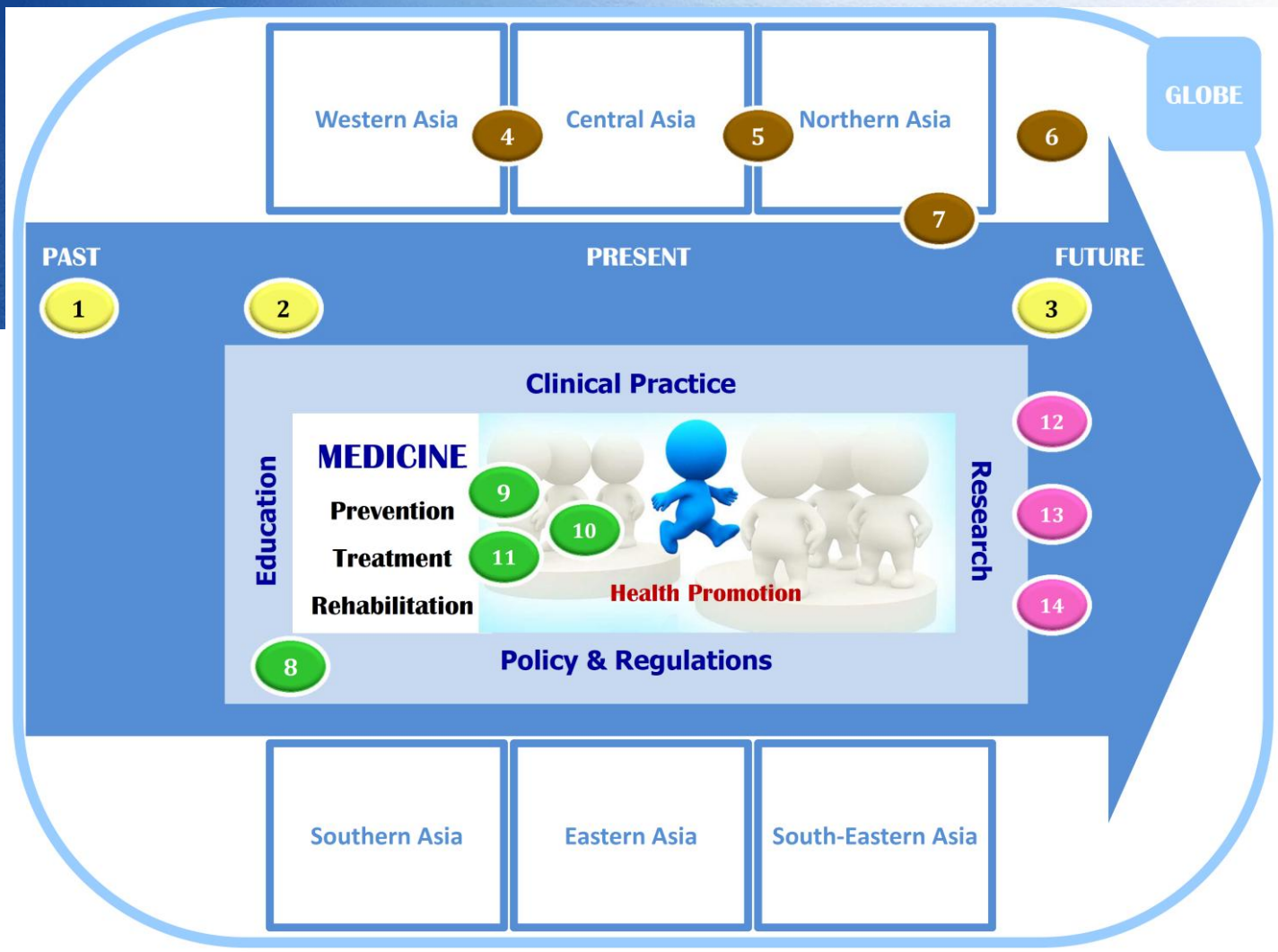
- **Theme (Motto) of the Joint Conference of IASTAM & ASHM**

