinking about the intertwinement of different practices as open networks, which emerge from elective affinity. With this concept, the editors refer to a dialectic relation in organising principles that come into existence through praxis.

Knipper, M. 2006. Self, soul and intravenous infusion: Medical pluralism and the concept of samay among the Naporuna in Ecuador. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 136-147.

Summary
This book chapter describes how the author, a medical doctor in Ecuador, was called upon to provide treatment that from a biomedical point of view, could not be effec-

tive, but seemed to be of some help to the patient. In his analysis, the author questions whether it is appropriate to talk about medical pluralism when a biomedical form of praxis is incorporated into local understandings of the person.

Luedke, T. and West, H. (eds.) 2006. *Borders and healers: Brokering therapeutic resources in Southeast Africa.* Bloomington: Indiana University Press.

Summary

The articles in this edited volume look at how healers navigate borders and transgress boundaries in contemporary Southeast Africa, both literal (geopolitical boundaries), and figurative (traditional and modern, earthly and spiritual). Addressing diverse healing practices, the nine essays of this book expound on how 'acts of crossing' empower healers to make the work of curing possible, enabling them to broker resources that patients themselves are unable to access. Thus, healers produce and reaffirm borders, even as they traverse them. The editors argue in their introduction, that the crossing of borders seems to be the characteristic activity of every healer in one way or the other, thereby mediating political, economic, cultural, and temporal divides.

Johannessen, H. 2007. Body praxis and networks of power. *Anthropology & Medicine* 14 (3): 267-278.

Published Abstract

Departing from what has in medical anthropology been termed the individual body, the social body and body politics, actor-networks in medical pluralism are investigated on the basis of a study of complementary and alternative forms of medicine (CAM) in Denmark, including participant-observation in 12 clinics of reflexology, biopathy and kinesiology, as well as interviews and informal conversations with more than 40 alternative practitioners and 300 patients of CAM clinics. In this study, several actor-networks that connect metaphorical models of the body, clinical technology, social relations and political structures of the Danish society are revealed: a technocrat network, a social-democratic consultancy network and a neo-liberal network. The co-existence of several actor-networks has phenomenological as well as structural implications. The implications for patients using several forms of therapy is important insofar as the patients' move between different actor-networks of healing implies switches between different experiences of body and self. Each of the actor-networks at the same time implies different positions in relation to the public healthcare system, and some actor-networks appear to be more compatible than others with the generalized and technical properties of public healthcare.

Nyamanga, P. A. et al. 2008. The socio-cultural context and practical implications of ethnoveterinary medical pluralism in western Kenya. *Agriculture and Human Values* 25 (4): 513-527.

Published Abstract

This article discusses ethnoveterinary medical pluralism in western Kenya. Qualitative methods of data collection such as key informant interviews, open-ended in-depth interviews, focus group discussions (FGDs), narratives, and participant and direct observations were applied. The study shows that farmers in Nyang'oma seek both curative and preventive medical services for their animals from the broad range of health care providers available to them within a pluralistic medical system. Kleinman's model of medical pluralism, which describes the professional, folk, and popular sectors, informs this discussion because of its relevance and appropriateness to the study. It is, however, important to note the overlap in the three sectors and to point out that livestock farmers engage in multiple "consultations" based on a combination of their own characteristics and the cost, availability and specialization of health care providers. The study concludes by recognizing the complexity of ethnoveterinary medical pluralism and calls for the integration of a pluralistic perspective into the planning and implementation of animal health care interventions and services.

Cohen, J. B. 2009. Medicine from the father: Bossiesmedisyne, people, and landscape in Kannaland. *Anthropology Southern Africa* 32(1/2): 18-26.

Published Abstract

In the rural western Cape local municipality of Kannaland, the word 'bossiesmedisyne' (lit, bushes medicine), refers to plant and sometimes animal material used to treat and alleviate a wide range of health problems, ranging from colds to cancer. Based on three months of ethnographic fieldwork, the paper advances the argument that the different kinds of healing these medicines provide are inseparable from the sociocultural and environmental contexts in which they are enveloped. It goes on to argue for a balanced interpretation of the meanings ascribed to bossies, based on a dialectical relation between claims to power, and phenomenological experiences of medicines and the landscapes in which they grow.

Parkin, D.J. Forthcoming (2012) Balancing diversity and well-being: words, concepts and practice in eastern Africa. In E. Hsu and P. Horden (eds). **The Body in Balance: Humoral Medicines in Practice**. Berghahn. Oxford and New York.

Summary
The localized diversity of long-established Rural African Medical Traditions, have been further diversified through the incorporation of ideas and practices derived from biomedicine and Islamic Medicine. But key indigenous theories persist. In eastern Africa for example these turn on a range of semantic concepts such as disentanglement, unblocking, cooling, and cleansing, which are clearly attempts to remove obstacles to well-being and to restore normal health and vitality to people, animals, and crops. There is in such practices, a highly developed sense of proportionate relationality and balance as being at the basis of collective as well as (and, indeed, incorporating) individual well-being. Avoidance of incest, adultery, and disrespect to seniors are common examples of maintaining proportionate relational balance, as is the expectation that hospitality to kin, neighbours, and even passing strangers be included in communal eating and drinking, lest they feel excluded, resentful and potentially harmful through witchcraft. The diversity of localized medical traditions is therefore coherently articulated through this over-arching idiom of relational balance. It indicates that, although Africa did not embrace a textualised healing tradition before the advent of biomedicine or Arabic Medical Writings, its various indigenous healing methods nevertheless remain interlinked through this common idea of relational balance as being fundamental to well-being.

2. Health seeking behaviour

Beals, A. R. 1976. Strategies of resort to curers in South India. In C. Leslie (ed.) *Asian medical systems. A comparative study.* Berkeley: University California Press, pp.184-200.

Summary
The article discusses the decision-making strategies among the populations of two South Indian villages, one with almost no urban connections, and one in proximity to a city and with personal links to people working in hospitals. In both villages, inhabitants have the choice between a wide range of local practitioners, including herbalists and spiritual healers, midwives and astrologers, but the access to biomedical facilities depends on personal networks, which help in paving the way to see a doctor.
In both villages the author could observe that people turn initially to the cheapest treatment. In cases of severe sickness, an eclectic strategy is employed in which everything possible and available is tried. Treatments from different traditions are used simultaneously. In cases in which treatment by biomedical professionals is preferred, access to hospitals and doctors is dependent on personal contacts, which in the case of the more remote village were non-existent. The author found that decisions for or against therapies were strongly shaped by socially significant people who were asked for advice and not so much on perceived efficacy. However, not many resources are spent on individuals who are seen as not contributing economically to the group, such as old women and girls born late in the order of their siblings.

Cosminsky, S. and Scrimshaw, M. 1980. Medical pluralism on a Guatemalan plantation. *Social Science and Medicine* 14(4): 267-278.

Published Abstract

This paper examines the alternative medical resources and treatments utilized by a population on a Guatemalan coffee and sugar plantation. This is part of a larger multidisciplinary project concerning the assessment of the health and nutritional status of this population. The study revealed a pluralistic complex of multiple and simultaneous usage including home remedies, curanderos, herbalists, midwives, spiritists, shamans, injectionists, pharmacists, private physicians, public and private clinics, and hospitals. These resources include and combine aspects from Mayan Indian, folk Ladino, spiritism and cosmopolitan medical traditions. The pluralistic dimensions of health care are analyzed in terms of the heterogeneous medical behavior of both the health seeker and the practitioners or specialists, emphasizing how components from the various traditions are incorporated or utilized. Case studies are used to illustrate some of the health care strategies used by the population.

Pfleiderer, B. 1984. Körperkonzept und Heilerwahl: Analyse einer Entscheidung an einem Heilschrein in Nordindien. In J. G. Meulenbeld, (ed.) *Proceedings of the international workshop on priorities in the study of Indian medicine.* Institute of Indian Studies, University of Groningen, pp. 187-208.

Summary

The book chapter describes the process of decision making in regard to the different treatment options of a North Indian couple whose children failed to develop properly. Since the father is a doctor (allopathic, homoeopathic) and the mother is a practising Roman Catholic, the family is torn between two conflicting explanatory models. The paper follows the explanatory discourse and makes an attempt to account for the couple's decisions.

Young, M. W. 1989. Illness and ideology: Aspects of health care on Goodenough Island. In S. Frankel and G. Lewis (eds.) *A continuing trial of treatment: Medical pluralism in Papua New Guinea.* Dordrecht: Kluwer, pp. 115-139.

Summary

This study explores the reasons for the specific health seeking behaviour of parents for their children, on Goodenough Island. The core of the study forms an examination of statistical data on in-patient and out-patient treatment at two health centres on the island, where some unexpected changing patterns emerged. These patterns are high-

lighted by a comparison of the records from the two centres, one government- and the other mission-established. The author explains the peculiarities of the patterns with the patrilineal social ideology of villagers in the one case, and the paternalistic social ideology of the missionaries in the other.

Menegoni, L. 1996. Conceptions of Tuberculosis and therapeutic choices in highland Chiapas, Mexico. *Medical Anthropology Quarterly* 10 (3): 381-401.

Published Abstract

Tuberculosis continues to be a serious disease among the poor, indigenous population of Highland Chiapas, southern Mexico. Ethnographic fieldwork among Tzeltal Indians has focused on how cultural perceptions of illness and curing influence the Indians' utilization of health care services for tuberculosis diagnosis and treatment. This article presents the views on tuberculosis and health-seeking activities of several patients in the Tzeltal hamlet of Yochib (municipality of Oxchuc). In this community, religious change (Protestantism) and the presence of a health clinic promoted biological interpretations of illness and acceptance of western medical treatments. While patients in Yochib do not understand tuberculosis in biomedical terms, they nonetheless utilize western services (both local and urban) to obtain treatment. Because of the long duration of tuberculosis therapy, however, these patients manifest contrasting attitudes. The article focuses on the cultural factors that influence patients' medical choices, curing strategies, and their decisions to adhere to long-term treatment regimens.

Whiteford, M. 1999. Homeopathic medicine in the city of Oaxaca, Mexico: Patients perspectives and observations. *Medical Anthropology Quarterly* 13 (1): 69-78.

Published Abstract

This article looks at the growth and use of homeopathic medicine in the city of Oaxaca, Mexico. Based on interviews with 174 male and female patients from half of the homeopathic clinics in the city, this research examines attitudes toward disease causation and how one stays healthy. The findings suggest that women are better at monitoring and trying to improve their health than are their male counterparts. Although homeopathy enjoys a strong and almost devoted following, women seem to be more convinced of the overall efficacy of homeopathic medicine than do men. In view of these results, this study regards the growing interest in medical pluralism and 'complementary' medicine as a reaction to dissatisfaction with various aspects of the general approach and outcome of the prevailing conventional 'scientific' medical models.

Bernstein, D. 2001. *Power and personhood: Health care decision-making in a Plains Indian community.* PhD-thesis, University of Oklahoma.

Summary

The dissertation investigates health-care decision-making and the practice of medical pluralism in a Plains Indian community. It shows that members of the community view the various medical traditions as separate and non-competitive domains where the boundaries are fluid and are constantly being negotiated and re-negotiated through dialogue. (…) Paramount to their practice of medical pluralism is the empowerment of the individual and the collective through the dynamic interrelation between indigenous etiologies and the biomedical perspectives.

Bith, P.D. 2004. *'Mango illness': Health decisions and the use of biomedical and traditional therapies in Cambodia*. PhD-thesis, University of Hawaii.

Summary

The thesis focuses on how people manage illnesses in Sdaov village, Cambodia. Specifically, it examines the health-seeking behaviours of AIDS patients with an emphasis on the cultural construction of AIDS. Two theoretical perspectives frame this research: medical decision-making and medical pluralism. It concentrates on how foreign assistance, development, and aid impact on medical pluralism and medical decision-making. Particularly, it focuses on the kinds of social problems that prevent people from having control over their own lives and from fulfilling their decision-making potential.

Buda, L. et al. 2006. Demographic background and health status of users of alternative medicine: A Hungarian example. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 21-34.

Summary

This book chapter is based on a regional representative survey on the use of alternative medicines in contemporary Hungary. The data collected suggest that a preference for alternative healing is closely related to the presence of long-lasting, unpleasant, and nonthreatening illnesses, but it is independent of fatal harms and states of restricted activity. This may be interpreted as an expression of an *elective affinity* (see Johannessen, Lyng and Turner) between unmanageable disorders of the body and plurality in health seeking.

Jacorzynski, W. 2006. The war of the spiders: Constructing mental illnesses in the multicultural communities of the highlands of Chiapas. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp.163-182.

Summary

This article offers a vivid example of a person's exposure to multiple medical realities. It discusses the case of a Mexican woman suffering from mental illness, who gets more and more confused by the different explanations of practitioners including biomedical doctors, Christian healers, and Indian curers or herbalists. The various forms of praxis connect to very different principles and idioms like Godly punishment, spiritual relatedness, chemical balance and technical rationality, psychological suppression, and the fight between good and evil.

Timura, C.-A. 2007. *'Sometimes they just get sick': Therapeutic decision-making, children's health and poverty in Salasaca, Ecuador.* PhD-thesis, Yale University.

Published Abstract

In my dissertation, I examine therapeutic decision-making in children's illnesses in Salasaca, Ecuador. Therapeutic decision-making is the process through which illness is recognized and treated; it is a complex matrix through which cultural and personal beliefs, individual experiences and socioeconomic constraints interact. In my research, I worked with 33 families in Patuloma, Ecuador, following the illnesses of their children and the therapeutic strategies, or arrangement of treatment alternatives, that they made in response. I use a variety of analytical techniques from interpretive, cognitive, biocultural and critical medical anthropologies to examine the intersection of cultural traditions, historical inequalities and poverty in the treatment of children's illnesses. (…) Salasaca therapeutic decision-making in children's illness is ultimately about pragmatics; in the decision process, caregivers diagnose illness based on multiple health beliefs and use treatment resources from multiple medical systems simultaneously. (…) The key factors influencing Salasaca therapeutic strategies are prior experience of an illness and normalcy, a category of the ethnomedical system that defines an illness as meeting certain expectations. (…) Normalcy is a condition of expectation in which structural constraintsof poverty, social inequality and political invisibility become internalized and taken for granted, forming an expectation of malnutrition, ill health and limited access to health and sanitation services. Child illness and child death are normal in Salasaca because poverty is normal. Salasaca therapeutic decision-making is embedded within and reflects upon the context of medical pluralism and structural constraints of social inequality and poverty.

Baarts, C. and Pedersen, I. K. 2009. Derivative benefits: Exploring the body through complementary and alternative medicine. *Sociology of Health & Illness* 31(5): 719-733.

Published Abstract

Since the 1960s, in western societies, there has been a striking growth of consumer interest in complementary or alternative medicine (CAM). In order to make this increased popularity intelligible this paper challenges stereotypical images of users' motives and the results of clinical studies of CAM by exploring bodily experiences of acupuncture, reflexology treatments, and mindfulness training. The study draws on 138 in-depth interviews with 46 clients, client diaries and observations of 92 clinical treatments in order to identify bodily experiences of health and care: experiences that are contested between forces of mastery, control and resistance. We discuss why clients continue to use CAM even when the treatments do not help or even after they have been relieved of their physiological or mental problems. The encounter between the client and CAM produces derivative benefits such as a fresh and sustained sense of bodily responsibility that induces new health practices.

Karnyski, M. 2009. *Ethnomedical and biomedical health care and healing practices among the Rathwa adivasi of Kadipani village, Gujarat State, India.* PhD-thesis, University of South Florida.

Published Abstract

The Rathwa of Kadipani village are adivasi (original inhabitants, tribe) residing in a rural part of Gujarat State, India. Primarily farmers, the Rathwa live in an area where development-related projects, such as mineral mining and damming on the Narmada River, are increasingly impacting their livelihood, health status, and quality of life. The local economy is impacted by uncertainty regarding access to water from the Narmada River, concerns related to the extraction of minerals from a mine in Kadipani, and economic issues that arise when the primary wage earner of the household becomes ill. (…) The study examines the intersection of ethnomedical health care practices (e.g., indigenous/folk medicine/faith healing, Ayurveda and homeopathy) with biomedical/allopathic health care practices. The pluralistic health care system available to the Rathwa in both Kadipani and Kawant villages offers services from private and public sectors, resulting in individuals and families in search of treatment frequently accessing multiple health care providers of both the ethnomedical and/or biomedical categories simultaneously.

Reniers, G. and Tesfai, R. 2009. Health services utilization during terminal illness in Addis Ababa, Ethiopia. *Health Policy and Planning* 24 (4): 312-319.

Published Abstract

The article describes modern and alternative health services use in terminal illness of adults in Ethiopia, and assess whether utilization patterns of TB/AIDS patients are distinct from those of patients suffering from other illnesses. Drawing on data from post-mortem interviews with close relatives or caretakers of the deceased it is concluded that the contact rate of adults with modern medical facilities in terminal illness is almost universal, but their usage intensity is rather low. Alternative curative options are less commonly utilized, and do not exclude modern health services use. This suggests that both types of services are considered complements rather than alternatives for each other. Because the contact rate with health service providers is greatest for TB/AIDS patients, it is unlikely that HIV/AIDS-related stigma is an impediment to seeking care.

Shaikh, S. H. et al. 2009. Trends in the use of complementary and alternative medicine in Pakistan: A population-based survey. *Journal of Alternative & Complementary Medicine* 15 (5): 545-550.

Published Abstract

The objective of this study was to evaluate the extent of use of complementary and alternative systems of medicine by different segments of society and to identify the diseases in which they have been found to be effective. Methods: This was a questionnaire-based descriptive study carried out from April 2002 to March 2004, in selected urban and rural areas of four provinces of Pakistan representing general strata of population from various socioeconomic conditions. Results: The overall trend in Pakistan shows that 51.7% (CI 54.3–49.1) chose complementary and alternative medicine (CAM) while 48.3% (CI 50.71–48.89) chose biomedicine. Of those who chose CAM, 20% (CI 21–19) also used biomedicine as well; 16% (CI 16.8–15.2) homeopathy, 12.4% (CI 13.02–11.78) unani medicine, 2.1% (CI 2.20–1.99) mind–body medicine (faith healing), 0.9% biologically based practices (home remedies, diet and nutrition) 0.05% energy medicine (Reiki), 0.05% Traditional Chinese Medicine, and 0.02% aromatherapy. Conclusions: About half of the studied population used CAM. The population estimates of use of CAM are within the range reported elsewhere. It reflects an increasing popularity of CAM in Pakistan as well. Combined use of biomedicine with CAM was common and often patients did not reveal the use of CAM to the biomedicine practitioners.

Sundal, M. 2009. *Difficult decisions: Karimojong healing in conflict.* PhD-thesis, University of Kansas.

Published Abstract

This dissertation examines Karimojong ethnomedicine, focusing on maternal therapeutic decision-making and the healing work of indigenous practitioners. Political and environmental instability, coupled with inequality and an institutional emphasis on biomedicine, has resulted in long-term suffering among the Karimojong of northeast Uganda. This area provides few socioeconomic opportunities beyond agro-pastoralism, and most Karimojong families live entrenched in poverty and violence; thus, families go without basic necessities and have normalized their continued state of ill health as a coping method to deal with relatively high levels of child illnesses and death. The social, political, and economic marginalization of Karamoja has shaped the distribution of healthcare resources and local experiences of health and illness. The Ugandan Ministry of Health actively promotes biomedicine as the preferred healing method and regards Karimojong indigenous therapeutic strategies as ineffective, harmful, and outdated. While local healing practitioners have incorporated various biomedical insights, the western-based health sector has not welcomed Karimojong healing as a viable therapeutic strategy. The Karimojong rely however on both biomedicine and indigenous medicine. Karimojong healers treat illness, bless pending cattle raids, and maintain the spiritual health of communities. The healers' work underscores their importance to community well-being and as advocates of holistic healthcare. For child illnesses, Karimojong mothers chose healthcare methods pragmatically and utilized multiple strategies including herbal remedies, consultations with healers, pharmaceuticals, and frequenting biomedical clinics.

Alex, G. 2010. *Medizinische Diversität im postkolonialen Indien. Dynamik und Perzeption von Gesundheitsangeboten in Tamil Nadu*. Berlin: Weissensee Verlag Berliner Beiträge zur Ethnologie.

Summary

This study offers the reader an overview of the range of health providers available in rural Tamil Nadu, and discusses their therapies and explanatory models. It discusses health seeking strategies and ideas about health and illness causation on the basis of qualitative and quantitative data.

Budden, A. 2010. *Moral worlds and therapeutic quests: A study of medical pluralism and treatment-seeking in the lower Amazon.* PhD-thesis, University of California, San Diego.

Published Abstract

This dissertation is about the social and psycho-cultural dimensions of medical pluralism and treatment seeking in Santarém, a rapidly growing municipality in the Brazilian Amazon. Based on a year-and-a-half of ethnographic fieldwork in urban

and rural settings, it comparatively examines how popular religions and cosmopolitan health institutions define and manage (or fail to manage) sickness, psychosocial impairment, and emotional distress. The study contributes to emerging scholarship in anthropology that theorizes medical pluralism, not in terms of discrete cultural systems set in opposition to one another (e.g., traditional versus cosmopolitan medicine), but rather as an open system of dynamic relations between institutions and between institutions and care-seekers. It situates these processes within broader historical trends in the Amazon that have led to significant patterns of urbanization, migration, and sociocultural complexity. In this context, religious institutions such as Pentecostalism, Spiritism, Candomblé, and Umbanda have flourished and, along with secular health institutions, provide diverse social and symbolic resources for the needs of care-seekers. However, an examination of the ways that santarenos in these communities cognize illness and distress and seek care reveals how blurred the boundaries are between institutional ideologies and therapeutic practices.

Chun-Chuan, S. et al. 2010. Patterns of medical pluralism among adults: Results from the 2001 National Health Interview Survey in Taiwan. *BMC Health Services* Research 10: 191-199.

Published Abstract

Medical pluralism (MP) can be defined as the employment of more than one medical system or the use of both conventional and complementary and alternative medicine (CAM) for health and illness. A population-based survey and linkage with medical records was conducted to investigate MP amongst the Taiwanese population. Previous research suggests an increasing use of CAM worldwide. Methods: We collected demographic data, socioeconomic information, and details about lifestyle and health behaviours from the 2001 Taiwan National Health Interview Survey. The medical records of interviewees were obtained from National Health Insurance claims data with informed consent. In this study, MP was defined as using both western medicine and traditional Chinese medicine (TCM) services in 2001. The odds ratio (OR) and 95% confidence interval (CI) were estimated for factors associated with adopting MP in univariate and multiple logistic regression. Results: Among 12,604 eligible participants, 32.5% adopted MP. Being female (OR = 1.44, 95% CI = 1.30 - 1.61) and young (OR = 1.38, 95% CI = 1.15 - 1.66) were factors associated with adopting MP in the multiple logistic regression. People with healthy lifestyles (OR = 1.35, 95% CI = 1.19 - 1.53) were more likely to adopt MP than those with unhealthy lifestyles. Compared with people who had not used folk therapy within the past month, people who used folk therapy were more likely to adopt MP. The OR of adopting MP was higher in people who lived in highly urbanised areas as compared with those living in areas with a low degree of urbanisation. Living in an area with a high density of TCM physicians (OR = 2.19, 95% CI = 1.69 - 2.84) was

the strongest predictor for adopting MP. Conclusion: MP is common in Taiwan. Sociodemographic factors, unhealthy lifestyle, use of folk therapy, and living in areas with a high density of TCM physicians are all associated with MP. People who had factors associated with the adoption of MP may be at risk for adverse health effects from interactions between TCM herbal medicine and WM pharmaceuticals.

Peglidou, A. 2010. Therapeutic itineraries of 'depressed' women in Greece: Power relationships and agency in therapeutic pluralism. *Anthropology & Medicine* 17 (1): 41-57.

Published Abstract

This paper explores the treatment quests followed by women diagnosed with depression at the local centre for mental health. The data resulting from this investigation were collected during ethnographic research conducted in 1998 and 2001 from an urban context in north-western Greece. 'Depression' was analysed as a medicalized form of female suffering in a Greek context, and three aspects of therapeutic pluralism were examined. The criteria through which patients prioritise certain practitioners over others, the role exerted by relatives in treatment research and manners of reconciliation of contradictory and heteroclite types of therapy were all investigated. In encounters with male practitioners (psychiatrists, priests and mediums) and close relatives attempting to help find a remedy in order to avoid stigmatization of mental disorder, female patients appear to oscillate between gender and healing powers. The field of therapeutic itineraries interacts with gender power relations to produce various technologies of discipline and practices of resistance as female patients are subjected to the bipolar power of male healers and their male relatives. These gender dynamics are interfaced in the broader competition for therapeutic authority between institutional psychiatry, the Orthodox Church and other alternative healers.

Parkin, D.J. 2011 Trust talk and alienable talk in healing: a problem of medical diversity.. *MMG Working Paper 11-11.* Max Planck Institute for the Study of Religious and Ethnic Diversity. Goettingen.

Published Abstract

Co-existing medical traditions operate at different levels of scale. In rural eastern Africa there are diviners and herbalists whose clients are drawn from the immediate neighbourhood. Some develop healing reputations more widely over a region or nation, sometimes with prophetic and witch-finding powers. Biomedical clinics and hospitals are also interlinked regionally, nationally and internationally. Patients or carers may seek healthcare by moving through these different levels, sometimes beginning with a neighbourhood healer and sometimes trying out different therapies simultaneously. Sicknesses and misfortunes are often first discussed

within a family or homestead, with concern for the victim extending to all its members. The talk is based on assumed trust among its members. But, if unresolved, the affliction may trigger a crisis which breaks the trust, so that healers beyond the neighbourhood are sought, whether prophetic/witch-finding or biomedical. Taken out of the context of family and homestead intimacy, the talk blames the ailment on the malevolence or negligence of individuals in the community. Talk about sickness among sufferers and between them and healers, is thus transformed from that which seeks resolution in amity to that which seeks culpability and, sometimes, retribution. A similar process of sickness talk changing through its appropriation by wider scale and more powerful medical authority occurs also in western biomedical hospitals and clinics.

3. Professionalization and power relations

Baer, H. 1984. The drive for professionalization in British osteopathy. *Social Science & Medicine* 19 (7): 717-725.

