

Beehive. As a conclusive socializing event the reception resulted in pulling participants one last time into interesting conversations, discussing conference contents and engaging into further networking.

As the organizers mention in their message in the conference handout, holding a conference on men and sex had its challenges: “We were refused financial support from University Faculties, Gender Studies groups declined to circulate the conference information, as well as experiencing vitriol from others along the lines of being rapists and torturers. That reminded us that something fascinating happens when the focus is on men, especially their sexual practices. We have found that that there is often a disquiet, a kind of suspicious curiosity that both queries the legitimacy of the attention, but also questions one’s academic integrity.” Fortunately Frank, Jonathan and Chris managed to fight these obstacles successfully and facilitated a conference that opened the scope to explore the diversity and complexity of male sexual practices. Men’s sexual practices, more often than not, are pathologized, diagnosed, managed, and treated. This conference provided a platform for those undertaking research

in the field of masculinity and sexual practices and drew a multifaceted picture of what men doing sex can look like.

Note:

- * Grindr = Grindr is a social network app that is designed to help gay and bisexual men to meet others in their area // Bambrusing = describes a particular kind of rough sex // CUMmunity = a group of men having sex with men who are ‘fluid bonded’, that means no condoms are used during intercourse to prohibit contact with others’ ejaculate // bromance = The term bromance is used to describe a close, emotional bond between two men that doesn’t include sexual interactions and is distinguished by a particularly high level of emotional intimacy.



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“Encounters, Translations and Transformations.” 9th International Congress on Traditional Asian Medicine. Kiel, August 06–12, 2017

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The International Association for the Study of Traditional Asian Medicine (IASTAM) and the China Center of the CAU led by Professor ANGELIKA MESSNER invited more than 350 scientists from 30 different countries to Kiel to discuss the future of Asian medicine in the global health care service. In 30 sections on various regional and specific healing topics, 11 keynotes, a roundtable and 13 workshops, the theme of the congress “Encounters, Translations and Transformations” was examined with regard to

curative, diagnostic, therapeutic, historical, philological and market-related topics and issues.

The spectrum of the congress included the following countries and their (traditional) medicines: China (TCM), Japan (Kampo Medicine), Taiwan, Korea, India (Ayurveda, Yoga), Tibet (Sowa Rigpa Medicine) and the Arab-Greek Unani Medicine. One of the 30 sections dealt with Jesuit colonial medicine in South America. The highlights at the end were the *Paul Unschuld-Fest-Symposium* and the Basham Medal Awards to Dr. *Shizu Sakai* (Emer. Professor of Medical History at Juntendo University, Japan) and to Dr. *Judith Farquhar* (Emer. Professor-Max-Palevsky Professor of Anthropology of Social Sciences in the College, Faculty Director of the University of Chicago Center in Beijing).

At this point, it is not possible to cover the thematic range even close, so in my report I will focus on the two plenary sessions and the round table concerning the relationship between medicine/healing

treatment and culture. I refer to the statement, which DETLEV GANTEN (President World Health Summit) expressed in his welcome note at the opening ceremony that health is about culture and education. It is more than medicine.

Further welcome notes were submitted: *Daniel Günther* (Minister President Schleswig Holstein), *Carsten Leffmann* (Ärztlicher Geschäftsführer AEKSH), *Anja Pistor-Hatam* (Vice President CAU), *Ulrich Stephani* (Dean of Medical School CAU), *Geoffrey Samuel* (Former President of IASTAM), *Angelika Messner* (Host and Co-Chair of ICTAM IX and President of IASTAM), *Michael Stanley-Baker* (Co-Chair of ICTAM IX), *Bernhard Schwarzländer* as a video message (WHO).

The first Opening Plenary Session *Studying and Practicing Traditional Medicines Today* (Chair: PAUL U. UNSCHULD, Director of Horst-Görtz-Stiftungsinstitut, Charité-Universitätsmedizin Berlin) started with the very interesting input “One simple question that could transform the study of Traditional Asian Medicine” by SHIGEHISA KURIYAMA (Reischauer Institute Professor of Cultural History at Harvard University). He pointed out, that much of life is habit. We need to scrutinize habits and so the question is: What matters matter most? What feelings affect a society most? For example, joy, happiness, anger, sadness or what tastes? Or which organs are the main focuses? The answer says something about the cultural imprint.

Following this motto, I will continue my report with the plenary session. The topic *Traditional Medicines and Global Health* was critically and constructively analyzed (Chairs: ANGELIKA MESSNER, MICHAEL SHI-YUN LIU (Joint Professor, National Cheng-Kung University, Taiwan). I have chosen two lectures, which demonstrate how this encounter could proceed on an equal footing.