Challenges to Asian Medicines:
Drawing a New Big Picture

- **Sections**

1. Cultural Heritage of Asian Medicines
2. Tradition and Modernity of Asian Medicines
3. Asian Medicines in the Digital Age
4. The Traditional Medicines of Central and West Asia
5. Asian Medicines across Borders
6. Asian Medicine and Global Health Challenges
7. Environmental Changes, Diseases, and Medicines
8. Medical Ethics, Health Policies and Education
9. Health Promotion and Disease Prevention
10. Asian Medicines for Anti-Ageing and in Care of the Elderly
11. Role of Asian Medicines in Treating Severe, Complicated, and Critical Diseases
12. Integrating Asian Medicines and Modern Medicine
13. Challenges of Globalization, Standardization and Pharmaceuticalization
14. Ethnobotany, Phytochemistry, Pharmacology and Clinical Studies: Multi-disciplinary Approaches
15. Other Related Topics



1	Cultural Heritage of Asian Medicine	亞洲醫學的文化遺產
2	Tradition and Modernity of Asian Medicines	亞洲醫學的傳統與現代性
3	Asian Medicines in the Digital Age	數位時代中的亞洲醫學
4	The Traditional Medicines of Central and West Asia	中亞、西亞的傳統醫學
5	Asian Medicines across Borders	跨國界的亞洲醫學
6	Asian Medicine and Global Health Challenges	亞洲醫學與全球健康
7	Environmental Changes, Diseases, and Medicines	環境變遷、疾病、與醫學
8	Medical Ethics, Health Policies and Education	醫療倫理、健康政策與教育
9	Health Promotion and Disease Prevention	健康促進與預防醫學
10	Asian Medicines for Anti-Ageing and in Care of the Elderly	亞洲醫學於抗衰老及老人照護的應用
11	Role of Asian Medicines in Treating Severe, Complicated, and Critical Diseases	亞洲醫學於急重症醫療的應用
12	Integrating Asian Medicines and Modern Medicine	亞洲醫學與現代醫學的整合
13	Challenges of Globalization, Standardization and Pharmaceuticalization	全球化、標準化與藥療化所帶來的挑戰
14	Ethnobotany, Phytochemistry, Pharmacology and Clinical Studies: Multi-disciplinary Approaches	民族植物學、植物化學、藥理學與臨床研究：跨學科研究策略
15	Other Related Topics	其他相關主題

■ Descriptions of Sections

1	**Cultural Heritage of Asian Medicines** Over the past decades, health care providers have increasingly taken culture into account. Although culture is basically intangible, it is conceived as a process through which ordinary activities, including the participation in medical occasions, will take on with emotional involvement. Other than the scientific aspects, Asian medicines are rich and deeply rooted in their cultural heritages. This section henceforth invites papers which pay attention to their respective cultural aspects and try to examine how and to which extents would such factors play roles when the medicines are put into practices. It is also interesting to see how useful insights they may provide to the healers and patients. At the same time, cultural heritage making has become an important nationalist project worth being critically analyzed as such as well.
2	**Tradition and Modernity of Asian Medicines** All traditional medicines are difficult to be immune from the professional power play, shrewd global marketing and personal networking. The apparently never-changing medical traditions, such as Ayurveda, Unani (Islamic medicine), Siddha, Tibetan and Chinese medicine, are not only made up of the thoughts and practices of myriad schools and individual voices, but they have also dynamically adapted in a variety of ways to the changing local circumstances and global trends. More recently, some of these Asian medicines have become particularly active players in the medical market place, both in the country of origin and in the West. This section invites papers engaging with Asian medicine as 'traditions' as well as with their various historical and modern-day modifications. “Tradition” and “Modernity” are loaded key terms used for accepting, validating, disputing, (re-)assembling medicine in a particular time and region and by various actors. This is a topic for case studies and comparisons. The historical, theoretical and socio-/political framings of traditions and modernities can be viewed from local, global or regional as well as individual, communal, professional, national and transnational perspectives.

3

Asian Medicines in the Digital Age

Digital innovations accelerate knowledge turnover and also lead to socio-economic transformations. The digital tools bring benefits to people's daily life and their applications improve the accuracy, productivity, workflows and access to healthcare system, however, they also bring negative impacts on people's health outcomes. How and where medical care is delivered is also changed along with the digital innovations, which challenges the traditional role of care providers and their interaction with the patients. However, today Asian medicines are undergoing big challenges. Digital tools for studying Asian Medicines are also on the rise. What standards exist, what tools and methodologies, and how are they changing the kinds of questions we can ask and the scholarship we can do?