Published Abstract

This article examines the drive by osteopaths for professionalization in Great Britain. Whereas osteopathy evolved into osteopathic medicine and became part of the medical mainstream in the United States, osteopathy diffused from America to Britain around the turn of the century where it continues to function as a marginal profession. In an effort to overcome their marginality osteopaths have established associations and schools, lobbied for state recognition, created an umbrella organization to transcend intrapersonal rivalries, formed voluntary registers and redefined the scope of their practice. In addition to presenting an overview of these strategies for professionalization, I argue that the ability of osteopaths to obtain legitimacy depends upon convincing political and economic elites that they are useful in compensating for contradictions of capital-intensive, high technology medicine.

Last, M. and Chavunduka, G.L. 1988. The professionalization of African medicine. Manchester: Manchester University Press.

Summary

This is a seminal volume, edited by a renowned medical anthropologist and one of the founders of the first healer association in Zambia. The introduction by Last is still among

the best of what has been written on the topic, pointing clearly to the challenges and problems emerging around the professionalization of healing traditions, which are mainly transmitted orally. The book consists of two main parts: 'Associations and government' and 'Professional knowledge and its control'. The article by Twumasi and Warren focuses on one of the first training programs in Ghana. Another often quoted chapter is that by Steven Feierman, offering historical views on popular control over institutions of health.

Baer, H. 1989. The American dominative medical system as a reflection of social relations in the larger society. *Social Science & Medicine* 28 (11): 1103-1112.

Published Abstract

Expanding upon Navarro's analysis of the American biomedical sector, I argue that the phenomenon of medical pluralism has historically and continues to reflect class, racial/ethnic, and gender relations in American society. The evolution of the American medical system is traced from a relatively pluralistic one in the nineteenth century to a dominative one in the twentieth century. While legitimation and even professionalization of various alternative medical systems supports the assertion that the dominance of biomedicine is delegated rather than absolute, these processes reflect the growing accommodation on the part of alternative practitioners to the reductionist disease theory which is compatible with capitalist ideology.

Janes, C. 1995. The transformations of Tibetan medicine. *Medical Anthropology Quarterly* 9 (1): 6-39.

Published Abstract

This article presents a cultural and historical analysis of 20th-century Tibetan medicine. In its expansion into the state bureaucracy, Tibetan medicine has acceded to institutional modernity through transformations in theory, practice, and methods for training physicians. Despite Chinese rule in Tibet, however, Tibetan medicine has not yielded completely to state interests. With the collapsing of the traditionally pluralistic Tibetan health system into the professional sector of Tibetan medicine, contemporary Tibetan medicine has become to the laity a font of ethnic revitalization and resistance to the modernization policies of the Chinese state. These processes are particularly evident in the elaboration of disorders of rlung, a class of sicknesses that, collectively, have come to symbolize the suffering inherent in rapid social, economic, and political change.

Baer, H. 2001. The sociopolitical status of the U.S Naturopathy at the dawn of the 21st century. *Medical Anthropology Quarterly* 15 (3): 329-346.

Published Abstract

Naturopathic medicine in the United States had its inception around the turn of the 20th century. Subsequently, it underwent a process of relatively rapid growth until around the 1930s, followed by a period of gradual decline almost to the point of extinction due to biomedical opposition and the advent of "miracle drugs." Because its therapeutic eclecticism had preadapted it to fit into the holistic health movement that emerged in the 1970s, it was able to undergo a process of organizational rejuvenation during the last two decades of the century. Nevertheless, U.S. naturopathy as a professionalized heterodox medical system faces several dilemmas as it enters the new millennium. These include (1) the fact that it has succeeded in obtaining licensure in only two sections of the country, namely, the Far West and New England; (2) increasing competition from partially professionalized and lay naturopaths, many of whom are graduates of correspondence schools; and (3) the danger of cooptation as many biomedical practitioners adopt natural therapies.

Barnes, L.L. 2003. The acupuncture wars: The professionalizing of American acupuncture – A view from Massachusetts. *Medical Anthropology* 22 (3): 261-301.

Published Abstract

Since the 1970s acupuncturists in the United States have confronted the dilemma of how to define themselves not only as practitioners in relation to an evolving Americanized version of Chinese medicine but also with respect to definitions of biomedical professional identity, which are currently in flux. The central issue is that of professionalization. This study traces the process of professionalization through the initial reception of the modality; the first steps toward specialized training; and the further steps through professional associations, credentialing, and licensing. This process takes place within the broader social frame of fluctuating definitions of biomedical professionalism. It is within this context that acupuncturists are assessing role definition, status, and compensation. Part of the process also involves the renewed use of the clinical trial and the potential co-opting of acupuncture. The potential for resistance is tied in with alliances with holistic physicians and with acupuncturists' own defense of pluralism.

Parkin, D.J. 2005 The commercialisation of biomedicine and the politics of flight in Zanzibar. In R. Cohen (ed). Migration and health in southern Africa. Capetown Special Issue. *Journal of Ethnic and Migration Studies.*

Published Abstract.

Changes in methods of medical treatment and healing in Zanzibar, which has until recently been almost entirely Muslim and consists of two main islands (Unguja and Pemba), have historically corresponded with sudden population movements brought about by political crises. The revolution in Zanzibar in 1964 ushered in a socialist commitment to free and universally available biomedicine. But the revolution also forced many traditional healers to flee Zanzibar. They were seen as unacceptably "non-modern" and based on "superstition" and as therefore inappropriate for a socialist society. It proved eventually difficult, however, to provide free biomedical facilities in Zanzibar for long and, from the early or mid seventies the islands gradually entered a long period during which neither modern nor traditional medicine were openly and easily available. In this period of blight, the island of Pemba retained relatively more of its traditional healers, with even the island's hospitals continuing to function, though without adequate drugs, while on the island of Unguja healers stayed away or were reluctant to practice for fear of government reprisals, often turning instead to becoming Muslim mosque leaders or learned sheikhs. Islam appears to have become, more markedly than previously, a partial substitute for medicine and healing, in that during outbreaks of cholera, for instance, and with malaria evidently increasing, mosque leaders would urge people to pray for health and recovery and not to expect to be able to turn to medicines.

In the late eighties and early nineties, a thaw in hard-line policies, the ending of communism and a de facto return to capitalism enabled the return of private biomedical practitioners, clinics and small hospitals. These were sometimes set up and run by people from way beyond East Africa, including a few but significant number of doctors and healers from India, Pakistan and China wishing to migrate to Zanzibar for the professional opportunity offered there. Traditional Muslim Zanzibari healers also practiced more openly. By the mid- and late nineties, private biomedical practitioners and clinics were increasingly in competition with each other. With the removal in the late nineties of immigration restrictions, significant numbers of mainland non-Muslims have come to Zanzibar, including Maasai healers, of whom there were hardly any in Zanzibar in the early nineties.

Bruun, H. and Elverdam, B. 2006. Los Naturistas – Healers who integrate traditional and biomedical explanations in their treatment in the Bolivian health care system. *Anthropology & Medicine* 13 (3): 273-283.

Published Abstract

Medical pluralism is a common feature in most health care systems. In this system integration and exchanges between sectors are common, thus forming complex and hybrid systems. This paper analyses such a pluralistic system, and is based

on an anthropological study involving participant observation and ethnographic interviews. The research focuses on a group of healers—Los Naturistas from urban Bolivia. They are Mestizos and serve the Indian and Indian Mestizo population. The study findings suggest they integrate explanatory models from both the traditional Andean medicine and biomedicine, but are selective in the sicknesses they treat. They predominantly use herbal medicine. As a group of healers Los Naturistas are establishing their specific place in the Bolivian health care system.

Wahlberg, A. 2006. Bio-politics and the promotion of traditional herbal medicine in Vietnam. *Health* 10 (2): 123-147.

Published Abstract

It is often suggested that, in the past 50 years, Vietnam has experienced a traditional medicine 'revival' that can be traced back to late President Ho Chi Minh's 1955 appeal 'to study means of uniting the effects of oriental remedies with those of Europe'. In this article, I demonstrate how traditional herbal medicine came to be recruited as an important component of national efforts to promote the public health of urban and rural populations in Vietnam. Importantly, this has entailed a rejection of a colonial biopolitics that sought to marginalize 'quackery' in favor of a postcolonial bio-politics that aims to promote the 'appropriate' use of traditional herbal medicines. While the Vietnamese case bears many parallels to other countries in this respect, notably China, Vietnam's ancient history of medicine, postcolonial isolation and extensive health delivery network have resulted in a unique strategy that encourages rural populations to become self-sufficient in the herbal treatment of their most common illnesses.

Cameron, M.M. 2009. Gender, science, and indigenous medicine: Planning research on Asian women professional providers. *Health Care for Women International* 30 (4): 289-307.

Published Abstract

Women's health care prospects around the world depend on many factors, including broad social changes involving how gender dimensions within traditional medicine are transformed by global biomedicine. I propose a model that will help us to evaluate international health care transformation in Asia through understanding the specific impact of biomedicine on women practitioners of indigenous medicine. I suggest in the model that the relationship among gender, indigenous medico-science, and biomedicine is shaped by culture-specific and historical gender organization, the gendered knowledge foundations of indigenous medicine, and modernizing biomedical and western science influences.

Sugishita, K. 2009. Traditional medicine, biomedicine and Christianity in modern Zambia. *Africa* 79 (3): 435-454.

Published Abstract

The World Health Organization has recognized 'traditional medicine' as a de facto and economical substitute for biomedicine in the developing world. Accordingly, the Zambian government aims to integrate 'traditional healers', locally known as ng'anga, with their biomedical counterparts in a national health care system. Hence, on the one hand, ng'anga elaborate their practice into 'herbalism', which could meet scientific standards and fit into the scope of biomedicine. On the other hand, they continue to deal with affliction by positing the existence of occult agents, such as witchcraft and spirits, at the risk of being criticized for exploiting indigenous beliefs. As a result, many ng'anga associate themselves with Christianity, the national religion of Zambia, which serves as an official domain of the occult where they take refuge from biomedical rationalization. However, conventional churches, the government and health authorities do not approve of the link between Christianity and traditional medicine; hence ng'anga as traditional healers are marginalized in modern, Christian Zambia. Being thus dissociated from the national religion, ng'anga are officially confined to the periphery of national health care, where they submit to the primacy of biomedicine and the workings of state power.

Torri, M.-C. 2009. Beyond benefit-sharing agreements: Bioprospecting for the poor? *International Journal of Technology Management & Sustainable Development* 8 (2): 103-127.

Published Abstract

This article investigates whether novel benefit-sharing arrangements might give rise to a new form of bioprospecting activity through the examination of what appears to be a new model of bioprospecting represented by Gram Mooligai Company Limited (GMCL). GMCL, which is a community-based enterprise active in herbal sector in India, sells medicinal herbs and commercializes phytomedicines using the local ethnomedicine knowledge. The article aims to show how an alternative representation of bioprospecting 'from below' can be an instrument to enhance the local livelihoods of communities and promote their empowerment and capacity building.

Campbell-Hall, V. et al. 2010. Collaboration between traditional practitioners and primary health care staff in South Africa: Developing a workable partnership for community mental health services. *Transcultural Psychiatry* 47 (4): 610-628.

Published Abstract

The majority of the black African population in South Africa utilizes both traditional and public sector western systems of healing for mental health care. There is a need to develop models of collaboration that promote a workable relationship between the two healing systems. The aim of this study was to explore perceptions of service users and providers of current interactions between the two systems of care and ways in which collaboration could be improved in the provision of community mental health services. Qualitative individual and focus group interviews were conducted with key health care providers and service users in one typical rural South African health sub-district. The majority of service users held traditional explanatory models of illness and used dual systems of care, with shifting between treatment modalities reportedly causing problems with treatment adherence. Traditional healers expressed a lack of appreciation from western health care practitioners but were open to training in western biomedical approaches and establishing a collaborative relationship in the interests of improving patient care. Western biomedically trained practitioners were less interested in such an arrangement. Interventions to acquaint traditional practitioners with western approaches to the treatment of mental illness, orientation of Western practitioners towards a culture-centered approach to mental health care, as well as the establishment of fora to facilitate the negotiation of respectful collaborative relationships between the two systems of healing are required at district level to promote an equitable collaboration in the interests of improved patient care.

Fuller, C. J. and Narasimhan, H. 2010. Traditional vocations and modern professions among Tamil Brahmans in colonial and post-colonial south India. *Indian Economic & Social History Review* 47 (4): 473-496.

Published Abstract

Since the nineteenth century, Tamil Brahmans have been very well represented in the educated professions, especially law and administration, medicine, engineering and nowadays, information technology. This is partly a continuation of the Brahmans' role as literate service people, owing to their traditions of education, learning and literacy, but the range of professions shows that any direct continuity is more apparent than real. Genealogical data are particularly used as evidence about changing patterns of employment, education and migration. Caste traditionalism was not a determining constraint, for Tamil Brahmans were predominant in medicine and engineering as well as law and administration in the colonial period, even though medicine is ritually polluting and engineering resembles low-status artisans' work. Crucially though, as modern, English-language, credential-based professions that are wellpaid and prestigious, law, medicine and engineering were and are all deemed eminently suitable for Tamil Brahmans, who typically

regard their professional success as a sign of their caste superiority in the modern world. In reality, though, it is mainly a product of how their old social and cultural capital and their economic capital in land were transformed as they seized new educational and employment opportunities by flexibly deploying their traditional, inherited skills and advantages.

Langwick, S. 2010. From non-aligned medicines to market-based herbals: China's relationship to the shifting politics of traditional medicine in Tanzania. *Medical Anthropology* 29 (1): 15-43.

Published Abstract

The institutionalization of traditional medicine in Tanzania reveals how strategies for socialist liberation are morphing into strategies for neoliberalization. In the 1960s and 1970s, traditional medicine promised the raw material for the scientific development of an indigenous pharmaceutical industry. At the turn of the millennium, however, traditional medicine has re-emerged in Tanzania as a new path into the fast-growing global herbals market. Tanzania's relationship with China has been central to these dynamics. Development programs rooted in socialist friendship trained Tanzanian doctors in China throughout the 1970s and into the 1980s. These practitioners forged Tanzanian efforts to develop and modernize traditional medicine. In this article, I look with particular detail at one woman who was chosen to start the Office of Traditional Medicine in the Ministry of Health in Tanzania, in order to elaborate the continuities and discontinuities central to the emerging field of market-based traditional medicines.

Olatokun, W. M. and Ajagbe, E. 2010. Analyzing traditional medical practitioners' information-seeking behavior using Taylor's information-use environment model. *Journal of Librarianship and Information Science* 42 (2): 122-135.

Published Abstract

This survey-based study examined the information-seeking behavior of traditional medical practitioners using Taylor's information use model. Respondents comprised all 160 traditional medical practitioners that treat sickle cell anaemia. Data were collected using an interviewer-administered, structured questionnaire. Frequency and percentage distributions were employed for data analysis using the Statistical Package for the Social Sciences (SPSS) software. Analysis revealed that traditional medical practice in the study area was male dominated and the majority of the traditional medical practitioners seek information primarily from informal sources, particularly from colleagues within the same professional association. Knowledge of traditional medical practice was revealed to be orally preserved.

The low level of education of the traditional medical practitioners denied them access to knowledge that could improve and make their services in the treatment/management of sickle cell anaemia more relevant to the health needs of Nigerian society. Traditional medical practitioners have some good advice for the holistic care of sickle cell anaemia but their information and communication system is very dependent on 'what works, in some situations' moving upwards to the experts, and the associations, who then pass this on to other practitioners who may have specific queries. If the associations could actively collect information about the practices of their members, and subject them to some open debate, then good practice might drive out less effective practices faster — and the associations would be in a better situation and have a basis to 'accredit' and help train junior traditional medical practitioners. There is therefore a need to bring the traditional medical practitioners into the mainstream by providing them with proper training, facilities and back-up for referral.

Seung-Hoon, C. and Il-Moo, C. 2010. A milestone in codifying the wisdom of traditional oriental medicine: TCM, Kampo, TKM, TVM—WHO international standard terminologies on traditional medicine in the western Pacific region. *Evidence-based Complementary & Alternative Medicine (eCAM)* 7 (3): 303-305.

Published Abstract

The WHO published a dictionary-type book entitled 'WHO International Standard Terminologies on Traditional Medicine in the western Pacific Region' which has a total of 3259 technical terms which have been commonly used in traditional Chinese (TCM), Japanese (Kampo), Korean (TKM) and Vietnamese (TVM) medicines. In this comprehensive guide, each term has the English expression, the original Chinese character and a concise English definition. The book covers 3106 terms from basic theories, diagnostics, diseases, various therapeutics including acupuncture and moxibustion and even the English wording of 153 titles which are considered the most important traditional medical classics published in these four countries. A prominent feature of the compilation is the codification format that assigns numbers in hundred decimal units for each category of the section. This type of coding system provides the flexibility for adding more terminologies in the future and is useful for constructing a database for the retrieval of various published scientific articles. Overall, the usage of these standard terminologies is highly desirable to deliver accurate meanings, and ultimately to avoid a variety of expressions for a single term in different scientific manuscripts on Oriental medicine.

Sorsdahl, K., et al. 2010. Traditional healer attitudes and beliefs regarding referral of the mentally ill to western doctors in South Africa. *Transcultural Psychiatry* 47 (4): 591-609.

Published Abstract

Drawing on data collected from 3 focus groups with 24 traditional healers, the aim of this qualitative study was to use the constructs of the Theory of Planned Behaviour (TPB) to gain an understanding of traditional healer referral practices of their patients with a mental illness. Results indicated that traditional healers possess a concept of mental illness, mainly referring to a patient behaving abnormally. They often report regularly treating patients with these behaviours. Traditional healer referral to western care is considered a temporary measure or a last resort. A majority of healers feel that allopathic physicians do not treat them with the respect that they feel their contribution to the health of the community warrants. Recommendations include the need for traditional healers to be trained to identify potential cases of mental illness in their communities and for dialogue between traditional and allopathic physicians in regard to mental health care.

Wiese, M. and Oster, C. 2010. 'Becoming accepted': The complementary and alternative medicine practitioners' response to the uptake and practice of traditional medicine therapies by the mainstream health sector. *Health* 14 (4): 415-433.

Published Abstract

This Australian study sought to understand how practitioners of the traditional systems of what is now termed complementary and alternative medicine (CAM) are responding to the adoption of their traditional medicine therapies by the mainstream health care system, and the practice of these therapies by mainstream health care practitioners. A grounded theory approach was used for this study. In-depth interviews were conducted with 19 participants who were non-mainstream practitioners from five traditional systems of medicine — Traditional Chinese Medicine, Ayurveda, Naturopathy, Homeopathy and Western Herbal Medicine. Four main conceptual categories were identified: Losing Control of the CAM Occupational Domain (the participants' main concern); Personal Positioning; Professional Positioning (the core category); and Legitimacy. These categories formed the elements of the substantive theory of 'becoming accepted' as a legitimate health care provider in the mainstream health system, which explained the basic social process that the study's participants were using to resolve their main concern.

Gaitanidis, I. 2011. At the forefront of a 'spiritual business': Independent professional spiritual therapists in Japan. *Japan Forum* 23 (2): 185-206.

Published Abstract

The current 'spiritual boom' represented by the phenomenal popularity of spiritual counsellor and television personality Ehara Hiroyuki provides evidence that the

1980s media-based religious boom in Japan did not come to an end in the aftermath of the terrorist act perpetrated by the new religious group Aum Shinrikyō. Today, however, the media focus seems increasingly to be falling on various therapies that have become objects of business transactions, which one Japanese researcher has vaguely referred to as the 'spiritual business'. The author of this paper, by examining the activities described as 'spiritual business' through an empirical study of practitioners active at the forefront of this phenomenon, narrows down the use of the term 'spiritual business' to the Ehara-inspired, independent professional spiritual therapists, and links their increasing number to two sociological factors: the sluggish Japanese economy and the commercialization of therapy as sacred.

Sujatha, V. 2011. Innovation within and between traditions. *Science Technology & Society* 16 (2): 191-213.

Published Abstract

This paper seeks to bring the study of Asian medical systems from cultural studies into the ambit of social studies of science. It examines issues pertaining to innovation in indigenous systems of medicine (ISM) in contemporary India, with specific reference to siddha medicine. Drawing upon Kuhn's theory of growth of scientific knowledge, the paper argues that only innovations within an epistemic tradition contribute to its incremental growth. On the other hand, innovations that happen in the interstices of distinct epistemic models of the body, such as the case with the laboratory trials of indigenous medical formulae, are not likely to lead to cumulative growth of ISM, even if they contribute to the biotechnology sector. The argument is set out by foregrounding the career of different kinds of practitioners of siddha medicine, showing how innovation between scientific traditions becomes invisible because of the absence of institutional closure on the norms of discovery and verification in ISM.

Timmons, S. 2011. Professionalization and its discontents. *Health*: 15 (4): 337-352.

Published Abstract

The sociology of professions has generally considered professionalization as a desirable outcome for occupational groups. This case study of professionalization in the UK National Health Service, based on an analysis of documents, presents a challenge to that view. For many groups, the state is now so comprehensively dominant in the process of professionalization that it can effectively dictate professional status on its own terms. Many of the advantages that accrued to professions that developed historically will not be available to groups that professionalize under this new regime. Though elite groups within the profession studied (Operating Department Practice) were strongly in favour of professionalization, through-

out the process there were also dissenting voices. This case study will show how professionalization, despite being described as the 'Holy Grail' by those in favour of it, turned out to be, at best, a mixed blessing. While medicine may still be able to negotiate with the state for other groups, professionalization can in the future be equated with regulation.

4. Medical pluralism and primary health care

Good, C.M. 1987. *Ethnomedical systems in Africa: Patterns of traditional medicine in rural and urban Kenia.* New York: Guilford Press.

Summary
The book examines the changing character of traditional medicine in rural and urban Kenya. It is argued, that the quantity and quality of health care is adversely affected in communities where there are declining numbers of traditional health practitioners. Conversely, where traditional medicine has expanded and developed as an 'informal sector' activity, it is more complementary than competitive with biomedicine and has an underdeveloped potential to promote improvements in personal and community health. The author suggests that popular knowledge of healthcare should still be the first priority, showing that it is neither ethical nor wise to impose a single choice of health care on people.

Heggenhougen, H.K. 1987. Traditional medicine in developing countries: Intrinsic value and relevance for holistic health care. *Journal of Interprofessional Care* 2(1): 47-56.

Published abstract
Traditional medicine is used in both isolated rural areas as well as where allopathic medicine is easily available. Medical pluralism, the use of more than one health care resource, appears a universal phenomenon. 'Traditional medicine' cannot be thought of as a unified entity but is used to describe a whole range of healing practices, however, substantial evidence exists testifying to the efficacy of much of such different practices, albeit iatrogenesis is a concern relevant to traditional as well as allopathic health care. It is proposed that collaboration between allopathic and traditional medicine (which is encouraged as part of the primary health care approach) is important not only because of the efficacy and wide use of traditional medicine, but also for its potential of improving *both* allopathic and traditional practice toward the ultimate purpose of improving health by developing a more holistic approach to health care. Some obstacles to the possibilities for collaboration as well as for the implementation of primary health care are mentioned.

Phillips, D.R., Hyma B. and Ramesh A. 1992. A comparison of the use of traditional and modern medicine in primary health centres in Tamil Nadu. *GeoJournal* 26 (1): 21-30.

Summary
The article provides comparative insights into the multiple usage and attitudes towards modern and traditional health care provided in three Primary Health Centres (phcs) in Tamil Nadu, India. It appears that the use of alternative medicine has increased only relatively recently since the government's initiatives to provide it in the public sector. Previously it had been available mainly through the private sector and, contrary to what is sometimes suggested about traditional medicine, this may have placed it beyond the means of these poorer people. Whilst culturally acceptable, traditional medicine may not always be economically accessible if not publicly provided free or at low cost.

McMichael, C. 2002. Childhood diarrhoea and medical pluralism in a Shanty Town of Lima, Peru. In R. Akhtar (ed.) *Urban health in the Third World.* New Delhi: A.P.H. Publications, pp. 365-391.

Summary
The article examines the efficiency of primary health care models in the urban areas of Peru. It explores how mothers in Lima's Shanty towns understand and respond to childhood diarrhoeal disease, using different co-existing forms of medical knowledge: biomedical, local, and indigenous. The analysis of these different traditions may explain the shortfall of primary health care model: aimed to deliver basic health care at the community level, the program becomes less effective when it seeks to replace the medical 'beliefs' of local communities with biomedical 'knowledge'. Medical beliefs are intertwined with social relationships and cultural meanings. A dismissive attitude may erode indigenous practices and knowledge that are important for the individual and the community, for their culture, and for their health.

5. Modernisation, social transformation, and political change

Topley, M. 1976. Chinese traditional etiology and methods of cure in Hong Kong. In C. Leslie (ed.), *Asian medical systems. A comparative study.* Berkeley: University California Press, pp. 243-265.

Published Abstract
The article presents a process of conceptual differentiation in medical thinking started in early times in China and continues in present day Hong Kong. Different

contemporary approaches and methods of cure may centuries ago have formed a unitary system. A distinction is indicated between quasi science, which deals with internal cure and mystical science, where internal imbalance is related to external cure. While this distinction suggests processes of specialization, the actual situation is ambiguous: Patients use different methods of cure in complementary and supplementary fashion and specialists themselves do not adhere to a single speciality.

Mullings, L. 1984. *Therapy, ideology and social change. Mental healing in urban Ghana*. Berkeley, Los Angeles, London: University of California Press.

Summary
This study explores how therapies mediate social change and newly emerging ideologies. It is based on extended fieldwork in Labadi, a traditional Ga town, which over the time has become a suburb of Accra, the capital of Ghana. The book consists of three parts. The first part introduces the local context and summarises the socioeconomic transformations it has undergone recently. The second part consists of the ethnography of spiritual and traditional healing. Part three relates the ethnographic findings to the larger body of literature on cross-cultural therapy, not only relating to Ghana and developing countries but also the United States. The author argues that the introduction of capitalised labour has had a considerable effect on therapeutic relationships as well.

Strathern, A. 1989. Health care and medical pluralism: Cases from Mount Hagen. In S. Frankel and G. Lewis (eds.) *A continuing trial of treatment: Medical pluralism in Papua New Guinea.* Dordrecht: Kluwer, pp. 141-154.

Summary
The book chapter analyses the relationship between practices and ideas of traditional medicine and those of modern introduced health care among the Melpa- speaking people in the Mount Hagen area in Papua New Guinea. The author finds that even though people accept the obvious benefits of introduced medicine in a quick and ready fashion, this does not mean that the ideas behind it are fully understood. For example, they are not fully aware of the need to take western medicine according to measure and to finish a course of treatment. Therefore, the author suggests that Melpa should be encouraged not to abandon their own conceptual schemes in favour of only partially understood introduced ones.

Crandon-Malamud, L. 1991. *From the fat of our souls: Social change, political process, and medical pluralism in Bolivia.* Berkeley: University of California Press.

