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Research Paper

## Potent substances—An introduction

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## 1. Introduction

The author of the Hippocratic treatise 'Ancient Medicine' deemed medicine a branch of food, and highlighted culinary practice as foundational to medical knowledge and practice. Nonetheless, throughout history, there have been fierce debates over what exactly constitutes *materia dietetica* (nourishing substances) and *materia medica* (medicinal substances), a question which has wide-ranging implications for 'ownership', professionalisation and regulation (Etkin and Ross, 1982; Lo and Barrett, 2005a, 2005b; Heinrich et al., 2006). Equally contested is the nature of evidence about their effects. We cannot assume stable qualities for foods and medicines. Processes of trade, translation, and usage transformed them in the past and now require locally situated historical and cultural studies to understand what meanings they had and may or may not still have for us today. This focuses us on the following key questions. How were food and drugs attributed potency? How did that knowledge gain or lose credibility? What consequences did those processes have for the social ordering of consumption? Moreover, spices occupy an intermediary space in the continuum between foods and medicine. A key focus of this special issue will therefore be how Europe's fascination with spices as both food and medicine contributed to the advancement of global medical knowledge and practice.

The combination of the articles in this Special Issue represents an interdisciplinary engagement with our theme 'Potent Substances—the

Boundary between Food and Medicine'. Potent Substances—which we define here as substances with properties perceived to affect human health (without exclusive appeal to contemporary scientific epistememes)—is a topic which is well embedded in a multidisciplinary debate in ethnopharmacology. However, ethnopharmacology has a very short history as an academic discipline (Heinrich, 2014) and has had a strong focus on natural sciences aspects of research (especially pharmacology and phytochemistry) and on anthropology. Keen to ascertain a multidisciplinary debate in this field, we have also included archaeobotanists, and their unique insights into the medieval spice trade, in our line up. As will become evident in this issue ethnopharmacology will also benefit by bringing together historians, and policy-makers in writing about the boundaries of food and pharmacy, as well as policy and practice recommendations relevant to high priority current and likely future challenges.

This special issue is based on two conferences held in London. The first from whence our present title follows, 'Potent Substances: On the Boundary of Food and Medicine', was held at the Wellcome Centre for the History of Medicine on 13–15th September 2010 (see online lectures referenced below), and the second one on 'Spices and Medicine: From Historical Obsession to Research of the Future', was held on 24 May 2013 at the UCL School of Pharmacy. Both conferences explored the history of the food-medicine continuum and the ways in which individual substances crossed cultural and taxonomic boundaries in different ways and at different times. Speakers at both events analysed changing perceptions of risk in relation to the need for regulation. The *Potent Substances* conference was particularly concerned with the psychoactivity of substances that we consume and their relationship to the moral discourses that have

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shaped the category of ‘drug’ according to contemporary norms. Lively presentations on ‘who owns our health?’ focused the audience on how substances, at one time or in one culture belonging to the domain of the household, had, in another, been regulated or appropriated by professional groups: rhubarb, marijuana, khat, cocoa leaf, snakeroot, coltsfoot, and peanuts, to name a few. The concomitant subject of the transformative potential of the culinary arts in catalysing the transition from food to drug was a key focus of the conference. While not all the speakers are published in this issue the many themes they raised are to be found in the articles that follow. Authors representing the first conference are located in the first (Wilkins, 2015; Totelin, 2015) and last (Butler, 2015; Kadetz, 2015) of four sections of this issue: (1) Defining Food and Medicine, the Historical Debate, (2) the Historical Role of Spices, (3) the Present-day Role of Food as Medicines, and (4) the Modern Commodification of Plant-based medicines.

The overarching purpose of the 2013 *Spices and Medicine* conference was to examine the perceived effectiveness and popularity of certain spices, usually originating from an ill-defined ‘East’ in European language writing, and how this European desire for the exotic impacted the global transfer of medicinal plant knowledge and materials from ancient times to the present. The expertise of invited speakers included both the humanities and the sciences and ranged from archaeology and medieval history to food studies, health regulations and pharmaceutical research. This variety of angles is evident in the five conference papers that have contributed to ‘The Historical Role of Spices’ section of this special issue. From archaeological evidence of tropical plants that were being traded into Europe through Roman ports (van der Veen and Morales, 2015), ancient Chinese texts that reveal perceptions and uses of spices in medieval China (Lu and Lo, 2015), and an examination of the motives behind medieval European desires for exotic plants from ‘The East’ for medicine and ritualistic healing (Freedman, 2015), to Catholic missionaries’ use of global trade routes as a vessel for exchanging medicinal plant discoveries across the seventeenth to eighteenth century Spanish empire (Anagnostou, 2015) and the rise in popularity of pepper plants from the New World (Halikowski-Smith, 2015), these papers from the *Spices and Medicine* conference not only present research of historical origins and contexts for modern pharmaceutical and phytotherapeutic studies of spices, but also serve as reminders that the field of ethnopharmacology extends well beyond the boundaries of the laboratory and the field, and into the shelves and glass cases of libraries, historical archives, and museums.

