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Afterthoughts | Complexities of Potency

Vivienne Lo

I was honored to be invited to chair the panel on ‘Materiality, Efficacy, and the Politics of Potent Substances’ at the 9th International Congress of Traditional Asian Medicine (ICTAM) in Kiel, Germany (August 6-12, 2017) and am happy now to conclude this wonderful Special Issue with some personal afterthoughts. I have been thinking about the complexities of potency for many years as I have been writing a history of nutrition in China. I therefore share the excitement of the panel members about the subject and valued the insights that arose in the discussions after the presentations. For the purposes of this Special Issue of *HIMALAYA*, since the ICTAM panel, the editors have added two important articles by Tawni Tidwell and James Nettles, and Anna Sehnalova, which, respectively, critique the relevance to Tibetan medicine of modern notions of pharmacology and drug discovery, and analyze ritual aspects of empowerments involving Tibetan *materia medica*.

My own work on potency has centered on the fluid boundaries between food and medicine, and how and where those boundaries were drawn in the premodern world. As someone who grew up with a father who wrote some forty Chinese cookery books, and subsequently as a practitioner of acupuncture and a cookery writer myself, the question on the tip of my tongue has always been, who owns our health? Does the potency of flavor belong to domestic or professional economies, to community expertise or global health? Where healing substances are created, and how they are delivered, are clearly matters of social and political import. As Céline Coderey so elegantly demonstrates, the consumption of potent substances can be deployed as a

matter of protest, as radical assertions of autonomy against dominant political or medical regimes, whether this entails consuming precious alchemical metals, gold, and mercury in Myanmar, or choosing traditional herbal and mineral preparations over orthodox medicine in Europe.

Concepts of ownership change according to whether substances are deemed medicinal or nutritional—their perceived toxicity and strength are factored into judgments about whether they belong to trained professionals or to the kitchen. Our pleasures and pains have been subject to and disciplined by scientific and moral discourses, and legal strictures, often motivated by economic imperatives.

Traditionally, Asian medical practice has been largely a personalized medico-culinary world where the adjusting of the flavors of both foods and medicines impacts on each person’s physiology differently, and can kill or cure in different measures. In Sowa Rigpa, as I learnt from Barbara Gerke’s article, the determination of *nūpa* (*nus pa*) potency for mineral substances lacked the discourse of flavors assigned to herbs since their tastes were not so apparent. The lack of flavor itself could signal a different form of potency, which was articulated by Tibetan medical practitioners through a combination of textual authority, oral transmission, and the precious nature of the stones themselves. But, when traditionally tailored medicines, whether herbs or minerals, are manufactured commercially for global markets, they lose any semblance of personalized delivery.

In the mood that surrounds this subject of potency, I sense a generalized feeling of loss and disempowerment. It pervades the language in which many of the articles are written, and underlies the anxieties expressed. As the potency of substances is threatened with environmental degradation, as more and more censorship means that medicines are divorced from the artisanship of their native communities, or are taken away from women's domains and exploited commercially, as standardized protocols and fixed dosages displace local epistemologies grounded in 'ecologies of potency,' we express a deep nostalgia for disappearing worlds. As a domestic practitioner-cook, I share that very physical sense of loss, of the loss of that tactile sensory connection that you get from picking and sorting, from the fragrances, from drinking and eating healing herbs together, from knowing your family's and neighbors' constitutions.

Having control over what medicine one takes, when and how, is clearly empowering. Reading pre-modern Chinese medical texts, I have been entranced by the transformative potential of the culinary arts and their ability to catalyze the transitions from foodstuffs to drugs or, conversely, to detoxify substances. In the Chinese context, the boiling of rhubarb root (*da huang* 大黃) to render it safe and ready to consume is perhaps the most obvious example. As long as we have written records of drug therapy, we know that varieties of *Aconitum*, or metals like mercury, have been used across Asia, and their toxicity moderated by local expertise and knowledge of compounding, in what Jan van der Valk describes as the 'artisanship of potency.' But traditional processes are subject to increasing regulation in a risk-averse world. Perhaps rightly so, given the convincing evidence about the toxicity of some traditional medicines such as ephedra when taken long term, or unregulated by tradition, as in the scandals of mass-produced slimming drug preparations containing ephedra (or ephedra substitutes). The cost of blanket regulation is, however, also high. In Europe in recent years, many longstanding and complex prepared medicines have been outlawed, and the cost of legitimizing traditional products, even the most mildly potent by any standards, is all too often too great for any institution to trial apart from the wealthiest multi-national drug companies.

How and when ownership of a particular substance leaves the home or the local pharmacy, and travels outside of its native territories is a subject that concerns many of the authors in this issue—do indigenous products carry local knowledge with them as they travel beyond linguistic, religious, and cultural boundaries?

Traveling medicine is also an historical theme of this issue, and one that stretches the geographic remit of *HIMALAYA*

with Katja Triplett's article about Buddhist horse medications and rituals evidenced in a thirteenth-century Japanese scroll. With knowledge circulating around the Himalayas and East Asia in late medieval times, I am reminded of the wealth of earlier manuscript evidence recovered from the Dunhuang cave shrine—as yet not fully explored—that testifies to medicine in transit. Much of this evidence dates to the eighth and ninth centuries, a time when there was increasing travel and communication between these regions. The ninth century is also the time when Dagmar Wujastyk identifies the introduction of new metal and mineral substances, processed in complex ways, within the Ayurvedic tradition. The period is clearly one where intercultural communication stimulated rapid changes, although it is always difficult to identify exactly when and where those communications happened.

One thing, however, is certain: many of those communications about healing practice happened within religious contexts, and particularly through Buddhist networks of knowledge and practice. One would think that the ritual empowerment of substances, whether in Japan, Tibetan Bon traditions, or in Nepal, localized potency. Yet, the rituals themselves do travel, whether or not they are interpreted and experienced differently (including by horses!). There was a spirited conversation about the issue of substitution as a core context for innovation in the discussions at Kiel, mostly related to the substances themselves. Can you substitute expensive lapis lazuli with more common substances? Would not one lose authenticity? Yet there seemed to be a general consensus that flexibility was an important value, if not the key factor, in the survival of any tradition as also argued by Herbert Schwabl and van der Valk. The approaches to the importance of potency of the authors in this Special Issue have been broad and interdisciplinary, and do not necessarily arrive at a consensus, but the discourses around innovation in tradition are positive and forward thinking. Both Anthony Butler and Tidwell and Nettles signal the significance for drug development of research into traditional knowledge of multi-compound synergies—and the processes through which ingredient substitutions have been made in the past are surely rich material for contemporary analysis.

Vivienne Lo is a Senior Lecturer and Director of the China Centre for Health and Humanity at UCL. She is well published in the history of pre-modern medicine in China, with a particular interest in ancient and medieval manuscript and visual culture, and the cross-cultural transmission of technical knowledge. Her forthcoming book with Reaktion will be titled *Potent Flavours*.