Summary

In this classic study on medical pluralism in the Andes, the author observes the dialogue that surrounds medicine and medical care among Indians and Mestizos, Catholics and Protestants and peasants and professionals in the rural town of Kachitu in the Andean highlands. Considering also the context in which the parties operate and the anatomy of their strategies, which extend beyond their medical interests, the author shows how these conversations work as a strategy to negotiate social identity and to gain access to resources such as social mobility.

McGrath, B.B. 1999. Swimming from island to island: Healing practice in Tonga. *Medical Anthropology Quarterly* 13(4): 483-505.

Published Abstract

The health care system of the Pacific island nation of Tonga serves as an example of enduring medical pluralism which incorporates traditional and Western medical practice and accommodates contemporary political and social change. Biomedicine is represented by the hospital and the community health centers; traditional medicine is practiced in homes by healers. Both types of therapies are popularly utilized for different ailments or for the same problem at different points in the illness. Contemporary healing is described and is also analyzed as an expression of social change occurring in Tonga as a result of a political movement toward democracy.

Crandon-Malamud, L. 2003. The effects of modernization on mestizo medicine in rural Bolivia: The case of two Mestizo sisters. In J. Koss-Chioino et al. (eds.) *Medical pluralism in the Andes.* London and New York: Routledge, pp. 27-41.

Summary

It is commonly assumed that intensified modernisation leads to a decline in the usage of indigenous medicine. The author contests this assumption by describing how people who vocally aspired to modernization and westernization during the period from 1952 to 1978 are patronising indigenous medicine. The author argues that this is due to the effects of the modernization processes in rural Bolivia. The article raises new questions about the nature of medical pluralism since it does not coincide with the main assumptions behind the notion of “modernization”.

Whitaker, E. W. 2003. The idea of health: History, medical pluralism and the management of the body in Emilia-Romagna, Italy. *Medical Anthropology Quarterly* 17 (3): 348-375.

Published Abstract

Basic beliefs about health in north central Italy derive from an approach to the personal management of the body that is not just reactive but also proactive. This article examines a complex field of health factors in relation to historical processes and a system of medical pluralism. Rapid demographic and social changes over the past century have brought an accommodation of ancient medical beliefs to more recent germ-oriented principles. An enduring belief in the permeability of the body leads to an emphasis on moderation in personal conduct to prevent debilitation, whether by atmospheric insults, microbial infection, or modern-day miasmas such as pollution or additives in food. The idea of health itself is analyzed to show how biomedicine varies across societies and how historical processes have shaped contemporary cultural patterns and led to generational continuities and differences in beliefs and behaviors. This information may also improve interactions between patients and health care providers.

Loscalzo, A. E. 2006. *Populations in transition, medicines in motion: Migration, health, and healing in Echang hamlet, Republic of Palau, Micronesia.* PhD-thesis, University of Hawaii at Manoa.

Published Abstract

This dissertation explores medical pluralism using the theoretical and methodological foundations of biocultural anthropology. In so doing, the evaluation of medical ideology and healing practices occurs simultaneously with cultural interpretations of biologic outcomes and biomedical assessments. Medicine in Echang hamlet (Koror, Republic of Palau) embodies the complexity of cultural adaptation to transformative social, biologic, and ecologic contexts. A presentation of the historical and political circumstances surrounding the resettlement of southwest island communities in Echang provides a lens through which to understand the social marginalization of this population. It also contextualizes the transformation of human encounters with therapeutic and dietary landscapes that has influenced emergent disease patterns, health disparities, and medical practices. Conventional applications of the epidemiologic transition concept are inappropriate in this locale where high rates of infectious and chronic diseases co-exist. Indigenous theories of illness etiology and therapeutic action shape processes of selection, utilization, and cessation of medicines in a setting where a variety of medical paradigms flourishes. The potential physiologic significance of plants in food, medicine, and polypharmacy is considered. The nutritional impact of the declining use of wild and cultivated plants receives special attention. This study contributes to the anthropological literature on medicines in the context of social transformation, medical pluralism, diet and health, and pharmaceutical anthropology.

Perrino, S. M. 2006. *Senegalese ethnomedicine: A linguistic and ethnographic study of medical modernities between Senegal and Italy.* PhD-thesis, University of Pennsylvania.

Published Abstract

The dissertation explores how Senegalese both locally oppose and incorporate hegemonic notions of globalizing Western biomedicine, and how, in particular, these processes play out at the level of healer-patient communication. Thus, the study explores diverse reflexive constructions of 'modernity' in healer-patient therapeutic encounters, turning to three modernizing initiatives that have arisen since the 1980s. These redefine ethnomedicine as a secular, phytotherapeutic 'tradition' that is based on the efficacy of indigenous plants rather than on the social-interpersonal bonds between healer and patient. The study considers the divergence among these three initiatives in order to better understand the medical pluralism and hybridity within the category of what this study considers 'alternative medical modernities'.

6. Global-local: commodification, transnational transfer and translation

Wolf, A. and Hörbst, V. (eds.) 1995. *Medizin und Globalisierung. Universelle Ansprüche – lokale Antworten.* Münster [et al.]: LIT-Verlag.

Summary

Based on a conference of the Working Group Medical Anthropology within the German Association of Anthropologists (GAA), the contributions in this edited volume explore how, on the one hand global forms are locally appropriated, and on the other, how local practices are shaped by, and embedded in global flows and institutions. The nine contributions cover nutrition in Papua New Guinea, the combination of biomedicine and traditional healing in a hospital in Mexico, In-Vitro Fertilisation in Austria, the idea of 'natural' birthing, global conceptions of the body and its local reinterpretation in childbed, reflections on whether it works to define sickness transculturally, Aids and religion in urban Tanzania, and how people translate HIV into local concepts of witchcraft in Malawi. In the introduction, the editors suggest to expand Arjun Appadurai's concept of 'scapes' to the realm of health and healing with the notion of 'medicoscapes'.

Hsu, E. and Høg, E. (eds.) 2002. Countervailing Creativity: Patient Agency in the Globalisation of Asian Medicines. Special Issue. *Anthropology and Medicine* 9 (3).

Summary

This special issue has been a cornerstone in the debate because it was one of the first English publications bringing together theories of globalisation and medical pluralism. The six articles in this volume focus on different aspects of the globalisation of Asian medicines with case studies from England, Japan, Tibet, Germany, Tanzania, Kazakhstan, and Russia.

In the very useful introduction the editors summarize relevant theories of globalisation and relate them to processes from above (transnational companies, practitioners) and from below (perspective of patients and practitioners in specific localities). They furthermore discuss the usefulness of concepts such as creolisation and hybridity and argue for viewing globalisation as a process.

Schneider, S. D. 2006. *Community health organizing and the political economy of health care in Morelos, Mexico.* PhD-thesis, Michigan State University.

Published Abstract

This thesis analyzes the emergence of a community-based alternative health care movement in Morelos, Mexico, and its local expressions among health groups in the mestizo town of Zarragoza. By considering how the agendas of health groups reflect local and global trends, the study contributes to the medical anthropology literature by furthering the understanding of the global and syncretic nature of medical pluralism. It demonstrates how global ideas and repertoires can be incorporated into local treatment practices to create a new panorama of health care options and discourses. The author suggests that the boundaries between 'local' and 'global' methods are blurred by health groups, as their agendas reflect global trends and their practices re-shape local ideas of health and healing.

Tokar, E. 2006. Preservation and progress: Using Tibetan medicine as a model to define a progressive role for traditional Asian medicine in modern health care. *Asian Medicine* 2 (2): 304-315.

Published Abstract

The author observes the increasing expansion of Tibetan medicine and other forms of traditional Asian medicine in the West where they have been faced with commoditisation and the hegemony of biomedicine. In the face of modern globalization, the article address certain key questions: How can systems of traditional Asian medicine be incorporated into western cultures in a manner that permits them to contribute to western understanding of health and disease while allowing them to retain their own integrity? How can they be utilised to aid in the solution of public health problems that exist in the West? What should be the proper inter-

action between traditional Asian medical systems and biomedicine? To determine the answer to these and other vital questions, the authors take into account the many cultural, political, economic and scientific issues that affect the state of both public health and individual healthcare.

Cooke, J. 2009. *Kirtan in Seattle: New hootenanny for spirit junkies*. PhD-thesis, University of Washington.

Published Abstract

This dissertation explores the practice and subjective experiences of kirtan leaders and participants in the region of Seattle, Washington. Originating in South Asia, kirtan (sometimes known as bhajan) is the call-and-response singing of the Hindu names of God in congregation. While numerous studies of Hinduism among the Indian diaspora are available, how Hindu traditions are adopted and adapted by Westerners have been largely ignored in scholarly literature. In connection with the increased popularity of yoga in the United States during the 1990s and 2000s, the popularity of kirtan has also increased. Westernized kirtans are held at yoga studios, spiritual centers and larger venues. Practicing what some scholars refer to as "unchurched" spirituality, most Westerners who sing kirtan define themselves as "spiritual" rather than "religious." A network of spiritual seekers attends kirtans at a variety of venues because they enjoy and otherwise benefit from chanting. Although this dissertation focuses on kirtan in Seattle, the research presented also reflects larger trends in kirtan in the United States, inasmuch as both local and internationally touring kirtan leaders were interviewed. Research methods include participant-observation of kirtans at several venues in the Seattle area and in-depth, semi-structured interviews with over thirty kirtan leaders and participants, most of whom are Westerners. (…)Themes explored include participants' preferences in kirtan, why kirtan has become popular, how kirtan transforms consciousness, and the meaning and importance of opening the heart. The performance practice of the Hanuman Chalisa, a longer Hindu chant, is also explored. Differences between Indian and Western kirtans are discussed.

Hsu, E. and Stollberg, G. (eds.) 2009: Globalizing Chinese medicine. Special Issue. *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 28 (2).

Summary

This special issue ensembles three articles focusing on specific aspects of the globalisation of Chinese medicine. Chinese medicine represents one of the oldest written down therapeutic traditions in the world. It has therefore been one of the key subjects of the study of medical pluralism. The editors of this special issue point furthermore to the

unique 'travel career' of Chinese medicine, which has resulted in its worldwide spread. The articles focus on practitioners of Chinese medicine in the United States (Barnes), and how Chinese medicine has become reinvented as preventive medicine in translocal encounters (Zhan). The article by Hsu analyses the dynamics of how traditional Chinese drugs have become redefined as biomedical drugs, taking the case of the anti-Malarial substance artemisinin as an example.

Hsu, E. 2009. Chinese propriety medicines: An 'alternative modernity?' The case of the anti-Malarial substance artemisinin in East Africa. *Medical Anthropology* 28 (2): 111-140.

Published Abstract

This article discusses various modes of "modernizing" traditional Chinese medical drugs (zhongyao) and transforming them into so-called Chinese propriety medicines (zhongchengyao) that are flooding the current neoliberal wellness markets. This article argues that the chemical procedures used in the manufacture of Chinese propriety medicines are highly culture-specific and deserve being considered as instantiations of an "alternative modernity" (e.g., Knauft 2002), rather than of "Westernization." These Western-Chinese combinations, produced in strife toward fulfilling Mao Zedong's Communist-revolutionary vision, have a potential to represent a critical alterity to Western health policies, challenging rhetoric against such combinations. However, as is also noted in this article based on ethnographic fieldwork in East Africa, their potential alterity has been corroded for at least two reasons. First, the medical rationale for dispensing these medications has been shaped by commercial demands in ways that have worked toward transforming the formerly scholarly Chinese medical tradition (as outlined by Bates 1995) into a consumer-near and popular "folk medicine" (as defined by Farquhar 1994:212). Second, the repertoire of Chinese propriety medicines is impoverished as its efficacious "alternatively modern" drugs are being redefined as "modern" biomedical drugs. The article concludes that the potentially critical alterity of any formerly scholarly traditional medicine is more likely to be lost in those fields of health care that are both highly commercialized and polarized by the biomedical imperative to distinguish between "traditional" and "modern" medicines. As example for demonstrating how contentious the issue is, qinghaosu (artemisinin) is put center stage. It is an anti-malarial substance which in the 1970s Chinese scientists extracted from the Chinese medical drug qinghao (Herba Artemisiae annuae). Some Chinese practitioners in East Africa argued that artemisinin belonged among the Chinese propriety medicines they sold. Although according to Western biomedical criteria and the Chinese scientists who were involved in its chemical identification, artemisinin is a "modern" Western drug, their polemics deserve to be more closely analyzed as what social scientists have recognized as an "alternative modernity."

Tupper, K. W. 2009. Ayahuasca healing beyond the Amazon: The globalization of a traditional indigenous entheogenic practice. *Global Networks* 9 (1): 117-136.

Published Abstract

Ayahuasca commonly refers to a psychoactive Amazonian indigenous brew traditionally used for spiritual and healing purposes (that is as an entheogen). Since the late twentieth century, ayahuasca has undergone a process of globalization through the uptake of different kinds of socio-cultural practices, including its sacramental use in some new Brazilian religious movements and its commodified use in cross-cultural vegetalismo practices, or indigenous-style rituals conducted primarily for non-indigenous participants. In this article, I explore the rise of such rituals beyond the Amazon region, and consider some philosophical and political concerns arising from this novel trend in ayahuasca use, including the status of traditional indigenous knowledge, cultural appropriation and intellectual property. I discuss a patent dispute in Unites States and allegations of biopiracy related to ayahuasca. I conclude the article with some reflections on the future of ayahuasca drinking as a transnational sociological phenomenon.

Hendrickson, B. 2010. *Healing borders: Transcultural expressions of Mexican-American folk healing*. PhD-thesis, Arizona State University.

Published Abstract

This dissertation examines the transcultural influences of Mexican-American religious and folk healing. While this healing tradition has been and remains most relevant and appealing to parts of the Mexican-American population, I demonstrate that Mexican-American healthways have long provided efficacious healing to diverse groups of people in the United States. This study uses historical documents, newspaper archives, ethnographic accounts, autobiographies, and how-to manuals to develop a nuanced and diachronic account of the hybridizations typical of Mexican-American religious healing from the time of Spanish colonial contact to the present. Durable cultural and religious predispositions create and sustain narratives of healing and wellness that ultimately allow sick people to encounter a return to wholeness. Similar metaphysical predispositions concerning healing and wholeness have long guided the embodied experiences of Anglo-Americans. These predispositions serve to channel the narratives and bodily experiences of participants; this dissertation finds that channels of convergence exist between the predispositions of Mexican-American religious healing and the American metaphysical religious tradition, especially in the American West. To demonstrate this convergence, I explore white interactions with several prominent folk saints active at the turn of the last century as well as more recent transcultural expressions of Mexican-American folk healing within the predominantly white New Age and alternative medicine communities. This project suggests that, even in conflicted

contexts of colonialism and racial prejudice, transcultural religious hybridization can and does occur.

Losonczy, A.-M. and Cappo, S. M. 2010. Entre l' 'Occidental' et l' 'Indien'. Ethnographie des routes du chamanisme ayahuasquero entre Europe et Amériques. *Autrepart* (56): 93-110.

Published Abstract

The following text explores a particular aspect of religious practice and migration. Shamanism presents itself today as a multi-sited landscape, painted by regular movements of ritual experts and practitioners and by the continuous diffusion and reconfiguration of practice. These transcontinental travels and settlements influence the local communities and lead them to rethink and adapt their own practices of internal and regional use. The transcontinental version of shamanism presents an organizational continuum that withholds, allows and reproduces a set of itineraries that binds, on a national and international scale, the territories of the so-called "ethnical" shamanism and its urban adaptations. In fact, this continuum rests on the encounter of national and international "urban shamanisms" that structure themselves by looking at the "indigenous" as a revalued and ultimate resource-location. By addressing the shamanic expertise classified as "knowledge" in this particular context, we shall question its influence on the national and international social hierarchies that originated from colonization.

Sagli, G. 2010. The establishing of Chinese medical concepts in Norwegian acupuncture schools: The cultural translation of jingluo ('circulation tracts'). *Anthropology & Medicine* 17 (3): 315-326.

Published Abstract

Acupuncture and other forms of so-called alternative treatments, originating outside the West, have increasingly become an integrated part of the repertoire of medical practices widely used in health care remote from their places of origin. The main aim of this paper is to elucidate the cultural translation of Chinese medical concepts in a Western, acupuncture setting located far from China. Drawing on material from ethnographic fieldwork in acupuncture schools in Norway, this study discusses how concepts used in Chinese acupuncture are taught and interpreted for biomedically oriented students. The paper concentrates on the concept of jingluo ('circulation tracts', 'meridians') which the schools considered to be vital in order to conduct acupuncture. Similar to several other Chinese medical concepts, jingluo presents claims about the body that significantly differ from biomedical assumptions. The paper adds novel resources and insights to the research concerning medical conceptions, in that it applies the perspective of 'finitism' as devel-

oped in the field of sociology of knowledge by Barnes, Bloor and Henry (1996) in its analysis. It presents an analysis of five empirical examples demonstrating how a variety of interpretations of jingluo – many of them from different fields and some of them contradictory – were involved in establishing jingluo. Finally, by examining examples of Chinese concepts of the body, the paper seeks to contribute to the wider field of the anthropology of the body as well as to add to our understanding of the ways in which medical pluralism and globalization of acupuncture unfolds.

Salguero, C. 2010. *Buddhist medicine in medieval China: Disease, healing, and the body in crosscultural translation (second to eighth century, C.E.)*. PhD-thesis, The John Hopkins University, Maryland.

Published Abstract

This dissertation is a study of the role of literary and cultural translation in the transmission and reception of Buddhist medicine in medieval China between the second and eighth centuries. This dissertation brings to light the diversity of medical material in the Chinese Tripitaka, analyzes the central metaphors and discourses in this corpus, and examines how these foreign medical ideas were understood in their historical context. I employ methodologies from Translation Studies to reconcile the study of the transregional exchange of linguistic and cultural repertoires with the agency of individual historical authors as they retooled and adapted foreign knowledge to forward contemporary social strategies. I utilize this theoretical framework to analyze how Indian medical doctrines influenced Chinese Buddhist discourses and practices, while also emphasizing the importance of disease, healing, and the body as sites of cross-cultural negotiation. (…) [In the conclusion I argue] that a new approach prioritizing the role of translation in the dynamics of cross-cultural exchange allows scholars to jettison the anachronistic categories of "religion" and "science" and move toward a greater appreciation of the integration of Buddhism and medicine in medieval China.

Torri, M.-C. 2010. Innovating through community capacity in traditional knowledge and Ethno medicine: A case study from Tamil Nadu (India). *International Journal of Technology Management & Sustainable Development* 9 (1): 3-18.

Published Abstract

This article looks at innovation as a product of the interaction between scientific and indigenous knowledge (IK). The innovation process raises questions about how knowledge on medicinal plants (MPs) is acquired, commoditized and politicized. By invoking the experiences of two related Indian non-governmental organizations (NGOs), the article examines attempts made to promote IK in MPs through

botanical knowledge and knowledge based on policies of biodiversity conservation, global health and development. The case studies further help shed light on how local knowledge is reinvented to fit into new global networks. Making traditional medicine (TRM) more visible through NGOs helps promote IK in MPs; it also has the effect of disbanding TRM from embodied knowledge and daily practices.

Van Hoy, S. 2010. *Authentic traditions, authentic selves and healing at the end of the world: An auto-ethnography of Chinese medical practices*. PhD-thesis, University of Washington.

Published Abstract

This dissertation explores the various ways in which Chinese medical practitioners in the United States work to authenticate Chinese medicine. While practitioner concerns with the medicine's authenticity are uneven, nevertheless several themes can be traced. These themes have to do with Chinese medical traditions, Chinese medical practices and the future of Chinese medicine. Many practitioners articulate an understanding that Traditional Chinese Medicine (TCM) is a medicine invented in the People's Republic of China in keeping with Communist thought. The knowledge of TCM as an "invented tradition" causes many practitioners to seek out more authentic alternatives. This dissertation seeks to understand how these more real, or authentic, Chinese medicines might be recognized by practitioners. The dissertation also works to problematize the authenticating strategies that engender such recognition. Because the author is a practitioner of Chinese medicine, the research is grounded in auto-ethnographic methodologies.

Wu, E. 2010. *The utilization of spiritual capital by the practitioners of traditional Chinese medicine in the San Francisco Bay Area*. PhD-thesis, Graduate Theological Union, California.

Published Abstract

This dissertation seeks to understand how different systems of ideologies inevitably clash yet creatively coexist in the practices of Traditional Chinese Medicine (TCM) in California (with focus in the San Francisco Bay Area), particularly from the perspectives of the practitioners. Individual TCM practitioners, who locate across various ethnic, cultural, and linguistic boundaries, collectively participate in the reinvention of the medicine. This reinvention is a result of active negotiations with market forces and expectations, often (but not only) by investing and utilizing the "spiritual capital" (resources in the forms of "spiritual"-related knowledge and practices) that are readily available in the shared vocabulary and increasingly multicultural conceptions of American popular spirituality.

Katz, M. 2011. *Chinese medicine in the US: Culture, interaction, and the construction of patient-centered care*. PhD-thesis, University of California.

Published Abstract

This study examines the practice of Chinese medicine in Southern California by practitioners trained, in English, in local schools of Chinese or "oriental" medicine. It uses a mixed methods approach to examine the influences of both culture and interaction in the ways that the practitioners construct their professional identities and their relationships with patients. Using a combination of conversation analysis, ethnography, and cultural sociology, this study describes how acupuncturists present themselves and their office environments, how acupuncture visits are structured, and how practitioners interact with patients. Each of these features of the Chinese medicine visits, further, are shown to be in certain important ways to be responsive to the American context, in particular to biomedical dominance. The ways that acupuncturists manage biomedical dominance tend to highlight the positive qualities – such as the close patient-practitioner relationships – of Chinese medicine within the context of a cultural discourse that conceptualizes Chinese medicine in opposition to biomedicine. But, the fact of referencing biomedicine, as well as the way biomedical references invoke authority and legitimacy, serves to reproduce the unequal relationship between Chinese medicine and biomedicine. This examination of how acupuncturists manage their professional identities and relationships with patients illuminates some of the dynamics and consequences of hierarchical medical pluralism. It also shows some of the ways that the practice of Chinese medicine has been adapted to the American context and adds to the growing body of work showing contemporary Chinese medicine to be a diverse and dynamic field of knowledge and practice.

7. Reproduction and traditional birth attendants (TBA)

Chapman, R.R. 1998. *Prenatal care and the politics of protection: An ethnography of pregnancy and medical pluralism in Central Mozambique.* PhD-thesis, University of California.

Published Abstract

In this article the authors applies a feminist perspective on politics of reproduction to an analysis of pregnancy and prenatal care strategies of women in a peri-urban community in Central Mozambique. The data collected challenges the characterization of obstetric high-risk women in developing countries as unmotivated and disobedient victims. The author argues that despite little access to cash resources, immense burdens of domestic and agricultural labour, and mediated access to

political and economic power, the women attempt to mobilize the resources needed in order to acquire costly reproductive health care outside the biomedical sector. In this way they women try to gain control of their own reproductive labour and pregnancy outcomes.

Obermeyer, C. M. 2000. Pluralism and pragmatism: Knowledge and practice of birth in Morocco. *Medical Anthropology Quarterly* 14 (2): 180-201.

Published Abstract

This article examines knowledge and practice surrounding birth in Morocco, using women's narratives of their recent birth experiences, observations of medical encounters, and statements about prescribed behaviors during pregnancy and birth, as well as the vocabulary used to refer to physiological processes, disease conditions, and social relationships. The analysis shows that the three major themes that define the traditional Moroccan ethnophysiology of birth—conceptions of hot and cold, the symbolism of blood, and the metaphors of openness and obstruction—are not inconsistent with the precepts of biomedicine and public health and do not in themselves constitute obstacles either to safe home births or the use of formal health services. Women integrate biomedical and local knowledge and practices and simultaneously seek care from "traditional" and "modern" practitioners, creatively combining elements in accordance with their situations and the means at their disposal. Birth narratives show the eclecticism and flexibility that characterize women's attitudes and behaviors regarding pregnancy and birth. Women's decisions are shaped by two overriding considerations: incertitude about what can happen during the last phase of a pregnancy and ambivalence toward the available alternatives for care, both of which reflect a realistic assessment of their situations. By showing how women make decisions in response to these considerations, this article seeks to clarify some of the links between beliefs and practices and to contribute to ongoing discussions regarding the relevance of local knowledge for patterns of health care.

Soud, F. A. 2005. *Medical pluralism and utilization of maternity health care services by Muslim women in Mombasa, Kenya.* PhD-thesis, University of Florida.

Published Abstract

The study investigates different available maternal health care services and how, when and why women use or do not use them in Mombasa, Kenya. The results demonstrate the complexities of women's lives and the difficulties they face in accessing maternity health care. Their reasons for not getting the care they need include cost, distance, lack of competence of health care providers, and frequent shortages of essential equipment and supplies to provide basic essential obstet-

rical care. In addition their health-seeking behaviour is affected by their beliefs, knowledge and attitudes about the efficacy of health care services and the curability of their condition.

Delmouzou, E. 2006. Re-examining the medicalisation Process. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 105-120.

Summary
By analysing the case of a young childless couple in rural Greece who provide different explanations for their lack of children, ranging from deliberate choice to failure, the author demonstrates that the co-existence of different therapies does not represent a problem for people as long as they control the situation, and the networks associated with the different therapies do not intermingle. The author argues that whether the condition is expressed in medical terms, or not, seems to be dependent on what counts as morally sound, responsible, and good behaviour in the particular social context.

Samuel, G. 2006. Healing and the Mind-body Complex: Childbirth and Medical Pluralism in South Asia. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books. New York: Berghahn Books, pp. 121-135.

Summary
This book chapter discusses childbirth praxis in a pluralistic North Indian setting and describes how traditional birth rituals, among other things, function to inform the birthing woman about the state she is in and how to behave in order to ease her labour. Although birthing in a biomedical hospital might be more appropriate in some cases, in others the cultural and social distance that the hospital setting creates to the birthing woman, can complicate the childbirth. Based on considerations about different ideas of the 'self' involved in medical processes, a model is provided that overcomes the dualism of body and mind in the healing process.

Simpson, B. 2009. We have always been modern: Buddhism, science and the new genetic and reproductive technologies in Sri Lanka. *Culture and Religion* 10 (2): 137-157.