### 1.1. Defining food and medicine: the historical debates

While most of the articles in this Special Issue, to some extent, deal with historical or archaeological sources, the first three articles tease out distinctions made in the categorising of food and medicine in the ancient world. Wilkins (2015), Touwaide (2015) and Totelin (2015) all examine food as medicine as identified in the Hippocratic corpus and its legacy in the Roman world. Wilkins (2015) tells us that Galen, writing in c. second century CE, opined that nutrition comprised one third of the medical art of the Hippocratic physicians (between the late fifth century BCE and the early third century CE). Foods were identified to possess healing powers (*dunameis*), but could be transformed into drugs by actively enhancing latent potencies, “drugs were frequently dried or strengthened forms of plant and animal products in the standard diet”. The porous boundary between “the activities of the doctor/nutritionist and the activities of the cook” is illustrated by the fact that some physicians wrote cookery books. The potency of flavour, and its combinations, was a common concern and key aspects of terminology connect professional worlds. Their priorities were, however, different. The cook,

according to Plato, was primarily concerned with the momentary pleasurable experience of food and the physician with the health outcomes of eating. While texture and good quality ingredients, particularly when it came to fish, would enhance the flavour of a dish and a tasty preparation would aid ‘concoction’ within the digestive system, moderation was the way to good health. This, perhaps, is a universal recommendation in ancient world writings and, in times where excess was possible, represented a moral caution to the rich and greedy as much as it was a common empirical observation. One lesson that we can take away from these three articles is that social factors are a key determinant in defining the boundaries of food and medicine. Another is that moderate eating is the secret of individual health. That may be a common sense observation, but one might add that it has taken vast quantities of research money to substantiate and authorise this simple view for populations in the modern world.

Returning to the texts themselves, Touwaide and Appetiti (2015) aim to give greater definition to the writings concerning food as medicine attributed to Hippocrates. They identify that 40% of the medicinal remedies found in this collection were derived from plants, the majority of which (75%) were also used in antiquity for nutritional purposes. They conclude that the “pseudo-aphorism” of food as medicine “aptly expresses a fundamental element of the Hippocratic approach to therapeutics”. By “instrumentalizing a knowledge of food and its effects on the body”, the authors of these texts “gave food the same status as medicines”. Given the pervasive value attached to regimen in the ancient world it is not surprising that we see theoretical innovations first worked out in a dietary context. After all, if we are looking for empirical observations in the ancient world, the human gaze has always had much more opportunity to record and theorise about the effects of daily fare than those of the more powerful and potentially toxic substances that we learn to avoid.

The importance of the domestic context is made clear in Totelin (2015). To identify how food and medicines were historically differentiated, and the changing valorisation of dietary measures Totelin examines garlic and silphium in fourth and fifth century BCE Greek medical texts. Although the Hippocratic authors established a clear vocabulary for the categories of foods and drugs, “they avoided defining the difference between the two categories” in too strict a manner. With the examples of garlic and silphium, Totelin (2015) illustrates that we have to extrapolate the intention and manner of use in order to define how these categories were understood in their own time; the properties of foods were observed in cooking before these properties were applied to medicinal purposes. The social and institutional relationships ultimately established between the cooking of food and the preparation of medicines provide a way in which we can understand the bifurcation of nutritional and medical expertise. But the author warns against drawing “too strict a boundary between ancient dietetics and pharmacology” and instead supports the adoption of a multi-disciplinary approach to the therapeutics of the Hippocratic texts. Uniquely, she extends these themes to a gender analysis of medically active substances and emphasises the serendipity of drug discovery, and the fact that discoveries can be made by anybody regardless of professional qualifications.

New domains of practice and knowledge are formed in action and we have to locate and analyse their initiatives in the work, interests and aspirations of those people who interacted across local, regional and institutional communities. Galen and the Hippocratic authors provide one such case study, and we can locate the same innovative initiatives in ritual texts, cookery books, *materia medica* and remedy collections of ancient and medieval China (Lo, 2015).

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