

Preface

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Preface

Nanami Suzuki

National Museum of Ethnology
The Graduate University for Advanced Studies

The aim of this book is to study the various philosophies on forms of care, not only those considered as modern “medical care,” but also care and education for life as a whole, together with diversity and changes in practice, through an examination of the positioning of healing alternatives and the roles they have played within local histories. It will deepen cultural anthropological research concerning the forms of care (concern, consideration) in relation to self, communities, and the environments in which people live.

In aging and diversified societies, we have become increasingly interested in various ways of healing the body and the mind in order to maintain quality of life throughout the aging process (Suzuki ed. 2013: ii–iii). Also, in globalizing societies, people coming from diverse cultural backgrounds are looking healing methods with which they are familiar (Suzuki 2004). Since we all experience various conditions during our lives, we need a variety of ways to care for both our body and mind. Consideration of a disorder in well-being is like dealing with a question for which there is no single correct answer. In short, this explains the reason why people have explored the world of healing.

The word “healing,” in its history of usage in English, has meanings, such as fixing a roof, covering someone with a blanket, or giving hope with a speech. That is, it suggests activities conducted with the hope of increasing comfort as a whole, or overall well-being, and is not limited to the care of physical ailments. On the other hand, the word “healing” in Japanese, “iyashi,” appeared in newspapers and other media in the 1980s, and focuses on relieving stress and inducing a pleasant experience by working on the mind and body (Suzuki 2002: 14–29; 2004: 171–175). Thus, healing practices have existed in diverse local cultures to deal with people’s feelings of stress, and to realize their wishes in everyday living.

I have been interested in people’s attitudes to well-being and medical practice since I first encountered alternative medical movements that reflected the concept of “self-help” in the United States.

While exploring various methods and the meaning of self-help, I became interested in the important role of medical practice and medical practitioners in Moravian society among the descendants of those early settlers that formed a community in the 18th-century United States. Moravians are members of a sect dating back to the Protestant reformers who believed in the teachings of John Hus,

a religious reformer of the 15th century.

For those Moravians who tried to create a place where they could practice their religion freely, the most important thing was finding “good land for health.” After investigating various possible sites, they finally selected a place with suitable soil, wind, water and vegetation in North Carolina, in the U.S. and began to settle there.

When preparing the site, the church leaders tried to attract competent doctors to their community. The leaders of the church wanted doctors who would respect their Moravian beliefs, maintain a herb garden similar to those found in their homeland of Moravia in Europe (now part of the Czech Republic), and learn about the prevalent illnesses and medical treatment found in the southern United States — making use of the knowledge of local people and helping develop a good relationship with them.

The doctors were required to respect Moravian identity and cultural background, and act in keeping with the environment of the new area in which they were settling. The doctors’ knowledge and practice were considered indispensable for the well-being of the Moravians and to ensure that they would be able to practice self-help as a community and so create a favorable place in which to live (Suzuki 2010).

After learning about Moravians’ well-being and the meaning of medicine and the importance of its practitioners, I also encountered interesting medical treatments elsewhere, especially in northern Switzerland. Paracelsus is known to have worked in northern Switzerland in the 16th century, learning about popular medical treatments from various local practitioners (Meile ed. 1987: 113–116). There, plant-based treatments including homeopathy, nature cures, etc. are still in active use today (Suzuki 2002: 212–222; 2004: 177–187).

A midwife in Appenzell and a young woman who was learning midwifery there took me to see various medical centers. They explained that since Switzerland includes four different linguistic areas, and since many people live in mountainous districts, ordinary people have traditionally learned how to apply regional medical treatments and regimens by themselves. They often visited a medical center where they could obtain the plant-based medicines developed by the German healer Vogel, as well as homeopathic medicines and nutritious food from the local area.

Dr. Vogel emigrated to Switzerland because the medicinal plant ingredients he needed, cornflower blooms, grew in abundance beside Lake Bodensee (Vogel 1996: 10–11). I was surprised to see that the process used to make medicine involved shaking for a long time to activate the ingredients and to give spirit to the medicine — in keeping with the teachings of Samuel Hahneman, the founder of homeopathy.

I also visited a medical institution providing Steiner treatment and therapy as well as *kanpō* (the Japanese name for Chinese medicine), and learned about the associated regimen of anthroposophy.

In Switzerland, modern medicine and homeopathy are the most commonly

encountered forms of treatment. However, consideration is also given to performing other medical treatments within the Swiss health care system (Suzuki 2005: 357, 364–366).