Published Abstract
The article explores the traffic in ideas concerning new reproductive technologies in contemporary Sri Lanka. The article attempts to locate the responses to the moral challenges posed by the new biotechnologies within wider political, reli-

gious and cultural traditions. In particular, it considers the way that embryogenesis is talked about by a variety of interested parties: infertility doctors, members of ethics committees, Buddhist priests and concerned lay people. Central is a discussion of the relationship between science, ethics and medical pluralism in the post-colonial state. Also, the paper seeks to throw light on how a rhetoric of acceptance and endorsement is constructed among sections of the medical and scientific community and how, in turn, this is presented as the 'Buddhist' response.

Wentzell, E. and J. Salmerón 2009. You'll 'get viagraed': Mexican men's preference for alternative erectile dysfunction treatment. *Social Science & Medicine* 68 (10): 1759-1765.

Published Abstract

The pharmaceutically focused clinical and epidemiological literature on erectile dysfunction (ED) treatment has paid little attention to men's non-medical responses to changing erectile function. This study explores the relationship of erectile function change, resulting use of medical or alternative treatments, and Mexican men's understandings of masculinity and aging, through a mixed method approach utilizing both quantitative survey and ethnographic interview data. A survey of 750 men undertaken at the Instituto Méxicano del Seguro Social hospital in Cuernavaca, Mexico in April to June 2008 showed that only about half of those who experienced erectile function changes sought treatment for these changes; treatment users were far more likely to seek alternative treatment than medical treatment, especially preferring lifestyle change and vitamins. Treatment users' preferences were linked to fears about the safety and situational inappropriateness of medical ED treatment. These findings suggest that by focusing on patients' use of pharmaceuticals, biomedically oriented research has overlooked the most common responses to changing erectile function. Broadening the focus of ED treatment research to include analysis of men's rejection of pharmaceutical treatment – either in favor of alternative treatment, or because they do not see their erectile function changes as requiring medical intervention – would correct this imbalance in the literature. Further, the knowledge that even men who seek treatment may prefer alternatives to pharmaceutical interventions will help physicians to offer treatments, such as lifestyle change, that their patients might find more acceptable. Such measures would simultaneously help to mitigate the chronic illnesses, like diabetes and hypertension, which frequently co-occur with diminished erectile function.

Ayaz, S. and Efe, S. Y. 2010. Traditional practices used by infertile women in Turkey. *International Nursing Review* 57 (3): 383-387.

Published Abstract

Numerous traditional methods are used in the treatment of infertility around the world. Aim: To identify the traditional practices of infertile women using one clinic in Ankara, Turkey. Design and Methods: The population comprised all women (5700) who attended one infertility outpatient clinic in 2007. The sample was calculated using sample calculation formula and 410 women were included in the study. The survey method was used for data collection. Findings: Of the responding women, 27.3% had tried a traditional practice, and 67.8% who tried traditional practices used an herbal mixture. The reason for the women's use of a traditional practice was 'hope' (66.9%), and 15.2% of them had experienced an adverse effect related with traditional practice. Maternal education level, perceived economic status, duration of marriage all significantly affected the use of traditional practices ($P < 0.05$). The women who had received unsuccessful medical treatment for infertility and who had experienced side effects after medical treatment had a higher rate of use of traditional practice ($P < 0.05$). Conclusions: Almost one in three of the women who responded to the questionnaire had tried traditional methods, and some experienced adverse effects related to the practice. For couples with infertility problems, educational programs and consultation services should be organized with respect to their traditional culture. Women should be informed about the hazards of traditional practices and avoidance of harmful practices, and continuous emotional support must be provided for infertile couples. In the future, nursing staff should play a much larger role in these supportive services.

Ivry, T. 2010. Kosher medicine and medicalized halacha: An exploration of triadic relations among Israeli rabbis, doctors, and infertility patients. *American Ethnologist* 37 (4): 662-680.

Published Abstract

Drawing on my ethnography of rabbinically mediated fertility treatments for observant Jewish couples in Israel, I illuminate two simultaneous processes: the koshering of medical care and the medicalization of rabbinic law. My findings show how hands-on rabbinic interventions transform doctor–patient relations into rabbi–doctor–patient relations and introduce a network of power relations into clinical practice, at times empowering and at times disempowering patients. This case prompts a reconsideration of scholars' tendency to view biomedicine in hegemonic terms.

Papreen, N. 2010. Health seeking behavior of childless women in Bangladesh: An ethnographic exploration for the special issue on: Loss in child bearing. *Social Science & Medicine* 71 (10): 1780-1787.

Published Abstract

This paper deals with the health seeking behavior of childless rural poor and urban middle class women in Bangladesh. Data for this study were collected from a northern district of Bangladesh named Mymensing, using various qualitative methods. The study shows that social class and the geographical location of the childless women determine their health seeking behavior. Local healers in the informal sector were found to be the most popular health service option among the rural childless women. The factors for utilizing them included low costs, the gender of the provider (with same-sex providers being preferred), having a shared explanatory model with the healers, and easy availability. Unlike their rural counterparts, urban childless women predominantly seek expensive Assisted Reproductive Technologies (ART) treatment which is available only in the formal sector, in private services. However, despite their affiliation with modern treatment, urban childless women still believe, like their rural counterparts, that the remedy for childlessness ultimately depends on God. As a result, in addition to biomedical treatment, many return to or simultaneously pursue various traditional, spiritual or folk treatments. It was found in this study that in Bangladesh, where fertility control is the main focus of health policy, childless women are excluded from mainstream discussions on women's health. Consequently the childless women have to suffer in various ways as a result of their health seeking behavior.

Saravanan, S. et al. 2010. Birthing practices of traditional birth attendants in South Asia in the context of training programs. *Journal of Health Management* 12 (2): 93-121.

Published Abstract

Traditional Birth Attendants (TBA) training has been an important component of public health policy interventions to improve maternal and child health in developing countries since the 1970s. More recently, since the 1990s, the TBA training strategy has been increasingly seen as irrelevant, ineffective or, on the whole, a failure due to evidence that the maternal mortality rate (MMR) in developing countries had not reduced. Although, worldwide data show that, by choice or out of necessity, 47 percent of births in the developing world are assisted by TBAs and/or family members, funding for TBA training has been reduced and moved to providing skilled birth attendants for all births. Any shift in policy needs to be supported by appropriate evidence on TBA roles in providing maternal and infant health care service and effectiveness of the training programs. This article reviews literature on the characteristics and role of TBAs in South Asia with an emphasis on India. The aim was to assess the contribution of TBAs in providing maternal and infant health care service at different stages of pregnancy and after-delivery and birthing practices adopted in home births. The review of role revealed that apart from TBAs, there are various other people in the community also involved in making decisions about the welfare and health of the birthing mother and new born baby.

However, TBAs have changing, localized but nonetheless significant roles in delivery, postnatal and infant care in India. Certain traditional birthing practices such as bathing babies immediately after birth, not weighing babies after birth and not feeding with colostrum are adopted in home births as well as health institutions in India. There is therefore a thin precarious balance between the application of biomedical and traditional knowledge. Customary rituals and perceptions essentially affect practices in home and institutional births and hence training of TBAs need to be implemented in conjunction with community awareness programs.

Thasanoh, P. 2010. *Northeast Thai women's experiences in following traditional postpartum practices*. PhD-thesis, University of California.

Published Abstract

Traditional postpartum practices are widely followed by northeast (Isan) Thai women. Poverty, low education, physical distance, inconvenient accessibility to biomedical health care, and influence of seniors in the family kept voices of these women unheard. The purposes of this interpretive phenomenological study are to understand the lived experiences of first-time mothers who follow traditional postpartum practices, to explore the setting of practices, and to reveal how family generates and transmits practices to new mothers. Based on Traditional Thai Medicine, caregivers used food, fire, water, and herbs to rebalance postpartum women's self, including body, mind-heart, and energy.

Wilkinson, S. E. and Callister, L. C. 2010. Giving birth: The voices of Ghanaian women. *Health Care for Women International* 31 (3): 201-220.

Published Abstract

Childbirth is significantly influenced by women's cultural perceptions, beliefs, expectations, fears, and cultural practices. Our purpose in conducting this focused ethnography was to determine the perceptions of Ghanaian childbearing women. Twenty-four mothers who received health care at the Salvation Army Clinic in Wiamoase, Ashanti, Ghana, participated in audiotaped interviews. Patterns of thought and behaviors were analyzed, describing the realities of the lives of Ghanaian childbearing women. Themes included centering on motherhood, accessing health care, using biomedicine, ethnomedicine, and spiritual cures; viewing childbirth as a dangerous passage; experiencing the pain of childbirth; and fearing the influence of witchcraft on birth outcomes. Culturally specific knowledge obtained in this study can be utilized by health care providers, health policymakers, and those designing health care interventions to improve the health and well-being of childbearing women in developing countries.

Elizabeth, M.M. 2011. Maternal health and knowledge and infant health outcomes in the Ariaal people of northern Kenya. *Social Science & Medicine* 73 (8): 1266-1274.

Published Abstract

This article investigates the links between indigenous systems of medical knowledge and infant outcomes among the Ariaal people of northern Kenya. First, it defines culture-specific domains of health knowledge in Ariaal mothers using the cultural consensus method, a statistical model that measures knowledge shared by a set of informants. Second, it identifies factors that predict maternal health knowledge. Third, it investigates associations between maternal health knowledge and treatment-seeking behaviors. Finally, it associates health knowledge with biomarkers of infant health. This study found consensus in the domains of infant illness, traditional medicine, Western medicine, and treatment decision-making. Proximity to a medical dispensary and use of public health infrastructure significantly predicted higher levels of maternal health knowledge. Mothers' knowledge of traditional medicine was positively associated with treating infants at a dispensary versus at home. Finally, women with greater knowledge of traditional medicine had infants who were significantly less likely to have been ill in the previous month. These results highlight the importance of both traditional and Western health knowledge for Ariaal mothers and infants

8. Migration

Chávez, L.R. 1984. Doctors, Curanderos, and Brujas: Health care delivery and Mexican immigrants in San Diego. *Medical Anthropology Quarterly* 15 (2): 31-37.

Summary

Studies from the 1960s on medical pluralism and migration concentrated on the continuing belief in folk illness and the use of traditional medicines to explain why specific minority groups were not consulting conventional health care in greater numbers. Studies in the 1980s took other explanations into account and concentrated more on socioeconomic factors, legal status, and health insurances. One cornerstone of this literature is this article. The author asks to what extent Mexican migrants adhere to medical practices and beliefs that can be found in Mexico. He argues that the cost of medical care, lack of medical insurance, and undocumented immigration status all create barriers to the access of health care, but at the same time the belief in 'folk illnesses' persist among Mexican migrants. The most interesting outcome of Chavez's study is the transnational dimension of the health-seeking behavior he reports. The Mexicans he interviews cross the border into Mexico from San Diego in order to consult familiar medical doctors or

to buy medicines, mainly biomedical pharmaceuticals, which they carry back to the US. Chavez points out, however, that this health-seeking behavior is only open to those migrants who can cross the borders with regular papers.

Capps, L. 1994. Change and continuity in the medical culture of the Hmong in Kansas City. *Medical Anthropology Quarterly* 8 (2): 161-177.

Published Abstract

The Hmong in the United States have undergone radical culture change through their recent experiences of the war in Laos, refugee resettlement, and Christian conversion. This article analyses the influence of these changes on the health ideas and practices of the Hmong in Kansas City, the primary study population. Although shamanism and ancestor worship have been abandoned, attenuated concepts of spirit illness and soul loss exist in health beliefs and patterns of illness, notably fright illness (ceeb). Their eclectic set of ideas and practices is derived from several systems, including Chinese medicine, Protestant Christianity, and biomedicine. To explain the varied health ideas and practices, Last's concept of medical culture is useful because it provides a framework for understanding medical traditions drawn from differing cultural systems. The Hmong have created a unique medical culture through their incorporation of new therapies as well as the use of some traditional methods of healing.

Han, G. S. 2000. Traditional herbal medicine in the Korean community in Australia: A strategy to cope with health demands of immigrant life. *Health* 4 (4): 426-454.

Published Abstract

The strands of medical social science based on such social theories as postmodernism and poststructuralism have tended to mystify what really affects health care use patterns including the simultaneous use of biomedicine and traditional medicine. The small amount of research on the use of traditional medicine among recent immigrants in the West which has been conducted has often tended to be dominated largely by interpretivist perspectives, which neglect the underpinning political-economic aspects of health and health care. The data for this article come from interviews with three different groups of Korean men (17 illegal/amnesty, 14 skilled and nine business migrants), using open-ended questions. Analyzing the processes of adjustment to a new country and the constant involvement in hard manual work and long work hours, the article explores how Korean men in Australia make use of all the available resources to stay healthy. They have fully utilized the 'freely' available biomedical services under government subsidized Medicare although illegal migrants restrained themselves from using it until the time

of obtaining legal status. However, Koreans have also utilized Korean traditional herbal medicine and acupuncture and other informal remedies despite their high cost, bearing in mind that health is a 'capacity to work' under the current environment.

Keith, V. M. et al. 2005. Assessing the effects of race and ethnicity on use of complementary and alternative therapies in the USA. *Ethnicity & Health* 10 (1): 19-32.

Published Abstract

To investigate the use of alternative therapies among different racial/ethnic groups in the USA. Specifically, we examined whether alternative medicine use differs for working aged whites, Asian Americans, African Americans, and Hispanics. Using the 1996 Medical Expenditure Panel Survey, racial differences in utilization were investigated at two levels: (1) the bivariate level with no controls for other factors and (2) at the multivariate level with controls for age, sex, region, marital status, education, income, health status, satisfaction with conventional healthcare, and access measures. Americans in this sample population used alternative and complementary therapies at a fairly low rate (6.5%). This 6.5%, however, was not consistent across all groups. African Americans and Hispanics were less likely than whites to utilize alternative therapies, whereas Asian Americans did not differ significantly from whites. The use of alternative and complementary therapies varied across racial/ ethnic groups. Evidence showed that individuals who were dissatisfied with the availability of conventional healthcare, who were in poor health, but very satisfied with their conventional provider were more likely to use complementary and alternative medicine (CAM) therapies. The addition of these variables to a logistic regression model did not change the findings for differential use by ethnicity, the relative ranking of groups, or the overall strength of the relationship.

Green, G. et al. 2006. 'We are not completely westernized': Dual medical systems and pathways to health care among Chinese migrant women in England. *Social Science & Medicine* 62 (6): 1498-1509.

Published Abstract

The article explores how Chinese migrant women resident in England engage with Western and Chinese healthcare systems in order to consider whether medical pluralism can enhance the cultural appropriateness of health care. The paper identifies the extent to which women's pathways to healthcare can be seen, either as 'Chinese' or as a reflection of the Western culture in which they live. It is based on an analysis of in-depth interviews with 42 women of Chinese origin living in south-east England. The results show that women, who are more connected with major-

ity English culture, are more successful in their consultations with Western health service practitioners but do not necessarily discontinue using Chinese medicine. According to the authors, the recourse to two different systems helps to overcome barriers when accessing health care.

Grønseth, A. S. 2006. Experiences of illness and self: Tamil refugees in Norway seeking medical advice. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 148-162.

Summary

Research among refugee populations tends to focus on the dramas of war and trauma. This paper instead brings attention to the more mundane everyday aspects of Tamil refugee resettlement in a fishing village along the arctic coast of Norway. Here, many Tamils experience various diffuse aches and pains that the local health personnel find difficult to diagnose and treat. In response to such difficulties, this study aims to investigate health and sickness as being embedded in social life and cultural values. Data were generated during two different fieldwork periods: between 1996 and 1999, the author did short field visits in the region and conducted in-depth interviews and participant observation amongst Tamils and local health care workers, including observing health care consultations; and between September 1999 and September 2000, intensive fieldwork was undertaken amongst Tamil refugees in a small fishing village. A sample of two case studies illustrates Tamils' experience of being misunderstood as individuals and overlooked as social persons. Rather than looking at illness as symptoms of physiological or psychological malfunctions, the article suggests an understanding that allows an active, perceptive body and views the self as an orienting point of 'being in the world'. The Tamils are seen to live in a tension in which the self and the body are forced to reorient themselves in the new social world. Tamils' illnesses are thus proposed rather to express a challenge and collapse in habituated patterns for constituting meaning and social practices.

Johansen, R. E. B. 2006. Care for infibulated women giving birth in Norway: An anthropological analysis of health workers' management of a medically and culturally unfamiliar issue. *Medical Anthropology Quarterly* 20 (4): 516-544.

Published Abstract

The focus of this article is on Norwegian health care workers' experience and management of birth care of women who have undergone infibulation. Because infibulations is the most extensive form of female genital cutting, infibulated women experience a higher risk of birth complications, and health workers generally experience delivery care for this group as challenging. Infibulated women,

who come from recently arrived immigrant groups, are a challenge to the predominant Norwegian birth philosophy of "natural childbirth" and the positive evaluation of everything considered natural. The challenges relate to a mixture of technical know-how and a complex set of interpretations of central cultural elements of gender, nature, health, and gender equity. The findings suggest that a combination of taboo, silence, limited knowledge, and emotional difficulty along with a wish to be culture sensitive may at times prove counterproductive to giving the best help. Health care workers often seem to impose "imagined" cultural values on infibulated women, rather than clarifying them through personal communication.

Rao, D. 2006. Choice of medicine and hierarchy of resort to different health alternatives among Asian Indian migrants in a metropolitan city in the USA. *Ethnicity and Health* 11 (2): 153-167.

Published Abstract

This article examines the choice of medicine and the hierarchy of resort to different health alternatives by a selected Asian Indian immigrant population in the USA. In-depth interviews were conducted with 21 informants from a metropolitan city in the USA regarding their choice of alternatives and the order in which they choose the different health alternatives. These include folk remedies, ayurveda, homeopathy and allopathic medicine. The author finds that the decision to choose from among different treatment alternatives depends on people's beliefs about the severity of illness and the effectiveness of treatment options. Home remedies and Indian medical alternatives are the first resort in case of minor ailments while allopathic medicine is the first choice for serious and chronic illnesses.

Sargent, C. F. 2006. Reproductive strategies and Islamic discourse. Malian migrants negotiate everyday life in Paris. *Medical Anthropology Quarterly* 20(1): 31-49.

Published Abstract

Approximately 37 thousand Malians currently reside in France as part of the West African diaspora. Primarily Muslim, both women and men confront challenges to their understandings of Islamic prohibitions and expectations, especially those addressing conjugal relations and reproduction. Biomedical policies generate marital conflicts and pose health dilemmas for women who face family and community pressures to reproduce but biomedical encouragement to limit childbearing. For many women, contraception represents a reprieve from repeated pregnancies and fatigue in spite of resistance from those who contest women's reproductive decisions as antithetical to Islam. French social workers play a particularly controversial role by introducing women to a discourse of women's rights that questions the authority of husbands and of religious doctrine. Women and men frame

decisions and debate in diverse interpretations of Islam as they seek to manage the contradictions of everyday life and assert individual agency in the context of immigration and health politics.

Viladrich, A. 2007. From 'shrinks' to 'urban Shamans': Argentine immigrants' therapeutic eclecticism in New York City. *Cult Med Psychiatry* 31: 307-328.

Published Abstract

This article examines Argentine immigrants' reliance on informal networks of care that enable their access to a variety of health providers in New York City (NYC). These providers range from health brokers (doctors known on a personal basis) to urban shamans, including folk healers and fortunetellers of various disciplines. A conceptual framework, based on analysis of social capital categories, is proposed for the examination of immigrants' access to valuable health resources, which are based on relationships of reciprocity and trust among parties. Results revealed immigrants' diverse patterns of health-seeking practices, most importantly their reliance on health brokers, epitomized by Argentine and Latino doctors who provide informal health assistance on the basis of sharing immigrants' social fields and ethnic interests. While mental health providers constitute a health resource shared by Argentines' social webs, urban shamans represent a trigger for the activation of women's emotional support webs. Contrary to the familiar assumption that dense and homogenous networks are more beneficial to their members, this article underscores the advantages of heterogeneous and fluid social webs that connect immigrants to a variety of resources, including referrals to diverse health practitioners.

Wade, C., Chao, M. and Kronenberg, F. 2007. Medical pluralism of Chinese women living in the United States. *Journal of Immigrant and Minority Health* 9 (4): 255-267.

Published Abstract

This study provides national prevalence estimates for complementary and alternative (CAM) use, visits to doctors for health problems, and the effects of acculturation on health practices in Chinese women living in the United States. A national telephone survey of 3,172 women on their use of complementary and alternative medicine was conducted in 2001. This study focuses on a subsample of 804 Chinese-American women who were asked about health practices and service utilization. Interviews were conducted in Mandarin, Cantonese and English. Forty-one percent of Chinese-American women used some form of CAM in 2001. Socioeconomic status, a common predictor of CAM use in other studies of the general population in the United States, did not predict use in this sample. Traditional Chinese medicine (TCM) is used across acculturation levels. As Chinese women adapt

to American culture they tend to use a greater variety of healthcare practices and to adopt mainstream CAM practices, but they also continue to use TCM.

Krause, K. 2008. Transnational therapy networks among Ghanaians in London. *Journal of Ethnic and Migration Studies* 34(2): 235-251.

Published Abstract

This article brings together ideas from medical anthropology on so-called medical pluralism, and a transnational lens in migration studies. It examines how legal status, transnational networks and religion interrelate in health practices among Ghanaians living in London. It provides an overview of the settlement of Ghanaians in London since the 1960s, and shows how transnational linkages have increased since then. It further demonstrates the strong transnational components health practices can have, including money, medicines and prayers being sent between Ghana and abroad, and between different European countries. 'Transnational therapy networks' is proposed as a term to describe health-related activities which span Europe and Africa. These are interlaced situational, formal and informal contacts between people which become meaningful in the event of sickness, providing financial and practical support and help in finding the right treatment.

Mysyk, A., England, M. and Gallegos, J.A.A. 2008. Nerves as embodied metaphor in the Canada/ Mexico seasonal agricultural workers program. *Medical Anthropology* 27(4): 383-404.

Published Abstract

This article examines nerves among participants in the Canada=Mexico Seasonal Agricultural Workers Program (C=MSAWP). Based on in-depth interviews with 30 Mexican farm workers in southwestern Ontario, we demonstrate that nerves embodies the distress of economic need, relative powerlessness, and the contradictions inherent in the C=MSAWP that result in various life's lesions. We also explore their use of the nerves idiom as an embodied metaphor for their awareness of the breakdown in self=society relations and, in certain cases, of the lack of control over even themselves. This article contributes to that body of literature that locates nerves at the ''normal'' end of the ''normal=abnormal'' continuum of popular illness categories because, despite the similarities in symptoms of nerves among Mexican farm workers and those of anxiety and=or mood disorders, medicalization has not occurred. If nerves has not been medicalized among Mexican farm workers, neither has it given rise to resistance to their relative powerlessness as migrant farm workers. Nonetheless, nerves does serve as an effective vehicle for expressing their distress within the context of the C=MSAWP.

Reyes-Ortiz, C. et al. 2009. The role of spirituality healing with perceptions of the medical encounter among Latinos. *JGIM: Journal of General Internal Medicine* 24: 542-547.

Published Abstract

Little is known about the relationship between spirituality healing and perceptions about the medical encounter among Latinos. To examine the association between spirituality healing and attitudes of self-reported perceptions about the medical encounter. A cross-sectional telephone survey. 3,728 Latinos aged ≥18 years residing in the United States from Wave 1 of the Pew Hispanic Center/Robert Wood Johnson Foundation Latino Health Survey. Dependent variables were ever prayed for healing (yes/no), ever asked others to pray for healing (yes/no), considered important spiritual healing (very vs. somewhat or not important), and ever consulted a 'curandero' (folk healer in Latin America) (yes/no). The primary independent variables were feelings about the last time seeing a Doctor (confused by information given, or frustrated by lack of information) and perception of quality of medical care (excellent, good, fair or poor) within the past 12 months. Six percent of individuals reported that they had ever consulted a curandero, 60% prayed for healing, 49% asked others to pray for healing, and 69% considered spiritual healing as very important. In multivariable analyses, feeling confused was associated with increased odds of consulting a curandero (OR = 1.58; 95% CI, 1.02–2.45), praying for healing (OR = 1.30; 95% CI, 1.03–1.64), asking others to pray for healing (OR = 1.29; 95% CI, 1.03–1.62), and considering spiritual healing as very important (OR = 1.30; 95% CI, 1.01–1.66). Feeling frustrated by a lack of information was associated with asking others to pray for healing (OR = 1.29; 95% CI, 1.04–1.60). A better perception of quality of medical care was associated with lower odds of consulting a curandero (OR = 0.83; 95% CI, 0.70–0.98). Feelings about the medical encounter were associated with spirituality healing, praying for healing, and asking others to pray for healing. Feeling confused and perception of poor quality of medical care were associated with consulting a curandero.

Gillum, F. and Griffith, D. 2010. Prayer and spiritual practices for health reasons among American adults: The role of race and ethnicity. *Journal of Religion & Health* 49(3): 283-295.

Published Abstract

Many studies find racial differences in prayer and religious practices, but few reports examine factors that help explain the effects of Hispanic ethnicity or African American race. A national survey conducted in 2002 collected data on 10 non-religious spiritual practices as well as on prayer for health reasons in 22,929 adults aged 18 years and over. We found marked racial and ethnic differences in the use of prayer and other spiritual practices for health reasons. Greater proportions of African Americans and Hispanic Americans than European Americans reported

prayer for health reasons. Sociodemographic variables and health status could not explain these differences. Further, among those who reported prayer, African Americans were more likely than European Americans to report being prayed for by others. However, African American women and Hispanic women and men were significantly less likely than European Americans to use other spiritual practices such as meditation and Tai Chi. Surprisingly African American men were just as likely to report these practices as European American men. Sociodemographic variables and health status could not explain these differences.

Mir, G. and Sheikh, A. 2010. 'Fasting and prayer don't concern the doctors … they don't even know what it is': Communication, decision-making and perceived social relations of Pakistani Muslim patients with long-term illnesses. *Ethnicity & Health* 15(4): 327-342.

