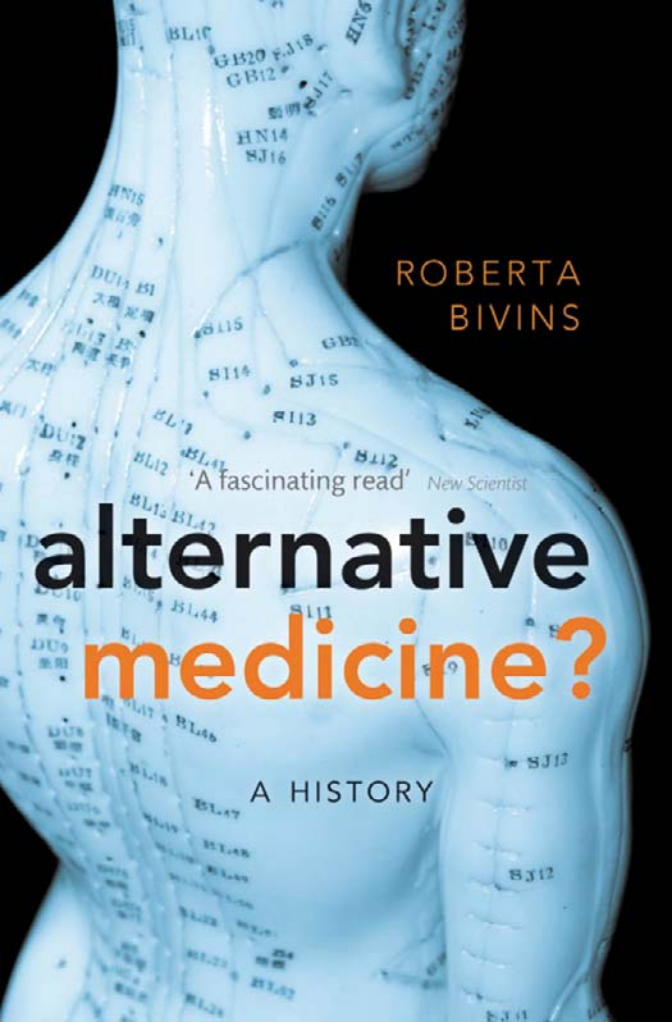
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BIVINS
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A HISTORY

# ALTERNATIVE MEDICINE?

Roberta Bivins is Associate Professor in the Department of History at the University of Warwick. Her work focuses on the transmission of medical expertise between cultures, as exemplified by the transmission of acupuncture to the west, and by the medical experiences of non-western immigrants in multicultural Britain and America.

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# ALTERNATIVE MEDICINE?

## A HISTORY

ROBERTA BIVINS

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*With thanks to the many students whose comments, questions, and complaints have made this a better book*

After all, is it necessary to be ever talking of rival systems of medicine, as though scientific truths can possibly vary with the orient of this, that or the other geographical unit? If the one pointed search after truth is everywhere the aim of all scientific endeavour, there can be but one system—one without a second—of any science, whether it be physics, chemistry, biology, medicine or any other. Theories and hypotheses have been and can be many, but truth is one; it is neither eastern or western but universal . . . no true scientist—eastern or western—would ever reject a proposition merely because it was advanced by one born in an orient different from his own . . .

(Muhammad Usman, 1923)

He added that if snakes' blood and crocodiles' teeth produced cures, he would use them.

('Report of the BMA Annual Clinical Meeting', 1968)

# PREFACE

I grew up in a world with no 'alternative medicine'. This is not a factor of my age, my culture, or of a particularly conventional upbringing; in fact, rather the reverse. As a child, I shuttled with my academic parents between richly diverse—if somewhat shabby—working-class neighbourhoods in urban New England, a remote village in the far northern Sokoto Caliphate of Nigeria, and the remarkable cities of Kano and Kaduna, also in Nigeria's Muslim north. Whether from a shingle-boarded apartment in the shadow of decaying tower blocks, or from an elegantly domed (but nonetheless mud-built) compound shaded by a mahogany tree, I went out into a world in which 'medicine' took many forms. And although I don't remember my childhood as an unhealthy one, my medical records demonstrate that I was an annoyingly sickly child. Massachusetts winters saw me dangling my feet in municipal emergency rooms, wheezing with pneumonia or silenced by throat infections. In the Nigerian rainy season, I collected parasites and malarias with gay abandon; in the dry season, I replaced them with an exciting range of rashes, infected insect bites, and mysterious fevers.