While the advantages of digital revolution are easy to be addressed, this section will also explore the magnitude of the challenges it create and how the challenges are faced by the patients, clinicians and health systems of Asian medicines.

4

The Traditional Medicines of Central and West Asia

IASTAM has been strongest in covering medical systems with robust textual histories from locales of Western European colonial contact. The vibrant intellectual communities in Berlin and wider Eastern Europe with strengths in Central Asian and Iranian medicines offer an opportunity for IASTAM to engage more with the medical traditions of Central and West Asia, which have been poorly represented in our activities in the past. We hope to make a special outreach to these groups, since these forms of medicine form an important part of our field, and are widely practised in many regions of the world today.

5

Asian Medicines across Borders

None of the major Asian medicines developed alone. In the past two millenniums, Asian civilizations have been undergoing mutual dialogues and interchanges, therefore, their medicines inevitably correlated each other. This section covers various issues including knowledge transmissions, material exchanges, religions,

5 clinical practices, and folk customs. This section invites papers focus on: "How did those medical cultures go beyond the national boundaries? Why a foreign idea or goods would be accepted by a civilization but not by another? When would a medical culture spontaneously become interested in another? What factual influences had actually taken place in the Asian medicines after the long historical process?"

6 Asian Medicine and Global Health Challenges

How could approaches to diet and behaviour in Asian medical traditions help prevent the most common global health challenges through public health programs that promote Physical Activity and Nutrition, fighting Overweight and Obesity, Substance Abuse, promote Mental Health and mindfulness, prevent violence, increase environmental awareness. A panel for new creative ideas extending self-help to communal and national public health frameworks.

7 Environmental Changes, Diseases, and Medicines

Serious anthropogenic environmental changes cause populations to move and transmission of diseases. The world population today is encountering unfamiliar human-induced changes in climates which influence the functioning of many ecosystems and their member species as well as impact on human health. From populations hit by environmental precarity to the climate change effects on medical harvesting, whether wild or cultivated, and the pressure of global supply on regional ecologies, the ecologies of Asian medicine are in flux, and some say threat. With new human migration patterns, the increased penetration of industrial infrastructure into traditional lifeways, and natural disasters across Asia necessitating accessible, practicable and affordable care, Asian medicines are affected by ecological change, and play a role in responding to it.

The environmental changes transform the occurrence pattern of diseases and are likely to affect the medicines adopted. Although there is increasing evidence to show that human health will be affected in many diverse ways, the coping knowledge is still very limited in many professional areas. This section invites papers which emphasized on such environmental risks on human health and also their influence on the development of Asian medicines.

Medical Ethics, Health Policies and Education

The rise of Asian medicines as a major economic force has drawn a lot of attention from politicians and economists who are now seeking to claim or protect the patent rights. Ethics affect the practice and the delivery of medicine in all quarters. From the economic perspective, traditional medicines can be more accessible than expensive biomedical treatments, and have been relied on by some countries as economic triage to deliver medicine to poorer communities. The mass-production of traditional medicines shifts new economies and powers into the market, displacing traditional community networks, and may result in poorer quality, while making medicines more accessible. What are the major directions in which government health policies are moving forward and where the medical ethics should be concerned with? How can individual practitioners and their representative groups, anthropologists and clinical trials researchers keep better professional and ethical track and help shape these changes in national and international health policies and regulations?

In the meantime, Asian medicines have become the subjects of formal university curriculum or degree granting in some of the Western medical schools, as well as in the faculty of social sciences or the humanities. Education surrounding these traditions has also changed, as new practices, new work and life schedules and new technologies have given rise to new forms of learning, knowing and transmitting. The dominance of the academic model of curriculum, shorter training periods, and the loss of 'apprenticeship' approach – what impact do they have on the kind of expertise involved in (some) Asian medicines? We invite reflections on how Asian medicines have been positioned and learned within these contexts.

9

Health Promotion and Disease Prevention

The WHO has long named Non-Communicable Diseases (NCD) as the foremost cause of mortality in the world. These are caused by lifestyle, diet, habits, infrastructure, and speak far beyond the clinical encounter to lifeways, cultural practices, environmental issues, poverty and war as well as local infrastructure. When do preventive strategies in Asian medicine function as a vector for furthering health of populations when do they work negatively, figuring Asian medicines as something "merely" preventive and therefore subaltern? How can Asian medicines be aligned within the public and state view as compatible with achieving WHO goals for preventing NCDs?