Published Abstract

Pakistani Muslims have the poorest overall health profile in Britain, for reasons which at present remain poorly understood. We sought to explore the impact of religious identity and beliefs on self-management of long-term conditions, on patient's professional communication and decision-making and health inequalities within Pakistani Muslim communities. Ethnographic study involving in-depth interviews and participant observation. Religious identity plays a central role in many individuals' attempts to make sense of their personal illness narrative. Practitioners and patients are typically unwilling to engage in discussion about religious influences on patient decision-making, reflecting patients' lack of confidence in the appropriateness of raising such issues, and professionals' lack of awareness of their importance. Patients consequently receive little or no support from professionals about decisions involving such influences on self-care. The policy vacuum and lack of patient's professional engagement in this area allows the use of stereotypes of Pakistani Muslims by practitioners to remain unchallenged in most healthcare settings. Social dynamics within these settings reflect those in wider UK society, in which many Pakistani respondents believe they are unwelcome. These factors affect the psychosocial well-being of Pakistani Muslims and on their ability to manage long-term conditions. Shared understanding about the context in which patients manage long-term conditions is a precursor to effective lay/professional partnerships. Religious identity influences the health beliefs and practices of many British Pakistani Muslim patients. Failure to acknowledge and discuss this influence on long-term illness management leads to a vacuum in professional knowledge, inadequate support for patients' decision-making and poor responses to their requests for assistance. Findings indicate a need for practitioners to initiate more open discussion and raise questions about the pathways leading to higher rates of complications and the relationship between social status and health inequalities in this population.

Rogers, A.T. 2010. Exploring health beliefs and care-seeking behaviors of older USA-dwelling Mexicans and Mexican-Americans. *Ethnicity & Health* 15(6): 581-599.

Published Abstract

This study explored health beliefs and healthcare-seeking behaviors of older USA-dwelling Mexicans and Mexican-Americans using the Theory of Planned Behavior (TPB) as a conceptual guide. A mixed-method cross-sectional design was utilized using semi-structured interviews to obtain detailed descriptions of 31 older (50 +) participants' behavioral, normative, and control beliefs about health and health-care utilization. An interview schedule consisting of open-ended and demographic questions and one standardized tool, the Bidimensional Acculturation Scale (BAS) for Hispanics, was used to collect data. Several themes emerged for each belief area. Behavioral belief themes reflect participants' faith in, comfort with, and knowledge of traditional methods of care (e.g., herbs, teas, and use of curanderas) as well as their faith in the effectiveness of conventional care (e.g., medicine, technology, and use of physicians). Normative belief themes indicate that participants perceive that family and community contacts support participants' use of traditional methods and that family supports use of conventional methods. Control belief themes suggest that traditional methods are accessible and affordable but that conventional methods are not. BAS scored indicated that most (90.3%) participants adhered to Hispanic culture. Two (6.5%) participants adhered to non-Hispanic culture and one (3.2%) scored as bi-cultural. Themes from the data suggest that beliefs about healthcare impact the types of care utilized and the ways in which they are utilized. Clinicians and researchers striving to reduce health disparities and develop more culturally competent healthcare services for ethnic minority groups should work toward a better understanding of minority groups' belief systems about healthcare and its utilization. Utilization of the TPB allows for empirical model development that can better predict healthcare utilization behavior, further augmenting efforts to provide services that will help reduce health disparities for older Mexicans and Mexican-Americans and other populations.

van Andel, T. and Westers, P. 2010. Why Surinamese migrants in the Netherlands continue to use medicinal herbs from their home country. *Journal of Ethnopharmacology* 127 (3): 694-701.

Published Abstract

Aim of the study: When people migrate, they tend to bring along their medicinal plants. In order to improve migrant health, we need information on their traditional health beliefs and practices. This paper investigates medicinal plant use among Surinamese migrants in the Netherlands. Materials and methods: Data from 210 semi-structured interviews among 1st and 2nd generation Surinamese migrants were analysed to determine which medicinal plants were used, for what

purposes, which demographic, socio-economic or psycho-social factors play a role in the choice for traditional medicine and to clarify people's personal motives to use herbs. Variables associated with medicinal plant use were identified by using the Pearson γ2 test and the two-sample t-test. After selecting significant variables by means of bivariate analyses, multinomial logistic regression with stepwise forward selection was used to assess whether medicinal plant use could be explained by a combination of these variables. Results: More than 75% of the respondents used herbal medicine, and 66% did so in the past year. Herbs were more frequently employed for health promotion (39%) than for disease prevention or cure (both 27%). Almost half of the respondents who had been ill the last year had used herbal medicine. More than 140 herb species were mentioned during the interviews. Plant use was often related to certain culture-bound health beliefs. Spiritual baths were the most popular traditional practice, followed by genital steam baths, bitter tonics, and the consumption of bitter vegetables. Afro-Surinamers more frequently used herbal medicine than Hindustani. The WINTI belief strongly influenced plant use, as well as the occurrence of an illness in the past year, and frequent visits to Suriname. Age, gender, income and education had no significant effect on the use of traditional medicine. Surinamers stated that they used medicinal herbs because they grew up with them; herbs were more effective and had fewer side effects than conventional therapies. Conclusions: As long as certain culture-bound beliefs and health concepts remain prevalent among Surinamese migrants, and ties with their home country remain strong, they will continue using medicinal herbs from their country of origin. More research is needed on the health effects of frequently used medicinal plants by migrants in the Netherlands.

Waldstein, A. 2010. Popular medicine and self-care in a Mexican migrant community: toward an explanation of an epidemiological paradox. *Medical Anthropology* 29 (1): 71-107.

---------- 2008. Diaspora and health? Traditional medicine and culture in a Mexican migrant community. *International Migration* 46 (5): 95-117.

Summary

Recent writings on medical pluralism and migration, in line with multicultural discourses and black empowerment strategies, emphasise the value of cultural heritage, as for instance the work of Anna Waldstein. She describes so-called traditional medicine as a cultural resource rather than something that needs to be discouraged or overcome by health education. Waldstein shows that self-care practices among Mexican families in Georgia, USA have considerable effects on the overall health of the families. She argues that many traditional practices, which are mainly carried out within the families, support positive health outcomes. She concludes that increased access to professional medical care may not improve the health of migrants if it comes with the loss of traditional medical knowledge.

Heathcote, J. D. et al. 2011. Religiosity and utilization of complementary and alternative medicine among foreign-born Hispanics in the United States. *Hispanic Journal of Behavioral Sciences* 33 (3): 398-408.

Published Abstract

The purpose of this study was to test the association between religiosity and utilization of complementary and alternative medicine (CAM) in a sample of foreign-born Hispanic adults, even when excluding prayer as a form of CAM. Data were collected using a self-report Spanish-language survey. Study participants consisted of 306 respondents between the ages of 18 and 79. Most were born in Mexico (56.3%), followed by South America (24.6%), and then Central America (7.4%). Dependent variable measures included mainstream and traditional CAM utilization. Religiosity was measured using eight items representing ritual, consequential, ideological, and experimental domains. After controlling for the potentially confounding influences of age, gender, and income, respondents who reported higher levels of religiosity also reported greater utilization of mainstream and traditional CAM. Previous studies have included prayer as a form of CAM therapy, making it difficult to test the CAM—religiosity association. In this study, even when prayer was not included as a CAM therapy, religiosity was associated with CAM.

MacDuff, S. et al. 2011. The use of complementary and alternative medicine among refugees: A systematic review. *Journal of Immigrant & Minority Health* 13(3): 585-599.

Published Abstract

Little is known about the use of Complementary and Alternative Medicine (CAM) among refugees, despite the common practice of CAM in many non-Western countries. We performed a systematic review of peer-reviewed literature using nine electronic databases. We included articles pertaining to refugees and CAM (whole medical systems, mind body medicine, herbal remedies, manipulative therapies, energy medicine). Qualitative and quantitative data were compiled and analyzed through descriptive statistics and chi square distribution tables. We reviewed 237 abstracts, and 47 publications met our inclusion criteria. Twenty-six papers documented whole medical systems; 11 mind-body medicine; 5 biologically based practices; 4 manipulative and body-based therapies; and 1 study documented the use of energy medicine. There were 3 clinical trials, 20 surveys, 12 case reports, 2 participant-observer qualitative papers, and 10 review papers. Most studies focused on Asian refugee populations (66%; n = 31). Mental problems related to trauma accounted for 36% of CAM use (17). Among included articles, methodological quality was extremely low. Our results show evidence that type of CAM used by refugees may vary based on ethnicity, yet this is most likely due to a bias in the medical literature. Efforts are needed to further explore these results and expand research within this field.

Rochelle, T. L. and Marks, D. F. 2011. Health behaviors and use of traditional Chinese medicine among the British Chinese. *Journal of Cross-Cultural Psychology* 42 (3): 390-405.

Published Abstract

Health behaviors and use of traditional Chinese medicine among the British Chinese community were examined. One hundred and eighty-six British Chinese participants recruited from Chinese health and community centers across the United Kingdom completed the Cultural Health Belief and Value Survey. Results revealed that the majority of respondents used Western medicine. Respondents' decisions to use Western medicine were influenced by cost of medicine and speed of recovery. Use of traditional Chinese medicine was significantly associated with a number of variables, including respondent speaking a Chinese dialect as his or her first language being, having a sense of cultural superiority, and believing that cultural values and religious beliefs influence health behavior. Concurrent use of traditional Chinese medicine and Western medicine was found to be common among respondents. Better understanding of the influence of traditional cultural and health beliefs could enable more culturally appropriate and effective health provision.

Ross, N. et al. 2011. Knowledge organization, categories, and ad hoc groups: Folk medical models among Mexican migrants in Nashville. *Ethos* 39 (2): 165-188.

Published Abstract

In this article we bring together theory and methods from two different but related fields, anthropology—specifically medical anthropology—and the cognitive sciences—specifically research on categorization and reasoning. We explore folk medical models of Mexican migrants in the greater Nashville area. The combining thread is our exploration in conceptual organization (categorization) and reasoning. We not only integrate formal methods with ethnographic research, but also integrate a set of formal tasks that together provide a better window into processes of categorization and domain organization than previously available in the literature. An interesting pattern of knowledge organization emerges integrating both real categories—as defined in the cognitive sciences—with ad hoc groups (or ad hoc categories) that show some shared features with real categories yet do not have the same conceptual status. The findings have important consequences for (1) knowledge organization as well as (2) related cultural phenomena, such as the production of knowledge through category-based induction.

Veljanova, I. 2011. From ethno-cultural capital to health capital: Ethno-specific health capital accumulation practices amongst Macedonians in Australia. *International Journal of Diversity in Organizations, Communities & Nations* 10 (5): 117-131.

Published Abstract

Consistent with the neo-liberal push in the global economy, the field of health has been identified as a profitable industry whereby 'market demand' for the 'commodity of good health' is constantly increasing. Under market conditions, the commodity of good health has effectively been price-tagged alongside fashion designer clothing with consequences for affordability and 'purchasing power'. The commodification of health has been widely criticized by proponents of a 'people-centred' approach, which assumes that people are knowledgeable agents, that people can source strategies for health capital accumulation, and that the sourcing of those strategies is not an exclusive role of 'medical experts'. Invoking Bourdieu's field theory, within ethnocultural fields, individual agency is informed by individuals' ethnocultural capital: ethnocultural capital also informs ethno-specific health capital accumulation practices. Overall, this paper will explore the degree of popularity of the 'people-centred' health approach amongst Macedonians in Australia. In particular , it will focus on the research findings of a national survey conducted in 2007/2008 in the interests of exploring the attitudes of Macedonians in Australia regarding Macedonian-specific health capital accumulation practices such as spiritual healing, traditional medicine, familial security, building social networks, and 'God's foreknowledge'. The findings of the national survey on Macedonians in Australia suggest the significant popularity of a 'people-centred' health approach amongst them. In addition, the findings indicate the existence of varied attitudes towards Macedonian-specific health accumulation practices.

Zayas, L.E. et al. 2011. Knowledge and use of ethnomedical treatments for asthma among Puerto Ricans in an urban community. *Annals of Family Medicine* 9 (1): 50-56.

Published Abstract

The article presents a study on the knowledge and use of ethnomedical treatments for Asthma among the Puerto Ricans urban communities. According to the article, Puerto Ricans have higher lifetime and asthma prevalence than other racial and ethnic groups in the U.S. It also suggests that allopathic clinicians should ask Puerto Rican patients about their use of ethnomedical therapies for asthma due to its effective therapeutic capabilities.

9. Co-existence and Intertwinement of therapeutic practices

9.1. Biomedicine, CAM and the state

Sharma, U. 1992. *Complementary medicine today – practitioners and patients*. London and New York: Routledge.

Summary

This book discusses the social aspects of complementary or 'alternative' medicine by examining the effect of its rise in popularity in Britain. The study is based on fieldwork that considers the point of view of users and practitioners of alternative medicine as well as the position of the orthodox medical profession. Central is the complex question about the balance between the degree of self-responsibility on the part of the patient and the degree of control which therapists, whether orthodox or non-orthodox, may claim in a plurality of medical systems.

Hyma, B. and Ramesh, A. 1994. Traditional medicine: Its extent and potential for incorporation into modern national health systems. In D.R. Phillips and Y. Verhasselt (eds.) *Health and development.* London: Routledge, pp. 65-82.

Summary

This article examines the process of the integration of traditional medicine into modern national health systems from theoretical and practical points of view. The article provides a brief overview of politics, strategies, achievements and progress, with particular focus on the experiences of selected Asian Countries in the 1980s. Against this background it is argued, that official policies should help to develop and to utilize the best of all systems of medicine in order to provide effective and efficient medical care for the population.

Cant, S. and Sharma, U. 1999. *A new medical pluralism? Alternative medicine, doctors, patients and the state.* London: Routledge.

Summary

Concentrating primarily on western countries (in particular the UK), the authors demonstrate in this widely read book how other forms of healing have usually only achieved a degree of legitimacy through a process of accommodation with biomedicine. Furthermore, they assess salient developments in the field including the transformation of 'patient' to 'consumer', medical reactions to alternative medicine, and the role and stance of the state.

Barry, C. A. 2006. Pluralisms of provision, use and ideology: Homoeopathy in South London. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 89-104.

Summary

This study of the usage of homoeopathy in London shows how one form of therapy is ambiguous in its relational embedding. The author distinguishes between committed and pragmatic users of homoeopathy and finds that the former actively utilize homoeopathy as their one and only treatment modality, while the latter use homoeopathic therapy as one among several others offered by their general practitioner. Unlike the study of Frank and Stollberg, which focus on the perspective of the practitioner (see below), this article focuses on the pragmatic use of homoeopathy from the patient's point of view.

Frank, R. and Stollberg, G. 2006. German medical doctors´ motives for practising homoeopathy, acupuncture or ayurveda. In H. Johannessen and I. Lázár (eds.), *Multiple medical realities: patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 72-88.

Summary

The study of the motives for the use of ayurvedic medicine, homoeopathy and acupuncture among German medical doctors reveals that specific treatment modalities are drawn into different medical networks depending on the context. Some Doctors mix several forms of therapy following pragmatic motives. Alternative methods are thereby linked with many other medical practices in a network governed by the quest to find solutions to chronic disorders. Another group of doctors, who hold ideologies of holism or spiritualism in health, in contrast tend to be purists, using only one form of praxis. The alternative therapies then become part of a network that is governed by the organising principle of ethnicity.

Broom, A. and Tovey, P. 2007. Therapeutic pluralism? Evidence, power and legitimacy in UK cancer services. *Sociology of Health and Illness* 29 (4): 551-569.

Published Abstract

The integration of complementary and alternative medicine (CAM) into cancer services is increasingly discussed as a potential part of UK health policy but as yet there has been little sociological research examining this process. This paper examines the results of a study on the provision of CAM to cancer patients in two distinct organisational contexts: the hospice and the hospital. It is based on interviews with medical specialists, nursing staff and CAM therapists. This paper focuses on how integration is managed in each organisation, examining profes-

sional boundary disputes and inter-professional dynamics. Discussion focuses on the rhetorical and practical strategies that are employed by a variety of differently positioned interviewees to negotiate the complexities of the interface of CAM and biomedicine. The results show significant differentiation in how differently positioned cancer clinicians view and utilise the biomedical hierarchy of evidence. We argue that the integration of CAM should not be conceptualised as a mere challenge to biomedicine, or, as resulting in a linear process of deprofessionalisation. Rather, it should be seen as producing a complex array of processes, including strategic adaptation on the part of medical specialists and NHS organisations.

Duncan, A. S. 2008. *Buddhism, biomedicine, and happiness in the healing traditions of contemporary Bhutan.* PhD-thesis, University of Alberta (Canada).

Published Abstract

The purpose of this thesis is twofold: the first, to present a preliminary ethnography exploring medical pluralism in Bhutan, a topic previously unexamined in the country, and the second is to produce an ethnography of everyday life in one of the least known nations in the world. This study contributes to an understanding of concepts of health and available health care options in this Buddhist country. Pluralism characterizes many aspects of Bhutanese society and culture, including the health care system, which offers equal access to biomedicine and Tibetan medicine free of charge. Taking a highly contextual approach to the study of health care in contemporary Bhutan, this thesis examines medical pluralism within a larger socio-cultural and political framework, including Tibetan Buddhism, rapid culture change, a new and emerging class system, and a development policy referred to as Gross National Happiness.

Saks, M. 2008. Plural medicine and East-West dialogue. In D. Wujastyk and F. M. Smith (eds.) *Modern and global Ayurveda. Pluralism and paradigms.* Albany: State University of New York Press.

Summary

This book chapter discusses the prospects and difficulties of the increasing plurality of therapies developing in Western Europe and North America. The author considers it as helpful, that neither biomedicine nor complementary and alternative Medicines (CAM) tend to ossify in these countries: orthodox medicine has become more holistic, paying attention to the wider environment from a public health perspective and to relationships with other health and social workers in the delivery of care. At the same time practitioners of CAM are not always faithful to the ideology of holism as they proclaim. Nevertheless, the continuing dominance of biomedicine is identified as a major obstacle to the meaningful integration of alternative concepts.

Chung, V.C.H. et al. 2011. Referral to and attitude towards traditional Chinese medicine amongst western medical doctors in postcolonial Hong Kong. *Social Science & Medicine* 72 (2): 247-255.

Published Abstract

Recognizing the international trend for patients to choose both allopathic western medicine (WM) and traditional, complementary and alternative medicine (TCAM), the World Health Organization has called for stronger collaboration between WM doctors (WMD) and TCAM practitioners. This resonates with the situation in Hong Kong where the dominant modality of patient care is primarily based on WM practice while traditional Chinese medicine (TCM) is often used as a complement. The roots of this utilization pattern lie in colonial history when TCM was marginalized during the British administration. However since 1997 when China regained sovereignty, policies to regulate and professionalize TCM practices have been formally introduced. Despite both its popularity and this policy shift, progress on implementing collaboration between WM and TCM clinicians has been slow. This study, the first since 1997, explores current attitudes and referral behaviors of WMD towards use of TCM. We hypothesized that WMD would have positive attitudes towards TCM, due to regulation and cultural affinity, but that few actual TCM referrals would be made given the lack of a formal collaboration policy between elements within the healthcare system. Our results support these hypotheses, and this pattern possibly rooted from structural inhibitions originating from the historical dominance of WM and failure of services to respond to espoused policy. These have shaped Hong Kong's TCAM policy process to be closer with situations in the West, and have clearly differentiated it from integration experiences in other East Asian health systems where recent colonial history is absent. In addition, our results revealed that self-use and formal education of TCM, rather than use of evidence in decision making, played a stronger role in determining referral. This implies that effective TCAM policies within WM dominated health systems like Hong Kong would require structural and educational solutions that foster both increased understanding and safe referrals.

9.2 Multiple epistemologies and incorporation

Sussmann, L. K. 1981. Unity in diversity in a polyethnic society: The maintenance of medical pluralism on Mauritius. *Social Science & Medicine* 15 (3): 247-260.

Published Abstract

Mauritius is a polyethnic society that provides an ideal situation in which to study medical pluralism. The population of this Indian Ocean island consists primarily of individuals of Indian, African, French, & Chinese origin; Hinduism, Christianity, Islam, & Buddhism are all represented. The medical belief system & health-seeking

behavior of Mauritians is examined here in order to delineate both the conceptual & behavioral mechanisms contributing to the maintenance of medical pluralism. Mauritians believe that illness may result from a wide variety of factors & that no single healing tradition is capable of dealing with them all. Therefore, the medical belief system & the distribution of medical knowledge require & promote the maintenance of diverse healing traditions. The decision-making process during quests for cure is structured in such a way that it allows patients to consult a variety of healing traditions for particular illness episodes & to utilize a diversity of healing resources. The medical belief system of Mauritius is a consistent, unified system that promotes the maintenance of ideologically diverse healing traditions & the acceptance of newly developed or newly introduced therapeutic resources. It is, thus, well-adapted to the social history & social heterogeneity of the island. It does, however, exhibit some characteristics that are not usually reported in other less heterogeneous societies, and the question arises as to whether these correspond to the extent of medical pluralism and/ or ethnic heterogeneity in other sociocultural contexts.

Carrier, A. H. 1989. The Place of western medicine in Ponam. Theories of health and illness. In S. Frankel and G. Lewis (eds.) *A continuing trial of treatment: Medical pluralism in Papua New Guinea.* Dordrecht: Kluwer, pp. 155-180.

Summary
Focusing on the use of Western medicine on Ponam Island, this article discusses the common argument that Western medicine is usually incorporated into local contexts through the framework of indigenous theories. Arguing against the thesis of acculturation, the author shows that biomedical and indigenous practice are seen as complementary, rather than as reflecting radically different conceptions. The author argues that people in Ponam understand Western Medicine as specific for illnesses caused by God and indigenous cures are specific for those caused by local ancestors and spirits. The author concludes, that the choice between Western and indigenous medicine is not a choice between alternative systems, but a choice between alternative diagnoses within a single medical system.

Counts, D. R. and Counts, D. A. 1989. Complementarity in medical treatment in a west New Britain Society. In S. Frankel and G. Lewis (eds.) *A continuing trial of treatment: Medical pluralism in Papua New Guinea.* Dordrecht: Kluwer, pp. 277-294.

Summary
The authors examine the way in which people in the Kaliai area in Papua New Guinea perceive the opportunities for medical therapy available to them. These include the care offered by the nursing staff of different health centres and the medical treatment pro-

vided by indigenous healers or curers who proceed from different assumptions and operate by different methods. The decision about the choice of therapy is made on the basis of cultural notions about the nature of illness and disease, the causes of such health problems and the efficacy of the available treatment. Like the chapter by Achsah Carrier in the same volume, the authors find that traditional and western medicine are neither in conflict nor in competition with one another, but rather in complementary distribution whereby each medical system can be seen as valid and complete.

Frankel, S. and Lewis, G. (eds.) 1989. *A continuing trial of treatment: Medical pluralism in Papua New Guinea.* Dordrecht: Kluwer.

Summary
This edited volume brings together accounts of responses to illness in a wide range of Papua New Guinean societies where many of them have had only limited experience with Western medicine and most illness is still treated in ways informed by traditional concepts of spiritual an interpersonal harm. Overall, the contributions demonstrate that these societies are willing to adopt new practices that appear to offer benefits, and offer little evidence that failings in health programmes can be attributed to people's unwillingness to make use of them.

Herdt, G. H. 1989. Doktas and Shamans among the Sambia of Papua New Guinea. In S. Frankel and G. Lewis (eds.) *A continuing trial of treatment: Medical pluralism in Papua New Guinea.* Dordrecht: Kluwer, pp. 95-114.

Summary
This article focuses on how people in Sambia, a tribal territory of Papua New Guinea, interpret "development" and what this means for medical acculturation, the incorporation of biomedical knowledge in local understandings of sickness and illness. The author analyses the effects of different aid posts, which were established in 1975 throughout the area. Until that time, Shamans were the key traditional healers and no Western medical care was permanently available in the region. While the introduction of foreign physicians in the understanding of the local people is seen as being related to the idea of "development", Shamans are seen to be linked to "tradition" and are therefore opposed by medical orderlies and some missionaries.

Lipuma, E. 1989. Modernity and medicine among the Maring. In S. Frankel and G. Lewis (eds.) *A continuing trial of treatment: Medical pluralism in Papua New Guinea.* Dordrecht: Kluwer, pp. 295-310.

Summary
The author defines three issues concerning the confluence of medicines in the region of the ´Marings', who encountered western medical care in the early 1950s: first the character of cultural transformation, which encompasses questions of change in the cultural perception of illness, the evaluation of healing, the goals of treatment, and the terms of integration; second the relationship between social epistemology – the categories by which the world is known – and the body of individuals; third, the meaning and function of ritual/medical practices. Bringing these three issues together the author argues that the growing influence of biomedicine is expressed in the fact that illnesses are increasingly being classified as natural and thus amenable to western treatment, as opposed to social explanations, which are rather found in local non-biomedical traditions.

Helman, C. 1991. 'Feed a cold, starve a fever': Folk models of infection in an English suburban community, and their relation to medical treatment. In C. Currer and M. Stacey (eds.) *Concepts of health, illness and disease: A comparative perspective.* New York: Berg, pp. 211-231.

Summary
Focusing on the interaction between biomedical concepts and folk beliefs in an urban English context, this seminal article shows how the juxtaposition of professional and lay health belief models is unsatisfying. The author, a general practitioner and social anthropologist, finds a difference between the folk model and that of biomedicine, but notes their convergence. Biomedical doctors explain sickness by referring to folk models, and patients medicalize folk models by combining them with biomedical explanations.

Greenwood, B. 1992. Cold or spirits? Ambiguity and syncretism in Moroccan therapeutics. In S. Feiermann and J.M. Janzen (eds.), *The social basis of health and healing in Africa*. Berkeley: University of California Press, pp. 285- 314.

Summary
The study examines the core symbols of two medical traditions in central Morocco: the Prophetic system, which relates the illness to psychological and social factors, and the humoral system, which relates it to ecological factors. By analysing the semantic networks around illness terms within these two traditions, the authors shows that the inner, personal experience of symptoms and signs is linked to outer, shared psychosocial or ecological factors, facilitating cultural and medical responses that optimize conditions for a return to health. It is concluded that through the transformation of inner perceptions of illness into shared social categories of the mystical moral and physical worlds, the cultural values of these worlds are affirmed during the experience of illness.

Trawick, M. 1992. Death and nurturance in Indian systems of healing. In C. Leslie and A. Young (eds.) *Paths to Asian medical knowledge.* Berkeley: University of California Press, pp. 129-159.

Summary
The article describes the tenets of four indigenous systems of healing in India: Ayurveda, Śaiva bhakti, Siddha Medicine and Trans Healing. Even though they show variations in their conceptions of gender, nurturance, death, and immortality, all traditions form a kind of loosely woven paradigmatic set on the theme that life, pain, and death arise from the union of body and soul. Consequently, for the sufferer who visits several practitioners of the different systems, a basic message emerges, which gives him a sense that his or her experience is not without an overarching meaning.

Rekdal, O. 1999. Cross-cultural healing in East African ethnography. *Medical Anthropology Quarterly* 13 (4): 458-482.