My Petri dish tendencies were certainly a burden for my mother, but for me they have proven a real boon. I was exposed in childhood to an array of medical practices—no medical system looked particularly strange or 'alternative' to me, because I had no established expectations or assumptions about what was 'normal'. My doctor *du jour* might very well take my temperature, put a stethoscope to my chest, and stick me with needles. On the other hand, I might be carefully catechized about my behaviour just before my illness, have my eyeballs scrutinized, and be given a Koranic amulet to wear against evil spirits. From a child's perspective, the end result was the same: I went home, lay in bed feeling sick for a while, and then felt better. And at least the amulets didn't hurt.

Two medical encounters stand out for me now as particularly influential, and particularly relevant to my understanding of medicine

and culture today. The first is an episode in that tiny Nigerian village. I became deathly ill—so sick that a group of nomadic women, passing through our village with the herds, warned my mother to start mourning me. Children rarely survived the malady to which I had succumbed—common enough in the village, but not so well known in the wider world as to have a European name. None of the western drugs that my parents had stockpiled for emergencies had any effect on my violent symptoms, and we were hundreds of miles from any biomedical facility. In the end, our wonderful neighbour Gudé insisted on calling in the local healer, a practitioner of classical Islamic medicine (mingled perhaps with some of the more persistent local practices). He carefully listened to her description of my case (my mother's Hausa, Gudé determined, was insufficient for life or death situations). Then he ground together an inky black—and memorably foul-tasting—tonic, and I drank it. I lived.

The second encounter took place a few years later, back in Massachusetts. It began with a school nurse and a needle. Purely by chance, I was in the last cohort of Boston children to be routinely screened for tuberculosis at school age. To the amazement of the school nurse—who had not seen a reactor for years—my arm swelled like a football around the test site. Thus began a sequence of tests, x-rays, doctors' conferences, examinations by excited medical students, injections, and a nauseating regime of drugs that (to the horror of my classmates) made me cry bright orange tears, and develop spidery veins all over my cheeks. It was far from enjoyable, but it cured my tuberculosis. Two years later, I was fit, healthy, and possessed of an extensive medical vocabulary. Back in Nigeria, the woman who unknowingly infected me was not so lucky. She died of TB sometime during those same years, having almost certainly passed her illness on to the family she loved, as well as the little girl whom she spoiled with homemade treats at a glorious wedding feast.

Looking back on these events as a western adult and a trained historian, I could offer any number of biomedical reinterpretations of each episode. My sister and I were far better nourished than our village peers; in fact, as an 8 year-old, my sister was a tall as many girls of marriageable age (and her lucky blue eyes brought in at least one fine

proposal from a passing Taureg trader). Our better overall health, rather than the bitter medicine, might explain why I survived what was so often a killer disease. Or perhaps the traditional remedy, tested empirically for generations, contained some powerful plant medicine: let the bioprospecting begin!

Meanwhile, it may seem self-evident that—however uncomfortable, however awkward they made school life—the scary side effects of my anti-TB treatment were worth enduring to ensure my speedy recovery, and the safety of my family and classmates. An earlier generation of western doctors, however, would by no means have agreed that the risks to which I was exposed by the powerful antibiotic chemotherapy were either necessary or worthwhile. As an otherwise healthy child in the early stages of disease, my tuberculosis could have been treated by a regime of nutrition and exercise designed to improve my general health and enable my own body to fight off the infection. The health of others could have been protected either by isolating me in a sanatorium, or by the implementation of rigorous hygienic discipline in my own home. Were those doctors just old-fashioned and resistant to change, or were they ahead of their time in advocating low-tech therapeutic methods that improved overall health and had no iatrogenic risks attached? As so often in medicine, there is no perfect treatment for TB. The older generation's solution to tuberculosis was certainly effective in many cases like my own, and of course had no adverse physical side effects. Tuberculosis could never become resistant to the sanatorium solution—but it was costly, disruptive of family life, and time-consuming. It also involved rather more exercise, fresh air, and sleeping outdoors in the cold than I personally would have welcomed.