DETLEV GANTEN lectured on the latest findings in epigenetics and the new branch of evolutionary medicine under the topic *A holistic concept of public/global health: Lessons learned from the molecular understanding of evolution*. According to epigenetics, external influence on the genome is greater than previously known. He asked what we can learn from evolution for medicine. Our body systems work like in former times, but there is a gap between biology and civilization. The reason is that these systems were not made for the life which we are now leading. To bridge this gap, the following

health formula is necessary: Health is constituted by the function of our biology, the environment and the life-style. Therefore it is necessary to incorporate holistic methods into Western medicine and to create dialogues. We must take in mind that we may be culturally diverse, but that we have equal rights.

At the beginning of his lecture, *Lost in regulation—the question of globalization in traditional medicines*, WHEN-HUA KUO (Prof. at the National Yang-University, Taiwan) critically examined the term traditional medicine. Why, he asked, don't we talk about Contemporary Chinese Medicine (CCM) or Modern Chinese Medicine (MCM). His answer was: Tradition seems to be authentic to us, but we forget, that the medical traditions are in a transforming process and are subject to evolution. When these so-called traditional medicines appear in the global market, questions arise, especially the question of regulation and of unification. Using the example of acupuncture, he made clear that it is necessary to standardize the meridian model, which differs from country to country. In addition, the nature of the needles (shape, material) must comply with ISO standards. This raises another question: Who is qualified to represent Asian medicine? To make the globalization of traditional medicines constructive, Prof. KUO pleaded for encounter and exchange of therapeutic traditions without them losing their autonomy.

In the ensuing discussion, DETLEV GANTEN pointed out that there are many commercial offerings purporting to be traditional without being. People turn to these offerings out of disappointment with the Western system, which they rate as impersonal. This deception is criminal, he claimed.

PAUL UNSCHULD referred to the problem of translating traditional medical texts. In ancient China political texts had a medical surface. In Chinese the same words are used for rule and cure: Order. In translation this meaning is destroyed and not transferable to our Western medical concept.

During the roundtable “Standardization, Evaluation, and Implementation of Asian Medicines in Global Health Settings,” implementation and standardization were discussed controversial.

First, I mention three examples for the successful implementation of traditional medicines and then I will go on with the problems of standardization.

NENAK KONSTANSJEK (WHO) underlined the importance of a common language and conditions for

diagnosis concerning the incorporation of traditional medicines into the digital ICD11. Especially in the field of mental health, terms and diagnoses must be the same.

CAROLINE HERR (Head of Occupational and Environmental Medicine / Epidemiology, Bavarian State Health and Food Authority Munich [LGL]) reported that yoga is suitable as a preventive measure in the workplace (study of the Bavarian State Health and Food Administration). HARUN BADAQSHI (Director of the Clinic for Clinical Radiation Oncology at the Ernst-von-Bergmann Medical Center, Assistant Professor at the Charité Medical Faculty of the Humboldt University Berlin) referred to the positive results in cancer patients through the application of “integrative medicine.”

ERICH STÖGER (Lecturer on Chinese Materia Medica, Universities of Vienna and Innsbruck, Founder of Plantasia, member of WP TCM of the European Pharmacopoeia, Vienna) highlighted the problems in the standardization of phytotherapy. Plants differ in their quality and the manufacturing processes differ also very much between China and Europe. STÖGER took the view that it was only possible to standardize the substance, but not the plant or the procedures.

In the ensuing discussion, various aspects of standardization of traditional medicine in patient safety were discussed. Security means that what is superfluous or dangerous is not standardized. If standardization allows traditional medicine to continue, then it makes sense. (VÖLKER SCHEID, Professor of East Asian Medicines and Director of the EAST medicine research unit at the University of Westminster, London).

PAUL UNSCHULD explained with his critical contribution from the audience that standardization was only one element of globalization. He pointed to the gradual evolution of (Western) medicine, from the healthcare system to the healthcare industry to industrial healthcare. One no longer speaks of the patient, but of the customer and health means a com-

mercial commodity. Marketing comes to the fore. Behind the standardization are economic interests. And as a result very few people are concerned about safety and better conditions of patients.

In the panels, these big global issues were discussed in detail and also topics beyond the hard facts found a forum.

ICTAM IX has shown me that the integration of Asian healthcare into global health care is not just recognition from Western medicine, but also regulation and standardization. The traditional medical procedures that exist on the world market and want to be recognized, must adapt to its rules. This can sometimes lead to a loss of unrecognized therapies. It seems that the West continues to set the standard, regardless of participatory discussions. Against this background, congresses such as the ICTAM are important in order to be able to discuss critically and at eye level in an open atmosphere. As a personal résumé, I would like to quote PAUL UNSCHULD, who in his public lecture on our Western fascination of Asian medicine in the Kunsthalle Kiel made clear the intertwining of culture and medicine: “The study of the reaction of a foreign culture to the challenges of disease as an existential crisis is the precondition for an understanding of the central elements of this culture.”

For more information:

www.ictam.de and www.iastam.org



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