Published Abstract
In order to improve the understanding of processes generated by the encounter between biomedicine and African traditional medical systems, the articles focus on the dynamics and ideology of cross-cultural healing in East Africa. As is exemplified by the Iraqw of Tanzania, widespread acceptance and extensive use of biomedical health services may not necessarily mean that people abandon traditional beliefs and practices. Quite the contrary, the attribution of power to the culturally distant implies openness to the unfamiliar, the alien, and the unknown, which may have facilitated the introduction and acceptance of biomedical health services.

Gendron, R. 2001. *Etats d´Esprits, Connaissances thérapeutiques et Jeux de Pouvoir: Analyses anthropologiques sur la santé, l´identité et le chamanisme au Népal et en Inde et discussion sur le pluralisme medical dans ces pays et au Québec.* Mémoire, Université de Sherbrooke, Faculté de Théologie, d´Éthique et de Philosophie.

Summary
This study explores the certainties, the identities and the various worldviews, which underlie therapeutic knowledge systems. It focuses on ayurvedic medicine and shamanism in Nepal and India, comparing the conceptions and practices of four minority groups from these two countries. Also included is an examination of 'pharmaco-technical medicine' as practiced in the Western World, which brings this discussion of medical paradigms and worldviews into a more global context. A major focus lies on the way we look at reality and how this relates to the rationalities associated with therapeutic systems.

Nigenda, G. et al. 2001. Non-biomedical health care practices in the state of Morelos, Mexico: Analysis of an emergent phenomenon. *Sociology of Health & Illness* 23 (1): 3-23.

Published Abstract

This paper gives the results of one of the first studies of non-biomedical health care services in the State of Morelos, Mexico. The socio-cultural matrix of the population of Morelos has attracted many practitioners of medical models which have no foundation in the rationale of the biomedical-scientific model. There is a considerable variety of non-biomedical therapists in the area of study which may be categorised in three groups: (a) traditional medicine (b) alternative medicine, and (c) faith healing. There are marked differences regarding the academic background of practitioners, the reasons why they engage in their practice, the types of financial strategies they use to provide care, the creation and utilisation of therapist networks, and, finally, in the type of population for whom they provide care. We strongly recommend further research on non-biomedical health care models in the state and in Mexico, since the importance of these models is growing as a result of the increasing demand for health care by a diversity of population groups

Bruun, H. and Elverdam, B. 2006. Los Naturistas – Healers who integrate traditional and biomedical explanations in their treatment in the Bolivian health care system. *Anthropology & Medicine* 13 (3): 273-283.

Published abstract

Los Naturistas (LN), are a group of healers from urban parts of Bolivia . They are Mestizos and serve the Indian and Indian Mestizo population. The study findings suggest that these healers integrate explanatory models from both the traditional Andean medicine and biomedicine, but are selective in the sicknesses they treat. It is concluded that LN cannot be placed in the pluralistic system; they form a specific group, belonging neither to the professional sector nor to the traditional sector. However, by establishing a common method of treatment and thus legitimizing the group, LN is moving towards professionalization and the professional sector of the health care system. The study reveals that through medical pluralism integration and exchanges between sectors are common, forming complex and hybrid systems.

Callaghan, M. M. 2006. *Medical pluralism on Mount Everest.* PhD-thesis, University of Alberta (Canada).

Published Abstract

The purpose of this thesis is twofold: the first, to present a preliminary ethnography exploring medical pluralism in Bhutan, a topic previously unexamined in the

country, and the second is to produce an ethnography of everyday life in one of the least known nations in the world. This study contributes to an understanding of concepts of health and available health care options in this Buddhist country. Pluralism characterizes many aspects of Bhutanese society and culture, including the health care system, which offers equal access to biomedicine and Tibetan medicine free of charge. Taking a highly contextual approach to the study of health care in contemporary Bhutan, this thesis examines medical pluralism within a larger socio-cultural and political framework, including Tibetan Buddhism, rapid culture change, a new and emerging class system, and a development policy referred to as Gross National Happiness.

Kiesser, M. et al. 2006. An interdisciplinary view of medical pluralism among Mexican-Americans. *Journal of Interprofessional Care* 20 (3): 223-234.

Published Abstract

This article highlights the relationship between traditional, complementary, and alternative medicine (TCAM) and biomedicine, and the challenges posed to patients by this relationship. Medical professionals tend to represent these systems dualistically - as mutually exclusive and in competition with one another. Patients, on the other hand, tend to make truly pluralistic health care decisions - moving freely between TCAM and biomedicine based on what they can access, what they can relate to, and what they believe works. Using their experience with Mexican immigrant and Mexican-American populations in south western United States, the author discusses strengths and weaknesses in both healthcare systems, and the ways in which medical dualism can be a significant barrier to effective healthcare. Also, he attempts to deconstruct the notion that TCAM and biomedicine are diametrically opposed healthcare systems.

Dahlberg, B. et al. 2009. Bridging psychiatric and anthropological approaches: The case of 'nerves' in the United States. *Ethos* 37 (3): 282-313.

Published Abstract

Psychiatrists and anthropologists have taken distinct analytic approaches when confronted with differences between emic and etic models for distress: psychiatrists have translated folk models into diagnostic categories whereas anthropologists have emphasized culture-specific meanings of illness. The rift between psychiatric and anthropological research keeps "individual disease" and "culture" disconnected and thus hinders the study of interrelationships between mental health and culture. In this article we bridge psychiatric and anthropological approaches by using cultural models to explore the experience of nerves among 27 older primary care patients from Baltimore, Maryland. We suggest that cultural models

of distress arise in response to personal experiences, and in turn, shape those experiences. Shifting research from a focus on comparing content of emic and etic concepts, to examining how these social realities and concepts are co-constructed, may resolve

Macfarlane, J.E. and Alpers, M.P. 2009. Treatment-seeking behavior among the Nasioi people of Bougainville: Choosing between traditional and western medicine. *Ethnicity & Health* 14 (2): 147-168.

Published Abstract

In Papua New Guinea (PNG) there continues to be considerable interest in developing a health system that incorporates both traditional and western medicine. A policy on traditional medicine has recently been endorsed. Simultaneously, there is limited information about the traditional beliefs and practices that influence treatment-seeking behavior. A case study among the Nasioi people of Bougainville was conducted to gather information that could help to inform the implementation of the National Policy on Traditional Medicine for PNG. Research objectives. The main objective of the case study was to describe how health knowledge and belief systems influence treatment-seeking behavior, specifically in relation to the use of traditional and western health care systems. The study also sought to develop an explanatory model for decision-making responses to febrile illnesses and skin conditions. By using a non-experimental, cross-sectional study design and focused ethnographic approach, a sample of 200 Nasioi community members were interviewed by Nasioi-speaking research assistants. The study found that people in the sample group subscribe to both traditional and western medical paradigms. Western medical concepts have been assimilated but have not displaced traditional understanding of illness. There was congruence between beliefs about causes of illness, treatment-seeking responses to illness and stated or hypothetical preferences for traditional or western medicine. Data obtained in each of these domains reflect concepts of illness derived from both medical paradigms and demonstrate participants' confidence in the efficacy of both traditional and western medicine.

9.3 Religion

Parker, B. 1988. Ritual coordination of medical pluralism in highland Nepal: Implications for policy. *Social Science & Medicine* 27 (9): 919-925.

Published Abstract

In highland Nepal, just as in many other regions of South Asia, multiple indigenous healing traditions and a variety of traditional curing specialists co-exist in a pluralistic cultural environment. It is argued that the interaction of diverse medical

traditions is a particular aspect of the more general tendency toward the accretion and super-imposition of cultural traits which has been a common feature of Hindu-influenced social systems. Allopathic medicine and its practitioners, therefore, are less likely to displace traditional curing practices than to become integrated into a network characterized by continued pluralism. To insure that allopathy is properly understood and utilized within the pluralistic context, the identification and training of coordinating personnel who may specialize in diagnosis or referral demonstrates promise. The traditional curing network of the Thakali people of Northwest Nepal is described, with particular attention to the *mu tu* ceremony of divination, as an example of an indigenous agency of medical referral. It is suggested that referral specialists such as the Buddhist monks who perform *mu tu* are particularly appropriate targets for health education initiatives aimed at familiarizing village populations with the role and proper usage of modern medicine.

Beckerleg, S. 1994. Medical pluralism and Islam in Swahili communities in Kenya. *Medical Anthropology Quarterly* 8 (3): 299-313.

Published Abstract

This article analyses relationships among religious ideology, Swahili identity, and illness treatment. It focuses on one Swahili man's efforts to find effective treatment for a severe bout of fever, including resort to poorly understood Western medicine, to home remedies, and to humoral-based treatment. The sick man attributes his eventual cure to a medicine called the "equalizer." The case study is part of wider research that examines individual knowledge of Islamic humoral medicine as part of the Swahili heritage. Versions of humoral theory are articulated by lay people and underlie the local understanding of fever. The growth of a reformed Islamic movement, as well as local economic change, influences treatment choice by leading people to reject consultations with descendants of the Prophet Mohammed who offer mystical healing powers. This rejection connects to individuality and to the physical and social mobility of the Swahili. Advice givers among family and friends do not constitute a therapy management group, and the manner in which the sick man retains control over treatment choice is typical of the Swahili.

Krause, K. 2006. 'The double face of subjectivity': A case study in a psychiatric hospital (Ghana). In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 54-71.

Summary

The article analyses the treatment of a woman suffering from mental disease in a Ghanaian hospital. It illustrates how Ghanaian medical doctors use pharmaceuticals in the

morning and Christian rituals in the afternoon. Contrary to other studies, pharmaceuticals and Christian healings are not represented as mutually exclusive but as two different forms of embracing modernity and science. The book chapter furthermore explores the divergent view of the treatment process by the patient, who in her appropriation of the two discourses gains her own subjunctive voice in dealing with her sickness.

Lázár, I. 2006. Táltos healers, Neoshamans and multiple medical realities in postsocialist Hungary. In H. Johannessen and I. Lázár (eds.) *Multiple medical realities: Patients and healers in biomedical, alternative and traditional medicine.* New York: Berghahn Books, pp. 35-53.

Summary
The author is disturbed by the fact that the public health service of Hungary is solely dominated by a technical rationality principle and dominated by only one therapeutic tradition. He demonstrates in this book chapter how forms of praxis of traditional and more spiritually oriented healers have been revitalised and included in the national health care system. Thus, some of these practices form networks with idioms of the body as a spiritual being and healing traditions that have long been suppressed during the years of massive political support of technical biomedicine.

Parkin, D. J. 2007. In touch without touching: Islam and healing. In R. Littlewood (ed.). *On knowing and not knowing in the anthropology of medicine.* Left Coast Press. Walnut Creek. CA. pp. 194-219.

Summary
As part of their diversity, medical traditions are often embedded in religious acts and beliefs, while the latter are themselves often couched in the vocabulary of cure. Their isomorphic co-existence may be recognised by practitioners who nevertheless, from time to time, try to separate them and proclaim their independence and, in some cases, purity of each other. In Zanzibar, and to some extent other areas of the Swahili-speaking Muslim of coastal East Africa, the mutual involvement of the religious and the medical is very evident in practice, to the extent even that healers have, at different times in their lives, sometimes been religious leaders. Despite their mutual involvement, however, practitioners often use separate vocabulary to distinguish the categories of the religious (*dini*) from those of the medical, ranging from Islamic and traditional non-Islamic to biomedicine (*utabibu, matibabu, uganga, dawa ya kinzungu etc*). It is as if, through the different words to identify them, religion, healing and medicine are each on the verge of being spoken of and perhaps conceptualised independently of each other. Historically this separation did occur when biomedicine freed itself from religious explanation, a development that has not fully happened with regard to Islamic and traditional non-

Islamic healing traditions, whose holistic inclusion of the spiritual is seen by practitioners as being necessary and yet periodically contestable.

Mohr, A. 2009. Missionary medicine and Akan therapeutics: Illness, health and healing in Southern Ghana's Basel Mission, 1828-1918. *Journal of Religion in Africa* 39 (4): 429-461.

Published Abstract

The Basel missionaries in southern Ghana came from a strong religious healing tradition in southwest Germany that, within some circles, had reservations about the morality and efficacy of biomedicine in the nineteenth century. Along with Akan Christians, these missionaries in Ghana followed local Akan healing practices before the colonial period was formalized, contrary to a pervasive discourse condemning local religion and healing as un-Christian. Around 1885, however, a radical shift in healing practices occurred within the mission and in Germany that corresponded to both the Bacteriological Revolution and the formal colonial period. In 1885 the first medical missionary from Basel arrived in Ghana, while at the same time missionaries began supporting biomedicine exclusively. This posed a great problem for Akan Christians, who began to seek Akan healers covertly. Akan Christians argued with their European coreligionists that Akan healing was a form of culturally relative therapy, not a rival theology.

Prince, M. F. 2009. Judaism, health, and healing: How a new Jewish communal field took root and where it might grow. *Journal of Jewish Communal Service* 84 (3/4): 280-291.

Published Abstract

The article discusses the evolution and development of a Jewish movement called the Jewish Healing Movement, brought about by the resurgence of Judaism in the U.S. The movement focuses more on spiritual healing on personal and professional levels as opposed to physical healing. Many healing centers have been created to support this movement which include the Bay Area Jewish Healing Center, the New York Jewish Healing Center, and the National Center for Jewish Healing.

Schwarz, M.T. 2009. Emplacement and contamination: Mediation of Navajo identity through excorporated blood. *Body & Society* 15 (2): 145-168.

Published Abstract

The article focuses on the initiative approach of Navajo people towards blood donation to strengthen individual and collective identity in Navajo County, Arizona.

It discusses of how Navajo people accommodate biomedical technologies within their religiously and medically pluralistic world through the use of their language, detached bodily substances and ritualized practices. It further illustrates the significance of an ethnographic information on the improvement of bioeconomy of excorporated bodily substances.

Wilkens, K. 2009. Mary and the demons: Marian devotion and ritual healing in Tanzania. *Journal of Religion in Africa* 39 (3): 295-318.

Published Abstract

In this paper I present the complex understanding of illness and healing in the Catholic Marian Faith Healing Ministry (MFHM) in Tanzania. The efficacy of religious healing should be understood as a social process dependent on the plausibility and attractiveness that the rituals have for the individual patients, as well as for their community. By contrasting an analysis of the publications of the leader of the group, Father Nkwera, with guided interviews among the members, I was able to develop a differentiated picture of the broad range of healing concepts within the group. While Nkwera translates local spirit beliefs into an apocalyptic worldview that associates physical healing with political critique—especially in the case of HIV/AIDS—his followers situate the healing process within a framework of personal salvation. In my study, I contextualize the MFHM within its pluralistic traditional, Muslim, Catholic, Pentecostal and biomedical environment that impact it on local and global levels.

Boon-Ooi, L. et al. 2010. Therapeutic processes and perceived helpfulness of Dang-Ki (Chinese Shamanism) from the symbolic healing perspective. *Culture, Medicine & Psychiatry* 34 (1): 56-105.

Published Abstract

This study focuses on the therapeutic process and perceived helpfulness of dang-ki, a form of Chinese shamanistic healing, in Singapore. It aims to understand the healing symbols employed in dang-ki, whether or not patients find them helpful and whether their perceived helpfulness can be explained by the symbolic healing model. Although many researchers have applied this model to explain the efficacy of shamanistic healings, they did not directly provide empirical support. Furthermore, the therapeutic process of a shared clinical reality as proposed by the model may be achievable in small-scale traditional societies that are culturally more homogeneous than in contemporary societies that are culturally more diversified due to globalization and immigration. Patients may hold multidimensional health belief systems, as biomedicine and alternative healing systems coexist. Thus, it

would be interesting to see the relevance and applicability of the symbolic healing model to shamanistic healing in contemporary societies. In this study, ethnographic interviews were conducted with 21 patients over three stages: immediately before and after the healing and approximately 1 month later. The dang-ki healing symbols were identified by observing the healing sessions with video recording. Results show that dang-kis normally applied more than one method to treat a given problem. These methods included words, talismans and physical manipulations. Overall, 11 patients perceived their consultations as helpful, 4 perceived their consultations as helpful but were unable to follow all recommendations, 5 were not sure of the outcome because they had yet to see any concrete results and only 1 patient considered his consultation unhelpful. Although the symbolic healing model provides a useful framework to understand perceived helpfulness, processes such as enactment of a common meaning system and symbolic transformation are complex and dynamic, and may be carried over several healing sessions.

Braun, S. 2010. *Neo-shamanism as a healing system: Enchanted healing in a modern world*. PhD-thesis, University of Utah.

Published Abstract

This dissertation explores the idea of enchantment, disenchantment, and re-enchantment, following Weber, at the intersection of traditional healing and modern society in the spiritual practice of neo-shamanism. Neo-shamanism as a healing system in the US is explored ethnographically. Neo-shamanism is the application and practice of shamanic techniques in contemporary Western society and functions as a system of healing alternative to biomedicine. Following traditions of ancient shamanism from around the world, modern individuals use an altered state of consciousness to get information from extra-material realms (referred to as non-ordinary reality) to effect healing for themselves, others, society, and the planet. The neo-shamanic worldview holds that the extra-material world is as real as the material; the physical and spiritual are merged and can be utilized to assist humans. This stands in conflict with what Weber referred to as modernity's disenchanted worldview--a Cartesian world where only the material is real. Modernity also places high emphasis on the individual. The modern self seeks autonomous self-cultivation, aspires to ground identity within, and desires to exercise independence, authority, choice, and expressivity. This is in contrast to the traditional self, which was embedded in the established order of things. Some suggest that modernity's disenchantment is implicated in contemporary ills--of individuals, society, and the environment--and that neo-shamanism, because it allows modern individuals to re-enchant the world, is well suited to address just such problems. This research addresses the following: (1) The idea of a disenchanted modernity, its relevance for biomedicine, and how neoshamanism may provide a re-enchanted

cosmology for those who engage in it. (2) The implications that studying an unseen, extra-material phenomenon has for anthropological methodology. How does one study neo-shamanism: more specifically, how does one study an enchanted cosmology with disenchanted tools? (3) The results of my field work with the practitioners and participants of neo-shamanism, with attention to how neo-shamanism serves as an enchanted mechanism for healing in a disenchanted world. These questions are explored through participant-observation and experiential participation in neo-shamanic activities and interviews with neo-shamanic practitioners and participants.

Edgar, I. and Henig, D. 2010. Istikhara: The guidance and practice of Islamic dream incubation through ethnographic comparison. *History & Anthropology* 21 (3): 251-262.

Published Abstract

This paper introduces and contextualizes Istikhara, Islamic dream incubation practice, as a way to approach the dynamics of Muslims' inner and outer worlds as an interrelated process of embodied well-being. We introduce an anthropologically informed debate on healing dreaming in Islam and Islamic healing dreaming practices. Based on our research, we discuss ethnographic examples of Istikhara as practised by British Pakistanis, Pakistanis and last but not least a case study from a corner of the Muslim world, Muslim Bosnia. We explore a shared propensity to dream, though a culturally informed one, and situate the practice into a general economy of Muslim well-being.

Gardner, A. 2010. *Incorporating divine presence, orchestrating medical worlds: Cultivating corporeal capacities of therapeutic power and transcendence in Ifa everyday practice*. PhD-thesis, University of California.

Published Abstract

This dissertation focuses on the cultivation of specialized corporeal capacities of therapeutic power and transcendence among Ifá medical-ritual specialists in Yorùbá communities in contemporary Nigeria (and the resonance and implications of their practices within a global context). Rather than interrogate "medical (and/or religious) knowledge" as the object of inquiry, this project explores the power of the learning process--as a practice of everyday living --to cultivate, within student-apprentice and healer-sage alike, a distinctive (sonically and spiritually informed) somatic mode of being-in, perceiving, interpreting, and attending-to-the-world, and thus, to orchestrate Ifá's distinctive medical and religious life-world. (…) [T]his research proposes that Ifá practice is a techne of musical corporeality, wherein the healer-sage consciously and dispassionately orchestrates aspects of Divine

Presence for the therapeutic, aesthetic, existential/transcendent enhancement of the individual, the priesthood, and the community. This dissertation also asserts the primacy of engagement in everyday scholarly-devotional practices, over time, (…). In West Africa, Ifá specialists are trained for years before being recognized or accepted as qualified practitioners. And it is through the individual practitioner's engagement in the formative practices of the learning process --much more than in an overly mystified "initiatory moment(s)"--that Ifá's specialized life-world, orientations, and corporeal capacities of therapeutic power and transcendence are made real and palpable. In Ifá practice, the sensuous and affective body is the pregnant nexus from which, and through which, innovative knowledge, healing (regenerative therapeutics) and subjectivity continually emerge. Thus, in contrast to Bourdieu's (1977) privileging of the conservative and congealing aspects of practice and habitus, Ifá practice highlights (and cultivates) the body's inherent plasticity and malleability, and its capacity to incorporate--literally to embody--innovation, as sonically-informed sensibilities. This embodied agency has the potential to transform inter-subjective relations in/and the phenomenally given world. In particular, the phenomenological and therapeutic power of Ifá's healing orchestrations dramatically highlight that, in addition to the technological instrumentality of biomedicine, there are other ways of constituting real and effective therapeutic power. And, given the shifts and flows of globalization as well as the emergence of complementary, alternative, and integrative medicine within biomedical institutions and practices, this has significant implications, theoretically and practically, for the challenges inherent in attending to the complexities of human suffering in the contemporary global moment.

Rios, C. 2010. *Rationality revisited: Religion and science within spiritism in Brazil*. PhD-thesis, University of California.

Published Abstract

This ethnographic study of a Spiritist center in Rio de Janeiro, Brazil, inquires into the processes through which a spirit-based religion like Spiritism comes to be perceived as a scientifically rational doctrine by individuals who engage with it. While Spiritism is perceived as both a religion and a science by its members, most anthropological work about Spiritism has emphasized its religious aspect and overlooked or disregarded Spiritist claims regarding its scientific nature. The current study offers an emic perspective on the problem of science and rationality in Spiritism. To accomplish that an ethnographic study was conducted over 16 months in a Spiritist center in Rio de Janeiro, Brazil. The study included a number of person-centered and semi-structured interviews with individual members and participant-observation during weekly activities at the Center such as public lectures, introductory classes, study groups, mediumship development meetings and spiritual healing sessions. The notions of involvement and detachment , found

in Norbert Elias' sociology of knowledge, were used as analytical tools to orient the discussion throughout the dissertation. According to Elias, different modes of thinking and producing knowledge imply different ways of relating to the world. As analytical categories involvement and detachment are relative and not mutually exclusive, so that even highly detached forms of knowledge such as scientific knowledge might present some level of involvement. Using this framework, it was possible to argue that individuals' perception of rationality and science in Spiritism is based on a relatively more detached and mediated relationship with the spirits and the spiritual realm. Applying such notions in the context of Spiritism meant mapping and examining the forms of thinking, behaving and speaking that create, as well as index, detachment in the context of as Spiritist Center. Chapter one offers a description of the field site and a short review of the literature on Spiritism. (…) [The chapters of the thesis] discussed different aspects of rationality and science as experienced by individual members in a single Spiritist Center. In that sense, rather than evaluating Spiritists claims according to traditional scientific standards, the main goal of this dissertation was to offer a deeper understanding of the processes through which perceptions of rationality and science are constructed in a religious setting.

Santo, D. E. 2010. 'Who else is in the drawer?' Trauma, personhood and prophylaxis among Cuban scientific spiritists. *Anthropology & Medicine* 17 (3): 249-259.

Published Abstract

In this paper the author explores notions of illness and health among a particular group of spirit mediums in Havana: the Sociedad de Estudios Psicologicos Amor y Caridad Universal. For its members and leaders, the development of mediumship is not just therapeutic but prophylactic. And traumas (of spirits and persons) must not simply be acknowledged but metabolised through the execution of good mediumship. More importantly, people's existences are chemically and psychologically entangled with those of their protective spirits, making of their 'selves' systems, rather than bounded essences. The author argues that such concepts of personhood offer alternative modes of understanding the self in relation to forms of otherness, including dysfunction and pathology.

Sarfati, L. 2010. *Objects of worship: Material culture in the production of shamanic rituals in South Korea*. PhD-thesis, Indiana University.

Published Abstract

This dissertation shows how contemporary Korean shamanism (musok) continues to flourish in a hyper technological society, thanks to various adjustments and innovations in the material culture that supports this religious practice. It was

often thought that with the advent of technology and modernity mystic experiences and animistic practices would become extinct while giving way to scientific approaches to life. However, in contemporary South Korea, fast technological progress co-exists with traditions of direct communication with multitudes of gods and spirits. Such communication is enabled by several hundred thousands of professional mediators, mostly women called manshin, who perform possession-trance techniques. In the process of mediating between people and supernatural entities many objects are deemed indispensable. Costly offerings of food, drink, animals, and decoration are displayed on elaborate altars, and manshin's bodies attract spirits and gods to possess them by wearing symbolic outfits. In musok worldviews, not only humans enjoy beautiful artifacts, tasty meals, and festive dance and song. Manshin are therefore engaged in a reciprocal relationship in which they provide respectful and amusing rituals and in return receive supernatural help in divining the future, healing the sick, and preventing misfortunes. This investigation of the material aspects of musok is based on a year of fieldwork and analysis of historical photographs. During the research, interviews and participant observations of musok practitioners, artists, art dealers, museum curators, collectors, media people, and scholars were conducted in order to review the topic from a holistic perspective. (…) The various chapters discuss specific rituals and entities, representations of the supernatural in artifacts, and re-contextualization of musok in museums, collections, and digital media. This research suggests that musok material culture is designed and used in discursive contexts where cultural identities, meanings, and values are created, maintained, and manipulated by various agencies and people who work to mediate between humans, objects, and supernatural entities.

Seligman, R. 2010. The unmaking and making of self: Embodied suffering and mind–body healing in Brazilian Candomblé. *Ethos* 38 (3): 297-320.

Published Abstract

Discontinuities in the experience of self are distressing especially when they are unexpected, unsanctioned, and resist attribution. Such discontinuities are often a product of psychosocial and physical suffering. In this article I present a model of self that incorporates bodily experience as a fundamental building block and key source of discontinuity for a sense of self. Analysis of data from adherents of an African-derived spirit possession religion in northeastern Brazil illustrate the ways in which embodied mechanisms, including psychophysiological processes, contribute to the construction, deconstruction, and repair of selves. With case studies from Candomblé, I reveal how subjects use cultural tools to contribute to transformations in both cognitive and bodily processes of incoherence, ameliorate distress, and create positive looping effects that allow selves to recohere. In developing this position I advance understanding of the dynamics of embodied forms of self-

healing and contribute to the literatures on Candomblé in particular and possession more generally.