Morris Mességué’s plant-based medical treatment, which was once excluded from use in France for being too unorthodox, was also encountered in Switzerland, and is carried out under a homeopathic doctor’s instruction. Some differences were noted in the way in which Mességué’s medical treatment was practiced at the treatment center in Crans-Montana. Mességué thought that a patient was best treated using herbs that could be found locally. However, in the Crans-Montana center, herbs produced in North Africa were considered to be more efficacious. Apparently, many people using Mességué’s medical treatment had come from various other countries in order to work in Geneva — reflecting its status as a cosmopolitan city. Medical treatment is changing and globalizing in order to respond to demand in such cities in Switzerland (Suzuki 1998; 2002: 196–211).

While scientific knowledge may continue to increase, it still cannot provide perfect medical treatment and a regimen guaranteed to cure all people and ensure their well-being. It is important that people continue investigating the role of caring and the cultural background of medical treatment in order to learn more about well-being and ways of supporting it.

Examining the practical possibilities for healing is an important theme in the fields of applied anthropology, and more specifically in medical anthropology (Kleinman 1980), especially in rapidly changing societies. In this book, we examine the historical background of healing activities carried out in diverse areas. Each paper explores and discusses what ways of caring people consider appropriate and which people are considered suitable for healing and maintaining health, and what medicine means in terms of the local history, inclusion, and autonomy of people. The individual parts of the book are summarized as follows.

Part I (History of Homeopathy and Its Application in Modern Society) examines homeopathy currently practiced widely in the world including Europe (Dinges 2004; Dinges and Jütte eds. 2011), North America, and India. Dinges discusses people’s expectations regarding homeopathy in Germany, where homeopathy originated. He describes the often quite marginal place homeopathy has occupied in Germany since its inception until its renaissance since the 1980s, and analyzes the way people now use homeopathy as an alternative medicine in combination with biomedicine and in primary health care.

Hattori considers the influence of homeopathy on *kanpō* in Japan. He positions *kanpō* in the global history of alternative medicine, and clarifies the impact of European alternative medicine on Japanese *kanpō* medical society by examining the activities of a Japanese *kanpō* doctor who not only taught *kanpō* treatments in Germany, but also learned homeopathy there and introduced it into Japan.

Part II (Thoughts and Discussion on the Art of Medicine in the United States) examines the relationship between orthodox and unorthodox medicine in the 19th-century United States when alternative medicine was particularly active (Warner 1986). Warner examines how the debate regarding legitimacy and unorthodox medicine is contributing to medical modernization. He considers how legitimate medical professionals in the United States understand the meaning of medical care, while being exposed to criticism from various quarters including unorthodox healers.

Suzuki focuses on the idea that was presented during popular health movement led by the non-legitimate medical practitioners, called “irregular doctors” in the 19th-century United States. They address various arguments regarding the natural power of the body, the environment, and the role of human relations in supporting those in need. To understand how people are involved in care and healing, and their attitudes to living, she compares two movements led by unorthodox healers.

Part III (Social Contexts of Healing and Community) examines the example of Thailand. Iida considers the situation and the history of medicine and healing practices in Thailand where modern medicine, traditional medicine and a number of folk practices have been utilized by people and coexist. She especially focuses on the techniques of traditional massage in Thailand, and people’s views on health and well-being.

These papers shed light on the debate regarding who should control care and healing, especially when establishing modern medical practices or biomedicine based on science. We examine the various arguments regarding healing, medical practice and cultural backgrounds, and consider just what kind of healing people desire as a way of life.

Acknowledgements

This collection of papers is based on the presentations, comments, and discussions of the international symposium, “Healing Alternatives: Care and Education as a Cultural Lifestyle,” (November 11, 2012, National Museum of Ethnology, NME). The symposium was held to publicize the results of a core research project of NME for FY 2011–2013: “The Anthropology of Care and Education for Life.” Our co-organizer was the Institute for the Study of Humanities and Social Sciences, Doshisha University, Collaborators were the Institute for the History of Medicine of the Robert Bosch Foundation in Germany, and the Section of the History of Medicine at the Yale University School of Medicine, USA. Supporters were the Japanese Society for the History of Medicine and Japanese Society of Cultural Anthropology.

“The Anthropology of Care and Education for Life” addresses multiple aspects of cultures woven together in response to issues that arise during the life course, and aims to clarify factors that support the formation of supportive communities.

Researchers who had done substantial research on the history and practice of healing

alternatives, in Japan and abroad, were invited. The symposium deepened discussion of the cultures of care and nurturing across the life course. We also considered the need to build bridges between the practice of care and multidisciplinary research, in crosscutting fields such as cultural anthropology, the social history of medical care, and medicine.

This symposium provided an opportunity to establish a research structure that engages with younger researchers while also contributing to the practice of care, which is deeply connected to changing lifeways, including aging population structures and increasing cultural diversity. Our aim was to strengthen the foundations for sustained international cooperative research.

We would like to thank all who participated in what was a well-attended and lively discussion during the symposium. We greatly appreciate their efforts, and the many organizations that supported the research.

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