I certainly have no regrets about being born in late twentieth-century North America, and no doubts about the power of biomedicine. I'm a big fan of antibiotics. But my own experiences showed me that biomedical knowledge is far from complete—remember, biomedicine did not even have a name for my village illness, much less a cure for it. As a disease affecting predominantly poor rural African children, it attracted the attention neither of colonial or post-colonial adminis-

trators (who focused their medical efforts on the workforce), nor of pharmaceutical entrepreneurs (who innovate first for those who can pay)—and in a Muslim region, there were few missionaries to publicize its tragic effects. I also know that our Islamic doctor was neither a quack nor a fool; like any western general practitioner, he knew that there were times to intervene actively and medically, and times to deploy non-medical forces, like those represented by a protective amulet.

As a child, it never occurred to me to question the expertise of my various medical practitioners, or the assumptions that underpinned their different modes of therapy. As an adult, I may have found occasion to doubt the former, and as a scholar, I am professionally trained to interrogate the latter—but having been successfully healed in two very different medical cultures, I am constitutionally unable to privilege any particular one monolithically. 'Medicine' in any culture comprises beliefs as well as facts, experiences as well as knowledge, expectations as well as effects. It is an interpretive as well as a descriptive and prescriptive discipline. As such, the persistence and success of a medical system is invariably contingent not only on its therapeutic efficacy, but on the historical and cultural climate within which it operates and to which it responds. Thus in this book, I will examine medical systems from several global cultures—the Introduction will set the stage by describing and comparing classical and modern western medicine, Ayurveda, and Chinese medicine—and consider their interactions over four centuries.

Those four centuries, from the seventeenth through the twentieth, were in many ways transformative both of western medicine and of the western and non-western worlds. (Although it will not be a major theme of this book, this period was no less transformative of non-western medicine. References and further reading on this subject will be suggested at the end of the book.) Through comparisons between different medical innovations and importations across the entire period, each chapter will further explore the twin processes of medical and historical change through the eyes of the medical professionals and consumers of the day. In Chapter 1, I'll tell the familiar story of customer dissatisfaction with established medicine—and desperate self-experimentation—in rather less familiar places: late seventeenth-century Indonesia and later the

Low Countries and Britain. And even to twenty-first-century consumers, the remedies involved are pretty exotic: acupuncture and moxabustion. A century later, despite rapid advances in medical and natural knowledge, Western European patients remained sceptical of the increasingly powerful medical profession and its monopolistic claims. Chapter 2 examines this period, and the rise of two genuinely 'alternative' European medical systems: homeopathy and mesmerism. Chapter 3 looks again at acupuncture, this time in the nineteenth century, when it was one of the first surgical techniques to be tested by scientific experiment. The chapter also compares professional and consumer attitudes towards acupuncture and homeopathy, exposing both similarities and differences between our responses to medical innovations from within our own culture and from other cultures. Chapter 4 moves away from the western world, to look at the historical impact of cross-cultural medical exchanges in non-western contexts. Not every medical culture has been as suspicious of, or as antagonistic to, other medicines as has been western medicine. Yet even in highly pluralistic cultures like that of India, history and politics played major roles in the ways in which non-indigenous medical innovations were received. To look at the relative importance of both historical context, and cultural attitudes towards 'multicultural medicine', I examine responses to two 'alternative' medicines (homeopathy and mesmerism) and one staple of mainstream western medicine (germ theory) in India, discovering in the process why a Scottish doctor might call himself a conjuror, and the ground shared by Ayurveda and quantum physics. Finally, the Conclusion considers the global medicine with which we live today. From Tiger Balm to 'Ayurvedic' skincare, consumers today can choose from an ever more diverse range of products and therapies. Perhaps even more importantly, they can learn about other medical cultures more easily and in more ways than ever before. But does that make our current fascination with exotic cures different from the fads and fancies of our predecessors? This closing chapter describes both the continuities and the distinctiveness of contemporary medical globalism.