Sexton, R. and Stabbursvik, E. 2010. Healing in the Sámi North. *Culture, Medicine & Psychiatry* 34 (4): 571-589.

Published Abstract

There is a special emphasis today on integrating traditional healing within health services. However, most areas in which there is a system of traditional healing have undergone colonization and a number of pressures suppressing tradition for hundreds of years. The question arises as to how one can understand today's tradition in light of earlier traditions. This article is based on material collected in Sámi areas of Finnmark and Nord-Troms Norway; it compares local healing traditions with what is known of earlier shamanic traditions in the area. The study is based on 27 interviews among healers and their patients. The findings suggest that although local healing traditions among the Sámi in northern Norway have undergone major transformations during the last several hundred years, they may be considered an extension of a long-standing tradition with deep roots in the region. Of special interest are also the new forms tradition may take in today's changing global society.

Szpara, E.C. 2010. Healing from the inside out. *Nursing* 40 (3): 48-50.

Published Abstract

The article discusses the author's experience caring for a Native American patient who turned to spirituality to heal himself during a critical illness. The author reflects on the importance of psychological and spiritual well-being for people who are experiencing illness and possibly death. She describes aspects of existential suffering including fear of the unknown, altered self-image and spiritual discord.

Williams, A. 2010. Spiritual therapeutic landscapes and healing: A case study of St. Anne de Beaupre, Quebec, Canada. *Social Science & Medicine* 70 (10): 1633-1640.

Published Abstract

Very little work has addressed spirituality in relation to health and well-being using the therapeutic landscape framework. Certainly the larger geographical literature, and specifically that of cultural geography, has identified the spiritual aspects of landscapes/places, and in so doing, has highlighted their importance for both secular groups and broader society alike. The increased recognition of the positive relationship between being spiritually active and health begs the examination of

spiritual places reputed for their healing and healthful qualities. This paper provides a case study, conducted in 2006–2007, of a Christian pilgrimage site named St. Anne de Beaupre (Quebec, Canada); the analysis contributes to filling the spirituality gap in the therapeutic landscapes literature and offers a number of suggested research directions to better understand spiritual landscapes/places and their association with health.

Coleman-Brueckheimer, K. and Dein, S. 2011. Health care behaviors and beliefs in Hasidic Jewish populations: A systematic review of the literature. *Journal of Religion & Health* 50 (2): 422-436.

Published Abstract

Cultural issues impact on health care, including individuals' health care behaviors and beliefs. Hasidic Jews, with their strict religious observance, emphasis on kabbalah, cultural insularity and spiritual leader, their Rebbe, comprise a distinct cultural group. The reviewed studies reveal that Hasidic Jews may seek spiritual healing and incorporate religion in their explanatory models of illness; illness attracts stigma; psychiatric patients' symptomatology may have religious content; social and cultural factors may challenge health care delivery. The extant research has implications for clinical practice. However, many studies exhibited methodological shortcomings with authors providing incomplete analyses of the extent to which findings are authentically Hasidic. High-quality research is required to better inform the provision of culturally competent care to Hasidic patients.

Doan, T. 2011. *The reemergence of spirit mediums: Then practice among the Tay in contemporary Vietnam*. PhD-thesis, University of Washington.

Published Abstract

The dissertation concerns spirit mediumship/ shamanism known as Then among the Tày, an ethnic minority in northern Vietnam. It demonstrates how a practice that was deemed to be "superstition" and banned for many years by the Vietnamese government has re-emerged since late 1980s when Vietnam adopted a more open policy. Then is now permitted by Vietnamese officials and is today recognized by officials as a valued tradition of the Tày. Then practitioners, since they are almost always women, have become icons of the Tày culture. Some Then are even invited to appear on national television in Vietnam. Then is, however, not only a valued traditional custom, but also a manifestation of modern (or post-modern) shamanism that people in many societies continue to turn to confront problems which cannot be handle by modern medicine or other modern practices.

Kennell, J. 2011. *The senses and suffering: Medical knowledge, spirit possession, and vaccination programs in Aja*. PhD-thesis, Southern Methodist University (Texas).

Published Abstract

In an Aja community of southwest Benin, multiple domains of medical knowledge and practice interlock and compete for control of illness meaning and sensory experience. Global health initiatives (vaccination and education programs), national health care structures, and Aja medico-religious practice each incorporate and manipulate the knowledge and practice of the other in order to create legitimacy and shape therapeutic trajectories. Biomedical nosology and disease prevention efforts conflict with local understandings of individual and community health concerning diseases that affect the skin. Local Aja physiological and pathological understandings of infection and disease progression lead sufferers to seek treatment in various medical domains--behavior seen as inconsistent and contradictory by global and national biomedical personnel. Efforts at the sensibilisation of the community regarding vaccinations and other global health initiatives is met in turn with local medico-religious knowledge emphasizing a sensual experience of illness and healing for individual and community. 'Sensibilisation' is a French public health term, meaning "raising awareness", but often assumes belief and behavior will change, often through coercion if necessary. More than just an effort to coerce the community into accepting public health initiatives, Aja experiences of suffering and healing are made illegitimate. An anthropology of the senses may be employed to provide a critical analysis of the nuances of medical knowledge and sensory experience, the manipulation of opposing knowledge to create legitimacy and influence behavior, and how the Aja sense, use, and negotiate contradictions across domains of medical knowledge.

Luedke, T. 2011. Intimacy and alterity: Prophetic selves and spirit others in central Mozambique. *Journal of Religion in Africa* 41 (2): 154-179.

Published Abstract

In the context of Mozambican prophet healing, spirit-host relationships unfold between intimacy and alterity. The interweaving of spirits' and hosts' biographies in possession is enacted bodily in the form of pains, postures, and punishments, and often pits their wills and well-beings against one another. Spirit possession is an intimate exchange, a bodily and social confluence that invokes the most familiar of interpersonal relationships (spouses, parents and their children). On the other hand, the natures, motives, and agendas of the spirits often remain opaque. As prophets struggle to make sense and make use of the spirits who possess them, the power of the spirits reveals itself in their unknowability and contrariness, the elusiveness and partiality of their profiles. These intimate others both threaten

and succor their hosts, to whom they are both kin and strangers, and it is through this dialectic that their special vantage on human suffering comes into view.

9.4 Biomedical professionals and the usage of CAM and spiritual healing

Ainsworth, S. 2009. The power of prayer. *Practice Nurse* 38 (9): 49-50.

Published Abstract

The article presents a much debated controversy on whether a prayer can help patients. A paper published in the "Journal of Reproductive Medicine" in 2001 reported that prayers can double the success of in-vitro fertilization (IVF) treatment. Majority of physicians do not consider prayer as a factor to positively or negatively affect success of procedures in any way. It was concluded that there is no evidence that it does patients harm and no evidence it does much good either, except maybe make nurses and patients feel better.

Broom, A. and Adams, J. 2009. Oncology clinicians' accounts of discussing complementary and alternative medicine with their patients. *Health* 13 (3): 317-336.

Published Abstract

The profile of complementary and alternative medicine (CAM) has risen dramatically over recent years, with cancer patients representing some of the highest users of any patient group. This article reports the results from a series of in-depth interviews with oncology consultants and oncology nurses in two hospitals in Australia. Analysis identifies a range of self-reported approaches with which oncology clinicians discuss CAM, highlighting the potential implications for patient care and inter-professional dynamics. The interview data suggest that, whilst there are a range of consultant approaches to CAM, `risk' is consistently deployed rhetorically as a key regulatory strategy to frame CAM issues and potentially direct patient behavior. Moreover, `irrationality', `seeking control', and `desperation' were viewed by consultants as the main drivers of CAM use, presenting potential difficulties for effective doctor—patient dialogue about CAM. In contrast, oncology nurses appear to perceive their role as that of CAM and patient advocate — an approach disapproved of by the consultants on their respective teams, presenting implications for oncology teamwork. CAM education emerged as a contentious and crucial issue for oncology clinicians. Yet, while viewed as a key barrier to clinician—patient communication about CAM, various forms of individual and organizational resistance to CAM education were evident. A number of core issues for clinical practice and broader work in the sociology of CAM are discussed in light of these findings.

Broom, A. et al. 2009. The inequalities of medical pluralism: Hierarchies of health, the politics of tradition and the economies of care in Indian oncology. *Social Science & Medicine* 69 (5): 698-706.

Published Abstract

India has an eclectic health system that incorporates biomedical as well as traditional, complementary and alternative medicine (TCAM). Our understanding of the co-existence of these therapeutic modalities in this diverse, postcolonial and developing nation is extremely limited, and in the context of cancer care, to our knowledge no sociological work has been carried out. Contemporary Indian oncology represents a fascinating site for examining the interplay and articulation of forms of tradition/modernity, economic progress/structural constraint and individual beliefs/cultural norms. In a context of an increase in the prevalence and impact of cancer in an ageing Indian population, this paper reports on a qualitative investigation of a group of oncology clinicians'' accounts of 'pluralism' in India. The results illustrate the embeddedness of patient disease and therapeutic trajectories in vast social inequalities and, indeed, the intermingling of therapeutic pluralism and the politics of social value. We conclude that notions of pluralism, so often espoused by global health organizations, may conceal important forms of social inequality and cultural divides, and that sociologists should play a critical role in highlighting these issues.

Cameron, J. 2009. Religion and the secularization of health care. *Journal of Clinical Nursing* 18 (24): 3510-3511.

Published Abstract

The author responds to a commentary on the article 'Religion and the Secularization of Health Care' that was published in a 2009 issue of the Journal of Clinical Nursing. She explains that the proof of spirituality originates primarily from patients life and death situations. She emphasizes the need to allocate resources for staff education and training in order to examine the spiritual needs of patients. She considers the nature of the personal-professional relations that spiritual care wants to impose.

Delaney, H. D. et al. 2009. Integrating spirituality into alcohol treatment. *Journal of Clinical Psychology* 65 (2): 185-198.

Published Abstract

Spirituality is presumed by millions of Americans to be directly relevant to problems of alcohol abuse. We summarize findings regarding the role of religion and

spirituality in the prevention and treatment of substance abuse and present a case illustration. We also consider mechanisms responsible for these effects. We offer advice about why, by whom, and how religion and spirituality should be discussed with clients with substance use disorders. In a recent clinical trial, therapists trained in a client-centered approach to facilitate exploration of spirituality fostered clients' use of spiritual practices. We suggest that the therapist's ability to skillfully engage clients in a discussion of spirituality is largely determined by how the therapist balances the dual roles of authoritative expert and evocative facilitator.

Bertrand, S.W. 2010. Inroads to integrative health care: Registered nurses' personal use of traditional Chinese medicine affects professional identity and nursing practice. *Complementary Health Practice Review* 15 (1): 14-30.

Published Abstract

Nurses are increasingly using Traditional Chinese Medicine (TCM) for relief of personal health issues. The purpose of this qualitative case study is to explore how nurses' TCM experiences affect nurses' professional identities and practices. Symbolic interaction is the research framework used. Mixed methods of coding facilitate data analysis. Sociological theories explain the findings. The study included 20 semi-structured interviews of 10 practicing nurses and 10 faculty members in the Twin Cities area of Minnesota. The data provide the basis for several new conclusions. Nursing subspecialty practice norms determine how TCM experience affects nurses' professional identities and nursing practices. Mutable nursing careers enable nurses to incorporate TCM into their nursing ''toolbox.'' Among the significant findings from this study is that nurses try TCM and share that information with others, creating inroads for integration of TCM into Western medicine.

Carr, T.J. 2010. Facing existential realities: Exploring barriers and challenges to spiritual nursing care. *Qualitative Health Research* 20 (10): 1379-1392.

Published Abstract

Although nurses of the past and present recognize the importance of spiritual care to health and healing, in practice and education, spiritual care dwells on the periphery of the profession. The purpose of this study was to gain a better understanding of the reasons behind this contradiction. Using the phenomenological approach, open-ended interviews were conducted with 29 individuals, including oncology nurses, patients and their families, chaplains, and hospital administrators. Their accounts reveal examples of how attitudes, beliefs, and practices of the larger organizational culture can shape the everyday lived experience of bedside

nursing. Specifically, these influences tend to create a lived space that is uncaring, and a lived time that is "too tight." Moreover, lived body is experienced as an object for technical intervention, and lived other is experienced from a distance rather than "up close and personal." It was argued that, together, these existential experiences of lived time, space, body, and other create formidable barriers to spiritual nursing care.

Gone, J.P. 2010. Psychotherapy and traditional healing for American Indians: Exploring the prospects for therapeutic integration. *The Counseling Psychologist* 38 (2): 166-235.

Published Abstract

Multicultural advocates within professional psychology routinely call for "culturally competent" counseling interventions. Such advocates frequently cite and celebrate traditional healing practices as an important resource for developing novel integrative forms of psychotherapy that are distinctively tailored for diverse populations. Despite this interest, substantive descriptions of specific forms of traditional healing vis-à-vis psychotherapy have appeared infrequently in the psychology literature. This article explores the prospects for therapeutic integration between American Indian traditional healing and contemporary psychotherapy. Systematic elucidation of historical Gros Ventre healing tradition and Eduardo Duran's (2006) culture-specific psychotherapy for American Indians affords nuanced comparison of distinctive therapeutic paradigms. Such comparison reveals significant convergences as well as divergences between these therapeutic traditions, rendering integration efforts and their evaluation extremely complex. Multicultural professional psychology would benefit from collaborative efforts undertaken with community partners, as interventions developed in this manner are most likely to effectively integrate non-Western healing traditions and modern psychotherapy.

Nicolao, M. et al. 2010. How should complementary and alternative medicine be taught to medical students in Switzerland? A survey of medical experts and students. *Medical Teacher* 32 (1): 50-55.

Published Abstract

Background: In Switzerland and in the whole western world, the growing popularity of CAM is calling for its implementation in the undergraduate medical curriculum. Aims: To determine whether medical experts and medical students are favorable to complementary and alternative medicine (CAM) education at Swiss medical schools and to investigate their opinion about its form, content and goals. Methods: Experts in the fields of conventional medicine (COM, n = 106), CAM experts (n = 29) and senior medical students (n = 640) were surveyed by an online

questionnaire. Results: 48.7% of the COM experts, 100% of the CAM experts, and 72.6% of the students are favorable to CAM education at Swiss medical schools. The most requested disciplines are acupuncture, phytotherapy, and homeopathy; the most recommended characteristics of CAM education are elective courses, during the clinical years, in the format of seminars and lectures. For the CAM experts, the priority is to improve the students' knowledge of CAM, whereas for the COM experts and the students, the priority is to analyze efficiency, security, interactions, and secondary effects of CAM. Conclusions: CAM courses should be informative, giving the students sufficient knowledge to provide a critical analysis of efficiency and security of different CAM modalities.

Peteel, J.R. 2010. Proximal intercessory prayer. *Southern Medical Journal*, 103: 853-853.

Published Abstract

The author reflects on the therapeutic effects of intercessory religious prayer among patients in a coronary care unit. He comments on the issue of the improvements in the vision and hearing of individuals who received prayer from a religious ministry group for healing. He mentions whether prayer influences therapeutic intervention and notes that traditionally spiritual practices has practical and ethical risks.

9.5 Self medication

Cosminsky, S. and Scrimshaw, M. 1980. Medical pluralism on a Guatemalan plantation. *Social Science and Medicine* 14 (4): 267-278.

Published Abstract

This paper examines the alternative medical resources and treatments utilized by a population on a Guatemalan coffee and sugar plantation. This is part of a larger multidisciplinary project concerning the assessment of the health and nutritional status of this population. The study revealed a pluralistic complex of multiple and simultaneous usage including home remedies, curanderos, herbalists, midwives, spiritists, shamans, injectionists, pharmacists, private physicians, public and private clinics, and hospitals. These resources include and combine aspects from Mayan Indian, folk Ladino, spiritism and cosmopolitan medical traditions. The pluralistic dimensions of health care are analysed in terms of the heterogeneous medical behavior of both the health seeker and the practitioners or specialists, emphasizing how components from the various traditions are incorporated or utilized. Case studies are used to illustrate some of the health care strategies used by the population.

Jerome, J. S. 2003. *A politics of health: Medicine and marginality in northeastern Brazil.* PhD-thesis, University of Chicago.

Published Abstract

This dissertation examines struggles over the political potential and moral meanings of medicine in Pirambu, a low-income community (favela) located on the fringes of Fortaleza, Brazil. The thesis begins by linking the desires that favela residents express for biomedicine to long standing historical processes such as rural-urban migration, and the rise of clinical medicine in Fortaleza, as well as to the more recent spread of pharmaceutical advertising in the favela. Next it traces the efforts of Fortaleza's government officials to incorporate favela residents into the city through the extension of medical development. Ironically, residents' desires for biomedicine are at odds with public health official's most recent medical development programs, which are funded by the World Health Organization and promote scientific versions of traditional medicine among the city's low-income residents. I argue that this disjuncture can be attributed at once to public health officials' misconceptions of favela residents as rural peasants who must rely on traditional customs as they adapt to urban life, and to residents' own view of biomedical commodities as offering them an opportunity to solidify kinship networks, to evaluate their social position within the community, and to expand their claims on the city of Fortaleza's resources. In offering a historicized account of the plural healing practices currently available in Pirambu, as well as a detailed analysis of the process of medical decision-making (including practices such as defining illness symptoms, consulting healers and undergoing medical treatment) my aim is to extend current debates about medical pluralism and medicalization. A key assumption in much of this literature is that the acceptance of biomedicine erodes local notions of illness and healing, and invests illness episodes with a naturalizing, individualizing discourse, which renders them politically impotent. By drawing attention to the social relationships that are concretized in the production and circulation of biomedical commodities, I suggest instead that the consumption of biomedicine enables residents to respond to particular dilemmas and dislocations in their family life, as well as to the overall problem of social and political marginalization.

Stevenson, F.A. et al. 2003. Self-treatment and its discussion in medical consultations: how is medical pluralism managed in practice? *Social Science & Medicine* 57 (3): 513-527.

Published Abstract

Recent policy changes in the UK such as deregulation of prescribed medicines and the introduction of telephone helpline services are intended to promote self-treatment. Drawing on interviews with, and consultations between, 35 patients and 20 general practitioners, we use Kleinman's (Patients and Healers in the context of culture: an exploration of the Borderland between Anthropology, Medicine and

Psychiatry, University of California Press Ltd., London) model of the three sectors of health care in order to examine the range of self-treatments people use and the discussion of these treatments in medical consultations. We argue that despite the availability of a range of treatment options and policy changes advocating greater use of self-treatment, patients are inhibited from disclosing prior self-treatment, and disclosure is affected by patients' perceptions of the legitimacy of self-treatment. The findings are in keeping with Cant and Sharma's (A new medical pluralism: Alternative medicines, doctors, patients and the state, UCL Press, London) contention that although there has been a pluralisation of "legitimate" providers of health care and a restructuring of expertise, biomedicine itself remains dominant.

Digby, A. 2005. Self-medication and the trade in medicine within a multi-ethnic context: A case study of South Africa from the mid-nineteenth to mid-twentieth centuries. *Social History of Medicine* 18 (3): 439-457.

Published Abstract

The article analyses the distinctive experience of self-medication in South Africa, where the preferences of racial and ethnic groups structured a differentiated consumption of herbs, home and folk remedies, patent and proprietary medicines, and pharmaceuticals. Also examined are the interlocking agencies of missionaries, traders, storekeepers and pharmacists in the creation of regional diversity within an evolving medical market. The article indicates that sufferers developed hybrid and plural forms of self-medication that were historically and culturally variable as a result of natural and manufactured products becoming increasingly accessible and affordable. These provided attractive substitutes and/or complements to the medicines of both 'western' and traditional doctors.

Shelley, B. M. et al. 2009. 'They don't ask me so I don't tell them': Patient-clinician communication about traditional, complementary, and alternative medicine. *Annals of Family Medicine* 7 (2): 139-147.

Published Abstract

The article presents a study on the factors that influence the communication between patients and primary care clinicians on traditional, complementary and alternative medicine (TM/CAM) in the U.S. It is revealed that clinicians' comfort with patients' self-care approaches and level of concern on lack of scientific evidence of effectiveness and safety of TM/CAM influenced their communication. It is noted that specific communication barriers limit patient-clinician communication about TM/CAM.

10. Medical pluralism and children

Prince, R.J. et al. 2001. Knowledge of herbal and pharmaceutical medicines among Luo children in western Kenya. *Anthropology & Medicine* 8 (2-3): 211-235.

Published Abstract

The article explores primary school children's medical knowledge and practice in Western Kenya. Living in a pluralistic medical setting the children prove to have considerable knowledge of both herbal remedies and pharmaceuticals in treating common illnesses, such as headache, cold, fever, abdominal complaints and injuries. Contrary to adults they appear to learn about medicines and medical practices in an informal, experiential and experimental way. The authors find that children associate herbal and pharmaceutical medicines with different symbolic systems, and perceive them to have different modes of efficacy, but they are given and use both kinds of treatment in illness situations. Consequently, children's medical practices should likewise be recognised as dynamic and experimental, rather than forming a bounded culture or system.

Friend-du Preez, N. et al. 2009. Stuips, spuits and prophet ropes: The treatment of abantu childhood illnesses in urban South Africa. *Social Science and Medicine* 68(2): 343-351.

Published Abstract

With a paucity of data on health-seeking behavior for childhood illnesses in urban South Africa, a mixed method approach was used to investigate the treatment of abantu childhood illnesses in Johannesburg and Soweto between March and June 2004. In-depth interviews were held with caregivers, providers of traditional and Western health care, as well as five focus groups with caregivers. A utilization-based survey was conducted with 206 black African caregivers of children under 6 years of age from one public clinic in Soweto, two private clinics in Johannesburg (50 caregivers in total), two public hospitals from Johannesburg and Soweto (53 caregivers in total) and two traditional healers from Johannesburg and Orange Farm (53 caregivers in total), an informal settlement on the outskirts of Johannesburg. The symptoms of several childhood abantu health problems, their treatment with traditional, church and home remedies, and influences on such patterns of resort are described. Despite free primary health care for children under 6 years, the pluralistic nature of health-seeking in this urban environment highlights the need for community and household integrated management of childhood illnesses and a deeper understanding of how symptoms may be interpreted and treated in the context of the local belief system.

Liqi, Z. et al. 2009. Chinese children's explanations for illness. *International Journal of Behavioral Development* 33 (6): 516-519.

Published Abstract

The study explored how Chinese children spontaneously explained the causes of illness. Two groups of 3-, 4-, and 5-year-old children from different socioeconomic status (SES) backgrounds were recruited, with 30 children in each age group. A group of 30 college students were also recruited and their responses compared to those produced by the children. Participants' responses were coded as belonging to one of five mutually exclusive categories: psychogenic, biological, behavioral, symptomatic, or other. Results indicated that children's causal explanations were mostly behavioral and symptomatic, with more biological explanations for older children than for younger. In contrast, adults' explanations were mostly biological and psychogenic. Although adults were influenced by concepts in Chinese traditional medicine that tie negative emotions to illness, Chinese children did not mention emotional causes for illness. Nonetheless, Chinese children also offered some explanations based on concepts of "wind" and "cold," which may be a result of cultural experience with some aspects of traditional Chinese medicine.

Hampshire, K.R. et al. 2011. Out of the reach of children? Young people's health-seeking practices and agency in Africa's newly-emerging therapeutic landscapes. *Social Science and Medicine* 73 (5): 702-710.

Published Abstract

Despite a dominant view within Western biomedicine that children and medicines should be kept apart, a growing literature suggests that children and adolescents often take active roles in health-seeking. Here, we consider young people's health-seeking practices in Ghana: a country with a rapidly-changing therapeutic landscape, characterized by the recent introduction of a National Health Insurance Scheme, mass advertising of medicines, and increased use of mobile phones. Qualitative and quantitative data are presented from eight field-sites in urban and rural Ghana, including 131 individual interviews, focus groups, plus a questionnaire survey of 1005 8-to-18-year-olds. The data show that many young people in Ghana play a major role in seeking healthcare for themselves and others. Young people's ability to secure effective healthcare is often constrained by their limited access to social, economic and cultural resources and information; however, many interviewees actively generated, developed and consolidated such resources in their quest for healthcare. Health insurance and the growth of telecommunications and advertising present new opportunities and challenges for young people's health-seeking practices. We argue that policy should take young people's medical realities as a starting point for interventions to facilitate safe and effective health-seeking.

11. Medical tourism

Holman, C. 2010. *Spirituality for sale? An analysis of ayahuasca tourism*. PhD-thesis, Arizona State University.

Published Abstract

This dissertation critically examines the complex social and cultural phenomenon of spiritual tourism, by interrogating the structures of knowledge, power, image and representation through the lens of ayahuasca tourism. Ayahuasca has been used by shamans for centuries in health and healing services, obtained largely through the means of hallucinogenic visions. Ayahuasca tourism involves Western tourists who travel to South America to participate in tours which include the drinking of ayahuasca. Drawing on post-colonial and critical cultural theories, this analysis extends the theorizing of spiritual tourism by examining the ethical issues involved in commodifying spirituality and by exploring the cultural consequences of consumerism. Using a mixed- method approach, this work addresses the central ethical dilemma presented by ayahuasca tourism: to what extent is Amazonian culture and spirituality appropriated and commodified and in what ways does this help or harm the communities in question? Key findings from the research suggest that the discourse of ayahuasca tourism has severed the ceremonial use of ayahuasca from its indigenous roots, making ayahuasca ahistorical and more easily appropriated. Additional findings from my fieldwork in Peru indicate that the commodification of ayahuasca as a both a plant and ceremony has resulted in a complex industry, one which presents both benefits and burdens to the local communities.

Miller-Thayer, J. 2010. *Medical migration: Strategies for affordable care in an unaffordable system*. PhD-thesis, University of California.

Published Abstract

Approximately 45.7 million people in the United States are uninsured and unknown numbers of this population are underinsured, severely limiting their access to medical care. To address this problem, people use innovative strategies to increase their access through cross-border care options. The U.S.-Mexico border provides unique challenges and opportunities for healthcare in this context. The lower cost of medical and dental procedures and medications in Mexico makes that country an attractive alternative for low-income populations in the United States. Thus segments of the U.S. population practice transnational medical consumerism in an attempt to optimize their health by using the resources available in both countries. This practice has economic benefits for the people who access healthcare at an affordable rate and for the medical markets of the country providing the care. Drawing on data collected in the field in 2002, 2004, and 2005, this dissertation

presents some of the complexities and dynamics of medical pluralism occurring at the U.S.-Mexico border.

Crooks, V. A. et al. 2011. Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. *Social Science and Medicine* 72 (5): 726-732.