Health promotion enables people to increase control over their own health. It covers a wide range of social and environmental interventions that are designed to benefit and protect health and quality of life among people. Growing activity of health promotion worldwide has been influenced directly or indirectly by Tai-chi, qigong, yoga, Ayurveda, diet therapy and other Asian medicines. Such practical evidence, along with the upgrade of academic research and the rise of popular interest, show that this will be a growing field in the future. This section invites papers on standards, quality assurance, education, concepts, and other research with the aim to enhance the development of health promotion and disease prevention.

10

Asian Medicines for Anti-Ageing and in Care of the Elderly

Asian societies in 21st century face huge dissonances between growing longevity, concomitantly emerging chronic diseases (dementia, cancer etc.), and simultaneously decreasing numbers of young people who can care for the ageing population, This section invites papers on the biological-clinical dimension of ageing from the perspective of Asian Medicines as well as reflections on the newly emerging medical realities, physicians and caregivers in the hospitals have not been prepared for. How does materiality participate in the articulation of the social, of the emotion states and sensitivities among elderly, family members, caregivers and physicians?

11

Role of Asian Medicines in Treating Severe, Complicated, and Critical Diseases

To treat patients with severe, complicated and critical diseases is an important issue in clinical medicine and has been emphasized by doctors since ancient times. In the history, the rise of important academic progress of Asian medicines could be attributed to the treatment of these diseases, such as the outbreak ~~burst~~ of pandemics. The theories, experiences, first-aid techniques and medicines recorded in the classics are still of practical values in the diagnosis and treatment of these kinds of diseases. This section invites papers which explore the role of Asian Medicines in the above fields, especially while many under-developing areas of the world are still suffering the distributional disparity of modern medicine practices.

12

Integrating Asian Medicines and Modern Medicine

In spite of the impressive advances in modern medicine, complicated sociocultural and economic issues may limit its capability to provide adequate health care in many regions of the world. Asian medicines are emerging as the increasingly accepted alternative and complementary approaches to diagnosis and treatment because of the concerns over the safety, effectiveness and quality of conventional biomedical care. Complex problems and opportunities arise in the confluence of these disparate modalities of the medicines. This section invites papers to tackle with every related aspects of the dynamic and evolving nature of the Asian medical practice to accommodate in the contemporary healthcare system. The approach could focus on the rationale, strategies, or the process of integration so as to develop more rounded and comprehensive perspectives through multidisciplinary research.

Biomedically informed, standardized diagnosis, classification, theories and treatment of diseases dominate globally yet they are radically different from fundamental approaches to body, health and the diagnosis of diseases as well as therapeutic practices in Asian medicine. Yet when/ in which contexts do these actually come into conflict, and in what ways? What are the critical points where Asian medicine and Biomedicine contradict and contrast, and to what extent can and do they peacefully coexist within a pluralized framework of medicine in modern societies?

13

Challenges of Globalization, Standardization and Pharmaceuticalization

Supplies of many materia medica are threatened by the vastly increased demands of growing populations and industrial-scale production. Government regulations such as GMP often conflict with traditional modes of preparation. Medical training is being drastically reconstructed on a modern academic model, and in many countries the use of traditional remedies is contested or prohibited by biomedical authorities. How are traditional Asian medicines standing up to these and other pressures? Can they retain their integrity and effectiveness when reconstructed on a quasi-biomedical model? Is this an opportunity for releasing their health-giving potential for a much wider population? How can health-seekers make sensible choices between the wide range of options now available both between and within Asian medical traditions?

14

Ethnobotany, Phytochemistry, Pharmacology and Clinical Studies: Multi-disciplinary Approaches

How can we improve the value of clinical trials in relation to traditional Asian medicine? Can IASTAM enhance communication across practitioner trial networks? How can manufacturers, researchers and clinicians produce or participate in better trials, and can the space of the conference provide a network for better collaboration between scientific research organisations and clinical practitioners in such trials? How can multiple professionals interact and collaborate? What are the target diseases on which the researchers and clinicians should focus? Can IASTAM coordinate such large overlapping studies, perhaps in conjunction with the WHO traditional medicine research collaborative networks in the region? Is there a need for a common ethics committee to regulate the conduct of clinical trials? How might clinical trials affect and change the regulatory aspects of traditional Asian medicines?

15

Other Related Topics