# ACKNOWLEDGEMENTS

A book like this—looking at different cultures over several centuries—necessarily depends heavily on the work of others. Throughout the volume, the scholars on whom I draw are cited; to some, however, I owe additional thanks. David Arnold not only wrote the pioneering studies of medicine in colonial India on which I've built my argument, but generously read through the relevant chapters, correcting my more egregious errors. Long ago and far away, Dominik Wujastik and Kan-Wen Ma did me the same favour on earlier versions of my material on Indian and Chinese medical systems. To all three of these more erudite scholars I am enormously grateful; any remaining flaws are, of course, entirely of my own introduction. To Philip Nicholls and Alison Winter, too, I am indebted. Their work on, respectively, homeopathy and mesmerism was invaluable. No historian of medicine or medical culture, particularly in the Enlightenment, can fail to lean on the late Roy Porter, but I was unusually fortunate in having him for a mentor. In 1997, he told me to write a book on alternative medicine—I am sure he would laugh at how long it has taken me to follow his advice. Around the same time, Londa Schiebinger reminded me that a good book was worth taking time over. I may have taken these words a bit too literally, but along with her body of work, they inspired me to keep slogging away. My 'writing buddy' Ian Burney gave me much insight and support, and a great excuse for productive coffee breaks, as did other colleagues at the Universities of Manchester and Houston, not least John Pickstone, Roger Cooter, Marty Melosi, Eric Walther, and Joe Pratt. Chandak Sengoopta finished his book and proved it was possible. Nevertheless, without Rima Apple, I would never have finished mine. Her encouragement, her warmth, and especially her stern questions about its progress were inspirational. Grants from the Wellcome Trust and the University of Houston supported my

work on this volume, and the Wellcome Library, along with Harvard's Widener and the British Library, were homes from home while I researched it.

Many students shaped this volume. Some, however, did much more than their fair share. I would like to express my gratitude to the University of Houston students who read and laughed and questioned their way through 3303 Medicine in America, 3394 Medicine and Empire, and 3394 Encountering Illness. They tackled huge questions and hard readings, often with frustratingly little background or preparation. I knew they could do it—but they did it so well! And then nagged me to do my part better. I hope this book answers all those questions I said we could come back to . . .

As well as these professional debts, I have personal thanks to give. My family has supported me throughout this project—and since my progress was slow and painful, they put up with more than their fair share of long silences and grumbling, for which tolerance I am deeply grateful. The Ettrick family, too, was generous, and more than patient as I covered their beautiful home with crumpled pages. Helen Valier made my prose more readable, and made Chapters 2 and 3 possible at all: without her encouragement, I would never have survived even homeopathic doses of them. Dominique Tobbell was another stalwart, reading far too many chapters whilst fibbing that it was no trouble (I didn't believe her—but I sent the chapters anyway). Hannah and Chris heard my woes and cheered me on over many a Texan brunch. John and Toni, Kate and Ben welcomed me back to Britain; and Keir, Bill, and Val helped me settle into Wales, making the last stage of this book far more pleasant than it would otherwise have been. Betty, Carolyn, Julie, and Claudia kept me sane, as always, when hysteria set in. Lisa came in, just at the end—and made getting it done worthwhile.

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# INTRODUCTION: 'RIVAL SYSTEMS OF MEDICINE'?

Walk into your local health food shop, café, or pick up the local paper. Chances are that you'll see ads for meditation, acupuncture, herbal supplements, and T'ai Chi classes, alongside the business cards of homeopaths and naturopaths, faith healers and Chinese herbalists. Prominent medical and scientific journals begrudge what they see as ill-considered enthusiasm for such 'heterodox' or 'alternative' therapies, and mourn the lost lustre of orthodox medicine.[1] Many orthodox practitioners berate patients for their 'flight from reason', while a smaller group adopts aspects or styles of alternative practice themselves. And indeed, since the 1970s, there has been an extraordinary rise in the availability and visibility of 'alternative', 'complementary', and 'cross-cultural' medicines. But is the astonishing popularity of heterodox medicine novel? Certainly, there have been other periods of tumultuous competition between medical systems, periods that powerfully shaped today's biomedicine. Bodily health and corporeal beauty have deep significance in historical, as well as contemporary, western cultures, and biomedicine has never been alone in seeking to provide them to an eager public. Consider the case of R.B., businessman, gentleman about town, and medical consumer.

In May 1836, R.B. was walking along the Strand in London when he spotted an intriguing headline in one of the capital's more controversial weeklies, a medical magazine called the *Lancet*. It described the successful use of a new and rather exotic medical technique to cure 'hydrocele' (a then common medical condition characterized by excessive fluid swelling of the scrotum). Our City gent was himself afflicted with hydrocele—hence his interest in the headline—and had