

Preface

The term ‘indigenous health systems’ in the title needs some clarifications. There are many indigenous healing traditions in India of great antiquity that include the folk healing traditions. In the present book four indigenous health systems are included. These are Ayurveda, Unani, Siddha and Tibetan medicine. These systems come under the mandate of the Department of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy), Government of India. AYUSH actively promotes research, practice and training in these systems. The author has not included homeopathy, which is included in the AYUSH umbrella and is widely practised in India. However, it is of recent German origin and obviously not indigenous to India. On the other hand, Tibetan medicine is practised in some centres in India and owes its origin to Ayurveda.

As I got down to compiling the material for the four segments of the indigenous healing systems of Ayurveda, Unani, Siddha and Tibetan medicine, I made an alarming discovery that I had no access to material due to my lack of knowledge of Urdu, Tamil and Tibetan languages. Fortunately, Ayurveda, as exemplified by the *Kashyapa Samhita*, has a vast number of texts translated into English. In the Unani and Siddha very little on paediatrics is available in English translation, while in Tibetan medicine none is available. As I started gathering the material I discovered that the narratives in the four systems varied a great deal. I stayed on with the original formats examining phenomenology, aetiology and treatment and found that prevention is the most important aspect in all the systems. The classifications, unlike in modern medicine, were based on aetiological speculations. Though the systems emerged out of humoral theories as brought out by Ayurveda, language, religion, philosophy, geography, social and cultural influences modified the systems enough to mark them apart as separate systems. This was most apparent in the childcare systems.

First, the basic framework for each system, basic principles of care of adults is dealt with, albeit briefly. Second, the developmental approach to childcare focusing on normal development and, third, on the minor and major disorders, their phenomenology, aetiological speculations and treatment are discussed. The

treatments are covered in a sketchy manner as this is not meant to be a self-help book for a lay reader.

As a developmental child psychologist it has been an interesting discovery for me to know that in the history of indigenous medicines, some of the greatest physicians were indeed child prodigies! Vriddha Jivaka, the scribe of *Kashyapa Samhita*, Ibn Sina in the Unani system, and several physicians in the Tibetan medicine were child prodigies.

I have presented the narratives as they emerged in each of the systems based on my reading and interactions with practitioners. If I were to make the style uniform, it would have failed to highlight the richness of narratives in each of the systems. My most rewarding and touching experience in this exploration has been with Dr. Tenzin Lhundup, the young Tibetan lady physician who orally translated the Tibetan paediatric texts for me.

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