Published Abstract

The practice of medical tourism depends on successfully informing potential patients about procedure options, treatment facilities, tourism opportunities, travel arrangements, and destination countries. The promotion of medical tourism includes a wide range of marketing materials such as flyers, booklets, and websites. Yet, there is a paucity of knowledge about the dissemination, content, and reception of these promotional materials. Drawing on a thematic content analysis of the promotional print material distributed at the first medical tourism trade show in Canada in 2009, the main purpose of this article is to identify and understand the messages and images that companies use to market India as a global destination. While researchers and news media frequently cite low cost procedures as a key determinant for international patient travel, particularly to developing nations, our analysis reveals few low cost-related images or messages in the promotional materials distributed at the trade show. To help explain this surprising disjuncture, we consider four related issues: (1) promotional materials may be designed to be circulated amongst potential patients' concerned family and friends who privilege knowing about things such as the use of advanced technologies; (2) developing nations need to portray safe and advanced treatment facilities in order to dispel potential patients' suspicions that their medical care is inferior; (3) companies may avoid making cost saving claims that cannot be fulfilled for all of their international patients, especially those traveling from developing nations; and (4) messages of low cost may detract from and even undermine messages about quality. We conclude by identifying numerous avenues for future research by social and health scientists, and by considering the implications of our findings for existing knowledge gaps and debates within health geography specifically.

Nolan, J.M. and Schneider, M.J. 2011. Medical tourism in the backcountry: Alternative health and healing in the Arkansas Ozarks. *Signs: Journal of Women in Culture & Society* 36 (2): 319-326.

Published Abstract

The article discusses alternative health and healing in the Ozark and Ouachita Mountains in Arkansas. According to the authors, unorthodox practitioners of medicine in Arkansas mountain communities offer hope and promise for patients unsatisfied with conventional medicine or where conventional therapies have

failed. They note that medical tourism in Arkansas has helped preserve traditional health systems by incorporating them into tourists' health care services. Topics include a brief history of medical tourism in the Ozark and Ouachita Mountains of Arkansas, the reliance of tourism on the continued practice of complementary and alternative medicine (CAM) in the Ozarks and Ouachitas region, and the economic impact of medical tourism in the Arkansas highlands.

Solomon, H. 2011. Affective journeys: The emotional structuring of medical tourism in India. *Anthropology & Medicine* 18 (1): 105-118.

Published Abstract

This paper examines the grid of sentiment that structures medical travel to India. In contrast to studies that render emotion as ancillary, the paper argues that affect is fundamental to medical travel's ability to ease the linked somatic, emotional, financial, and political injuries of being ill "back home". The ethnographic approach follows the scenes of medical travel within the Indian corporate hospital room, based on observations and interviews among foreign patients, caregivers, and hospital staff in Mumbai, New Delhi, Chennai, and Bangalore. Foreign patients conveyed diverse sentiments about their journey to India ranging from betrayal to gratitude, and their expressions of risk, healthcare costs, and cultural difference help sustain India's popularity as a medical travel destination. However, although the affective dimensions of medical travel promise a remedy for foreign patients, they also reveal the fault lines of market medicine in India.

Speier, A. R. 2011. Health tourism in a Czech health spa. *Anthropology & Medicine* 18 (1): 55-66.

Published Abstract

This paper is about the changing shape of health tourism in a Czech spa town. The research focuses on balneotherapy as a traditional Czech healing technique, which involves complex drinking and bathing therapies, as it is increasingly being incorporated into the development of a Czech health tourism industry. Today, the health tourism industry in Mariánské Lázn is attempting to harmoniously combine three elements: balneology, travel and business activities. One detects subtle shifts and consequent incongruities as doctors struggle for control over the medical portion of spa hotels. At the same time, marketing groups are creating new packages for a general clientele, and the implementation of these new packages de-medicalizes balneotherapy. Related to the issue of the doctor's authority in the spa, the changes occurring with the privatization of tourism entails the entrance of "tourists" to Mariánské Lázn who are not necessarily seeking spa treatment but who are still staying at spa hotels. There is a general consensus among spa doctors

and employees that balneotherapy has become commodified. Thus, while balneotherapy remains a traditional form of therapy, the commercial context in which it exists has created a new form of health tourism.

12. Ethno-pharmacology

Nguyen, H. 2009. *Palatable prophylaxis based on traditional Vietnamese health beliefs: An appealing approach to medicine*. PhD-thesis, University of Illinois, Health Sciences Center.

Published Abstract

Investigation into the cultural construction of health and therapeutics expressed through the paradigms of Vietnamese traditional medicine was undertaken in order to explore the ethnobotanical and ethnomedical practices associated with this cultural health framework among Vietnamese native and immigrant populations. In addition, attention to the cultural context of the overall use of modalities of medicine, and particularly, on the medicinal contexts of food plants was given in order to draw laboratory inquiry to the medicinal potentials by evaluating the biological activity of food plants commonly consumed as part of the Vietnamese diet. Qualitative methods such as participant observation, focus groups, and structured and unstructured interviews that were directed by questionnaires, were used to obtain information on behavioral perspectives of health and medicine from Vietnamese immigrants and natives. Data from in vivo and in vitro experiments, together with compelling epidemiological studies, have shown that vegetables have an important role in protection against various cancers. Therefore, the laboratory portion of the research dissertation employed a battery of anti-cancer and cancer chemopreventive assays to investigate the bioactivity potentials of the food plants commonly consumed in the Vietnamese diet. The present study revealed that the Vietnamese population chose Western medicine for one set of conditions and retained traditional medicine for another set of conditions, while showing preference for one or the other based on fundamental cultural beliefs. Therefore, the conjunctive use of Eastern medicine with Western pharmaceuticals was a common practice within both of the study populations. Results of the biological evaluation of 91 food plant samples obtained from markets in Vietnam demonstrated favorable biological activity, with the total number of samples characterized as “active” against any of the various targets was established in the range of 54.9%.

Patwardhan, B. and Mashelkar, R.A. 2009. Traditional medicine-inspired approaches to drug discovery: Can Ayurveda show the way forward? *Drug Discovery Today* 14 (15/16): 804-811.

Published Abstract

Drug discovery strategies based on natural products and traditional medicines are re-emerging as attractive options. We suggest that drug discovery and development need not always be confined to new molecular entities. Rationally designed, carefully standardized, synergistic traditional herbal formulations and botanical drug products with robust scientific evidence can also be alternatives. A reverse pharmacology approach, inspired by traditional medicine and Ayurveda, can offer a smart strategy for new drug candidates to facilitate discovery process and also for the development of rational synergistic botanical formulations.

Weckerle, C.S. et al. 2009. Mao's heritage: Medicinal plant knowledge among the Bai in Shaxi, China, at a crossroads between distinct local and common widespread practice. *Journal of Ethnopharmacology* 123 (2): 213-228.

Published Abstract

Abstract: Ethnopharmacological relevance: The study focuses on medicinal plant knowledge among the Bai in the Shaxi Valley, Northwest Yunnan, where no ethnobotanical study has been conducted so far. In an area of high biodiversity, distinct medicinal plant knowledge is documented and the influence of herbals on local knowledge is revealed. Aim of the study: To analyze current medicinal plant knowledge among the Bai in the context of the influence of the Han culture and mainstream Chinese herbal medicine. Materials and methods: During fieldwork in summer 2005, semi-structured interviews were conducted with 68 stakeholders, and voucher specimens of all plants mentioned were prepared. Results: A total of 176 medicinal plant species were documented and 1133 use-reports have been collected. Overall, 91.5% of the documented plants are already established as known drugs, and are mentioned in books on medicinal plants in Yunnan and China. Furthermore, the way in which they are used largely coincides. Fourteen plant species represent novel recordings, 9 of which were independently mentioned by three or more informants. Conclusions: The medicinal plant knowledge of the Bai is strongly influenced by mainstream Chinese herbal medicine and especially by medicinal plant books from the 1970s, which were distributed under Mao Zedong's directive to improve rural health care. We conclude that these herbals have exerted, and continue to exert, a strong influence on the standardization of plant knowledge among rural populations in China. However, distinct local use of plants also exists, indicating that plant knowledge specific to the Bai people is alive and practiced.

Costanza Torri, M. 2010. Increasing knowledge and traditional use of medicinal plants by local communities in Tamil Nadu: Promoting self-reliance at the grassroots level through a community-based entrepreneurship initiative. *Complementary Health Practice Review* 15 (1): 40-51.

Published Abstract

The presence of traditional medicine (TM) and medical practitioners in remote areas of the world is well documented by anthropological studies. However, social, cultural, and environmental factors influencing health and traditional health systems are usually analyzed separately, ignoring the interlinkages existing among them and the resulting synergies, as well as the impact these will have on multiple aspects of local communities. This article presents an innovative and integrated approach to the promotion of a traditional health knowledge system through a community-based entrepreneurship initiative, the Gram Mooligai Company Limited (GMCL), operating in Tamil Nadu (India). The field study took place in Tamil Nadu over a period of 4 months. The data were collected through individual and group interviews and were complemented by participant observations. The research highlights the existence of a strong relationship between commercial initiatives centered on ethnomedicine, enhancement of local livelihoods, gender empowerment, and conservation and enhancement of traditional knowledge through community capacity building. The article points out the importance of promoting and sustaining community initiatives such as GMCL with appropriate policies and affirms the necessity of reinforcing the links among culture, conservation, and socioeconomic development of local communities, particularly among the most vulnerable sectors of society.

Idolo, M. et al. 2010. Ethnobotanical and phytomedicinal knowledge in a long-history protected area, the Abruzzo, Lazio and Molise National Park (Italian Apennines). *Journal of Ethnopharmacology* 127 (2): 379-395.

Published Abstract

Aims of the study: This study reports on the ethnobotanical and phytomedical knowledge in one of the oldest European Parks, the Abruzzo, Lazio and Molise National Park (Central Italy). We selected this area because we judged the long history of nature preservation as an added value potentially encouraging the survival of uses possibly lost elsewhere. Methodology: In all, we interviewed 60 key informants (30 men and 30 women) selected among those who, for their current or past occupation or specific interests, were most likely to report accurately on traditional use of plants. The average age of informants was 65 years (range 27–102 years). Results: The ethnobotanical inventory we obtained included 145 taxa from 57 families, corresponding to 435 use-reports: 257 referred to medical applications, 112 to food, 29 to craft plants for domestic uses, 25 to veterinary applications, 6 to

harvesting for trade and another 6 to animal food. The most common therapeutic uses in the folk tradition are those that are more easily prepared and/or administered such as external applications of fresh or dried plants, and decoctions. Of 90 species used for medical applications, key informants reported on 181 different uses, 136 of which known to have actual pharmacological properties. Of the uses recorded, 76 (42%) concern external applications, especially to treat wounds. Medical applications accounted for most current uses. Only 24% of the uses we recorded still occur in people's everyday life. Species no longer used include dye plants (Fraxinus ornus, Rubia tinctorum, Scabiosa purpurea, Rhus coriaria and Isatis tinctoria) and plants once employed during pregnancy, for parturition, nursing, abortion (Asplenium trichomanes, Ecballium elaterium, Juniperus sabina and Taxus baccata) or old magical practices (Rosa canina). Conclusions: Our study remarked the relationship existing between the high plant diversity recorded in this biodiversity hotspot of central Apennines and the rich ethnobotanical knowledge. The presence of some very experienced young informants was related to the opportunities offered by living in a major protected area. However, to counter the disappearance of local ethnobotanical culture it would be important to incorporate its preservation among nature reserve activities.

Lamorde, M. et al. 2010. Medicinal plants used by traditional medicine practitioners for the treatment of HIV/AIDS and related conditions in Uganda. *Journal of Ethnopharmacology* 130 (1): 43-53.

Published Abstract

In Uganda, there are over one million people with HIV/AIDS. When advanced, this disease is characterized by life-threatening opportunistic infections. As the formal health sector struggles to confront this epidemic, new medicines from traditional sources are needed to complement control efforts. This study was conducted to document herbal medicines used in the treatment of HIV/AIDS and related opportunistic infections, and to document the existing knowledge, attitudes and practices related to HIV/AIDS recognition, control and treatment in Sembabule, Kamuli, Kabale and Gulu districts in Uganda. Methods: In this study, 25 traditional medicine practitioners (TMPs) were interviewed using structured questionnaires. Results: The TMPs could recognize important signs and symptoms of HIV/AIDS and its associated opportunistic infections. The majority of practitioners treated patients who were already receiving allopathic medicines including antiretroviral drugs (ARVs) prescribed by allopathic practitioners. There were 103 species of medicinal plants identified in this survey. Priority plants identified include Aloe spp., Erythrina abyssinica, Sarcocephalus latifolius, Psorospermum febrifugum, Mangifera indica and Warburgia salutaris. There was low consensus among TMPs on the plants used. Decoctions of multiple plant species were commonly used except in Gulu where mono-preparations were common. Plant parts frequently used were leaves (33%),

stem bark (23%) and root bark (18%). About 80% of preparations were administered orally in variable doses over varied time periods. The TMP had insufficient knowledge about packaging and preservation techniques. Conclusions: Numerous medicinal plants for treatment of HIV/AIDS patients were identified in the four districts surveyed and the role of these plants in the management of opportunistic infections warrants further investigation as these plants may have a role in Uganda's public health approach to HIV/AIDS control.

Tabuti, J. R. S. et al. 2010. Medicinal plants used by traditional medicine practitioners in the treatment of tuberculosis and related ailments in Uganda. *Journal of Ethnopharmacology* 127 (1): 130-136.

Published Abstract

Tuberculosis (TB) remains one of the most difficult ailments to control in the world today. The emergence of drug resistant strains has made previously effective and affordable remedies less effective. This has made the search for new medicines from local traditional medicines urgent. The specific objectives of this study were to (1) identify plant species used in the treatment of TB, their methods of preparation and administration, (2) document TB recognition, and (3) document medicine processing and packaging practices by traditional medicine practitioners (TMPs). Methods: We interviewed 32 TMPs from the districts of Kamuli, Kisoro and Nakapiripirit using a guided questionnaire. Results: We documented 88 plant species used to treat TB. Seven of these, Eucalyptus spp., Warburgia salutaris (G. Bertol.) Chiov., Ocimum suave Willd., Zanthoxylum chalybeum Engl., Momordica foetida Schum., Persea americana Mill. and Acacia hockii De Wild. were mentioned by three or more TMPs. Medicines were prepared mostly as mixtures or infrequently as mono-preparations in dosage forms of decoctions and infusions. They were administered orally in variable doses over varying periods of time. The TMPs did not know how to preserve the medicines and packaged them in used water bottles. Almost all TMPs mentioned the most important signs by which TB is recognised. They also knew that TB was a contagious disease spread through poor hygiene and crowding. Conclusions: Local knowledge and practices of treating TB exist in the districts surveyed. This knowledge may be imperfect and TMPs appear to be still experimenting with which species to use to treat TB. There is need to screen among the species mentioned to determine those which are efficacious and safe. The technology of processing, packaging and preserving traditional medicines for the treatment of TB is very basic and needs improving. The TMPs appear to be playing a significant role in primary health care delivery and this lends further justification for the ongoing Uganda government efforts to integrate the allopathic and traditional medicine systems.

Torri, M.C. 2010. Medicinal plants used in Mapuche traditional medicine in Araucanía, Chile: Linking sociocultural and religious values with local health practices. *Complementary Health Practice Review* 15 (3): 132-148.

Published Abstract

The vast majority of the medicinal plants in Chile have been studied from a pharmacological point of view. These studies, although giving important insights into the understanding of the Mapuche's traditional medicine in terms of the therapeutical value of the plants, fail, however, to portray the numerous sociocultural and symbolic aspects of this form of medicine. This article aims to overcome this shortcoming by analyzing the sociocultural and religious values of medicinal plants among the Mapuche's rural communities in Araucanía, Chile, as well as their role in traditional medicine. The methods utilized combined participant observation with individual interviews with local shamans (machi) and villagers. Data from free-list interviews and conversations with research participants were used to develop a series of semi-structured interview questions on knowledge of herbal medicines and plants. Data show that the therapeutic efficacy of Mapuche medicine is not only based on ''active agents'' but is also related to the symbolic and religious meaning attributed to the treatments by healers and patients. The article concludes that in order to fully understand the therapeutic efficacy of the plants, it is thus necessary to comprehend the sociocultural context in which they are used.

Valadeau, C. et al. 2010. The rainbow hurts my skin: Medicinal concepts and plants uses among the Yanesha (Amuesha), an Amazonian Peruvian ethnic group. *Journal of Ethnopharmacology* 127 (1): 175-192.

Published Abstract

Yanesha, also called Amuesha, is a group of amerindian people, belonging to the arawak linguistic family. They dwell in the central region of Peru, at the oriental foothills of the Andes. Their territory covers a large range of ecological settings, and communities spread from 1800 down to 400m/snm. The Yanesha culture is vivid to this day, and people strongly rely on traditional medicine in their everyday life. An exhaustive ethnopharmacological survey leads us to collect 249 species with medicinal uses. An overview of the Yanesha pharmacopoeia, linked with ethnomedicinal practices is presented in this paper.

Vandebroek, I. et al. 2010. The importance of botellas and other plant mixtures in Dominican traditional medicine. *Journal of Ethnopharmacology* 128 (1): 20-41.

Published Abstract

Plant mixtures are understudied in ethnobotanical research. Aim of the study: To investigate the importance of plant mixtures (remedies consisting of at least two plants) in Dominican traditional medicine. Materials and methods: A Spanish language questionnaire was administered to 174 Dominicans living in New York City (NYC) and 145 Dominicans living in the Dominican Republic (DR), including lay persons (who self-medicate with plants) and specialists (traditional healers). Plants were identified through specimens purchased in NYC botánica shops and Latino grocery shops, and from voucher collections. Results: The percentage of mixtures as compared to single plants in plant use reports varied between 32 and 41%, depending on the geographic location (NYC or DR) and participant status (lay person or specialist). Respiratory conditions, reproductive health and genitourinary conditions were the main categories for which Dominicans use plant mixtures. Lay persons reported significantly more mixtures prepared as teas, mainly used in NYC to treat respiratory conditions. Specialists mentioned significantly more botellas (bottled herbal mixtures), used most frequently in the DR to treat reproductive health and genitourinary conditions. Cluster analysis demonstrated that different plant species are used to treat respiratory conditions as compared to reproductive health and genitourinary conditions. Interview participants believed that combining plants in mixtures increases their potency and versatility as medicines. Conclusions: The present study demonstrates the importance and complexity of plant mixtures in Dominican traditional medicine and the variation in its practices influenced by migration from the DR to NYC, shedding new light on the foundations of a particular ethnomedical system.

Deb, A.K. and Emdad Haque, C. 2011. 'Every mother is a mini-doctor': Ethnomedicinal uses of fish, shellfish and some other aquatic animals in Bangladesh. *Journal of Ethnopharmacology* 134 (2): 259-267.

Published Abstract

This research article examines the zootherapeutic uses of fish, shellfish and some other aquatic animals in two fishing villages in Bangladesh-one floodplain and one coastal. Materials and methods: The floodplain fishing village Volarkandi is located within the Hakaluki wetland ecosystem in the northern Bangladesh and is inhabited mostly by Muslim fishers, whereas the coastal fishing village Thakurtala is located on Moheskhali island and most of the inhabitants are caste-based Hindu fishers. Participatory techniques were used to collect and validate information from the key informants. Results: The research revealed that, historically, fishers have used fish and other aquatic animals not only as food items for nutrition, but also to solve a host of physical problems and diseases. Fish and shellfish are widely used for their galactogogue and aphrodisiac properties, for quick recovery from long-time sickness, to enhance the 'intelligence level' of children, and to pre-

vent and treat a host of diseases like night blindness, chicken pox, dysentery, piles, muscular inflammation, fistula, malaria, skin diseases and 'big belly' syndrome in children. Depending on the objective of the use, different parts of the animal body, its derivatives, or the whole animal are used. The research also clarified different forms of the recipes used. The socio-cultural construction of the ethnomedicinal uses and the distinct gender roles of the fisherwomen were analyzed. Conclusion: The research revealed that the aetiologies and the preventive measures against folk illness are socio-culturally embedded and such indigenous medical systems grow and are sustained as a situated body of knowledge within the boundaries of a typical world view framed by local culture and biodiversity.

Graz, B. et al. 2011. To what extent can traditional medicine contribute a complementary or alternative solution to malaria control programs? *Malaria Journal* 10 (1): 1-7.

Published Abstract

Recent studies on traditional medicine (TM) have begun to change perspectives on TM effects and its role in the health of various populations. The safety and effectiveness of some TMs have been studied, paving the way to better collaboration between modern and traditional systems. Traditional medicines still remain a largely untapped health resource: they are not only sources of new leads for drug discoveries, but can also provide lessons and novel approaches that may have direct public-health and economic impact. To optimize such impact, several interventions have been suggested, including recognition of TM's economic and medical worth at academic and health policy levels; establishing working relationships with those prescribing TM; providing evidence for safety and effectiveness of local TM through appropriate studies with malaria patients; spreading results for clinical recommendations and health policy development; implementing and evaluating results of new health policies that officially integrate TM.

Harris, E. S. J. et al. 2011. Traditional medicine collection tracking system (TM-CTS): A database for ethnobotanically driven drug-discovery programs. *Journal of Ethnopharmacology* 135 (2): 590-593.

Published Abstract

Ethnobotanically driven drug-discovery programs include data related to many aspects of the preparation of botanical medicines, from initial plant collection to chemical extraction and fractionation. The Traditional Medicine Collection Tracking System (TM-CTS) was created to organize and store data of this type for an international collaborative project involving the systematic evaluation of commonly used Traditional Chinese Medicinal plants. Materials and methods: The system was developed using domain-driven design techniques, and is implemented using

Java, Hibernate, PostgreSQL, Business Intelligence and Reporting Tools (BIRT), and Apache Tomcat. Results: The TM-CTS relational database schema contains over 70 data types, comprising over 500 data fields. The system incorporates a number of unique features that are useful in the context of ethnobotanical projects such as support for information about botanical collection, method of processing, quality tests for plants with existing pharmacopoeia standards, chemical extraction and fractionation, and historical uses of the plants. The database also accommodates data provided in multiple languages and integration with a database system built to support high throughput screening based drug discovery efforts. It is accessed via a web-based application that provides extensive, multi-format reporting capabilities. Conclusions: This new database system was designed to support a project evaluating the bioactivity of Chinese medicinal plants. The software used to create the database is open source, freely available, and could potentially be applied to other ethnobotanically driven natural product collection and drug-discovery programs.

Mutheeswaran, S. et al. 2011. Documentation and quantitative analysis of the local knowledge on medicinal plants among traditional Siddha healers in Virudhunagar district of Tamil Nadu, India. *Journal of Ethnopharmacology* 137 (1): 523-533.

Published Abstract

India has a population with high degree of medical pluralism. Siddha system of Indian traditional medicine is practiced dominantly by the people in Tamil Nadu. The traditionally trained Siddha healers still play an important role in the rural health care. Their knowledge is comparatively more vulnerable than the documented traditional knowledge. Thus, the present study was aimed to document and quantitatively analyze the local knowledge of the traditional Siddha healers in Virudhunagar district of Tamil Nadu, India. Materials and methods: The results presented in this paper are the outcome of series of interviews conducted between January and August, 2010 consisting of 196 field days. After getting prior informed consent, interviews were conducted and successive free-listing was used in the interviews in order to make informants cite the medicinal plants that they have used. (…)

Nagata, J. M. et al. 2011. Medical pluralism on Mfangano Island: Use of medicinal plants among persons living with HIV/AIDS in Suba District, Kenya. *Journal of Ethnopharmacology* 135 (2): 501-509.

Published Abstract

Given the increasing coverage of antiretroviral therapy (ART) for HIV/AIDS treatment as well as the high utilization of herbal medicine, many persons living with

HIV/AIDS in sub-Saharan Africa are thought to practice medical pluralism, or the adoption of more than one medical system for their care and treatment. Using a cross-sectional study we sought to document and identify the herbal medicines used by persons living with HIV/AIDS on Mfangano Island, Suba District, Nyanza Province, Kenya. Materials and methods: We interviewed herbalists and knowledgeable mothers to obtain information regarding medicinal plants, particularly for HIV/AIDS-related symptoms, HIV/AIDS, and chira (an illness concept with similarities to HIV/AIDS regarding sexual transmission and wasting symptoms). Using systematic sampling, 67 persons living with HIV/AIDS (49 of whom were receiving ART) were selected from an Mfangano Island health clinic and participated in semi-structured interviews. Results: Interviews with herbalists and mothers identified 40 plant species in 37 genera and 29 families that a person with HIV/AIDS or chira could use for herbal remedies. Overall, 70.1% of persons living with HIV/AIDS had used medicinal plants after HIV diagnosis, most commonly to treat symptoms related to HIV/AIDS. In addition to common vegetables and fruits that can serve medicinal purposes, Azadirachta indica A. Juss. (Meliaceae), Carissa edulis (Forssk.) Vahl (Apocynaceae), and Ximenia americana L. (Olacaceae) were the most frequently cited medicinal plants used by persons living with HIV/AIDS. Conclusions: Collaboration and communication between biomedical clinicians and herbalists should be encouraged given high rates of concomitant ART-herb usage. Pharmacological, toxicological, and ART-herb interaction studies based on the plants identified in this study and their constituent ingredients should be considered.

Namukobe, J. et al. 2011. Traditional plants used for medicinal purposes by local communities around the Northern sector of Kibale National Park, Uganda. *Journal of Ethnopharmacology* 136 (1): 236-245.

Published Abstract

The study was done to establish medicinal plants used in the treatment of various diseases by the people in the Northern sector of Kibale National Park in western Uganda. It was also aimed at establishing the plant parts used and the mode of preparation of remedies. These plants create a basis for phytochemical evaluation which can lead to the discovery of biologically active compounds that can be used as starting materials in the development of new drugs targeting selected diseases such as malaria. Materials and methods: The required information was obtained using open interviews, semi-structured questionnaires, focus group discussions and transect walks. Results: Different medicinal plants (131 species) distributed over 55 families were observed to be used by the local communities around the Northern sector of Kibale National Park. The plants as reported in this paper are used to treat 43 physical illnesses/diseases. The most used parts of the plants are the leaves. Water is the main medium used for the preparation of the remedies which are mostly administered orally. Conclusion: The people in the study area

have a rich heritage of traditional plants that are used in the health care system to treat diseases. These medicinal plants have contributed significantly to several disease therapies. The most common diseases treated are malaria and cough, which are mostly treated by Vernonia amygdalina Del. and Albizia coriaria Welw. respectively. The main sources of medicinal plants include bush land, home gardens, grasslands, and the forest.