Taking traditional knowledge to the market

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In February 2002 the Arya Vaidya Sala, a large Ayurvedic company and research institute, celebrated its centenary. On this occasion the provincial town of Kottakkal, situated in the hills of Kerala a few hours drive from the coastal city of Calicut (Kozhikode), was flooded with three thousand invitees. Among them were key figures from the Ayurvedic world such as Devendira Trigu-na, the chairman of the All India Ayurvedic Congress, and Askhd Vaidya, a renowned pharmacologist by training, scientific advisor to a large Ayurvedic company, and head of the Mambach branch of the Centre for Indian World Culture. The Union Minister of Health and Family Welfare, C.P. Thakur, and M. M. Joshi, the Union Minister of Science, Technology and Human Resource Management added lustre to the occasion. People were honoured for their achievements in the field of Ayurveda and the gathering certainly had a national ring to it. In between the speeches and the distribution of awards to people who had provided ‘service to Ayurveda’, Indian classical music was played. Many of those present had travelled hundreds or even thousands of miles to celebrate exactly that one hundred years previously P.S. Varier had started the industrial production of Ayurvedic formulas in a small building that still stands on the premises of one of the factories of the company.

The size of the Arya Vaidya Sala does not justify the fact that its centenary was celebrated as a national event. With a turnover of US$16 million and 600 employees the firm is relatively small. At stake though, was at the status of Ayurveda and the construction of a national Indian identity that includes the Ayurvedic manufacturer, Ayurvedic and Unani Tibb (literally ‘Greek medicine’). The study of medicines and its manufacturers has a lot to offer to social-cultural studies of Ayurvedic and Unani medical traditions such as Ayurveda, Traditional Chinese Medicine, Unani Medicine, and Unani Medicine, to mention the ones that are best known in the West. As I have illustrated, medicines can be vehicles of ideology and identity construction. In other social contexts medicines perform different functions. For example, in the consultation room of a physician, medicines facilitate diagnosis and treatment. In a religious and traditional framework Ayurvedic and Unani medicines are seen as gifts of the gods (nrxs) or tabls (Muslim scholars) to ailing humanity and it is said that their medical effect is enhanced by the superior moral status of their designers and dispensees. Finally, in the context of marketing Ayurvedic and Unani medicines have become objects of trade and earners of profit. Pharmaceuticals and identity

In India, Western medicine is linked to exploitation and material gain at the expense of health and well being of the society and its individuals. Other oppositions that are used to describe Western versus Indian medicine are nature’s exploitation versus ecological awareness, outside versus inside, modernity versus spirituality. Indeed, India’s medical traditions share the good, truth and beauty ascribed to tradition.

The commodification of Asian medicine

I visited the Arya Vaidya Sala, along with other large Ayurvedic and Unani manufacturers in India during the period from 1996 to 2002. I analysed Indian medicine as a commercial activity and looked at two Indian medical traditions - Ayurveda and Unani Tibb - through the lens of the Indian indigenous medical industry and its products. My main interest was in the ways the logic of the market has shaped, constrained and transformed Indian medical systems. I discovered that nowadays approximately 90% of the Ayurvedic and Unani formulas produced are over-the-counter brands that are marketed to urban middle class consumers. I analysed the advertisements and promotional materials of the manufacturers under investigation and spoke extensively to their marketing personnel. Three marketing themes emerged from this exercise: tradition, modernity and nature. Ayurvedic and Unani medicines are sold as curative and promote natural remedies that are both modern and traditional at the same time. These substances are linked to the heydays of Indian civilisation and a humane approach to medicine. At the same time large Ayurvedic and Unani manufacturers have created a competitive edge and distance themselves from the image of backwardness that also clings to Indian medical traditions. Modern pharmaceutical research data is used to promote the quality and efficacy of their products. This does not undermine the ‘indispensable’ of their medicines, because manufacturers design the epistemological differences between biomedicine and Indian medicine and ignored the fact that modern pharmacology has its origin in Europe.

The study of medicines and its manufacturers has a lot to offer to social-cultural studies of Ayurvedic medical traditions such as Ayurveda, Traditional Chinese Medicine, Tibetan Medicine, to mention the ones that are best known in the West. As I have illustrated, medicines can be vehicles of ideology and identity construction. In other social contexts medicines perform different functions. For example, in the consultation room of a physician, medicines facilitate diagnosis and treatment. In a religious and traditional framework Ayurvedic and Unani medicines are seen as gifts of the gods (nrxs) or tabls (Muslim scholars) to ailing humanity and it is said that their medical effect is enhanced by the superior moral status of their designers and dispensees. Finally, in the context of marketing Ayurvedic and Unani medicines have become objects of trade and earners of profit.

Pharmaceutical anthropology as analytic framework

Considering the prominence of therapeutic drugs for the practice and image of contemporary Asian medical traditions, one wonders why anthropologists and social histo-rians working on Asian medical traditions have largely ignored medical substances. A bias towards notions and ideas, as well as fear of the theoretical and technical aspects of drug designing and manufacturing, might have determined them from the study of medical substances. This is a pity for almost 10 years there has been an analytic framework for investigating the social-cultural aspects of medicines. The first anthropo-logical volume that made medicines its central object of study appeared in 1988 under the title The Context of Medicines in their Modernisation and Commodification has been relatively scarce. This is surprising because the activities of manufacturers of Asian medicines determine, to a large extent, the image and substance of contemporary Asian medical traditions. In India, for example, the turnover of the Ayurvedic industry is twenty times higher than the money the government spends on all its medical traditions. Ayurvedic manufacturers have a strong presence in Indian public life through their marketing efforts in the form of television commercials, omnipres-ent signage and advertisements on their medical products and companies, large fairs for promoting Indian medical products, and even beauty contests to market the skin products. The largest among the Ayurvedic manufacturers run their own medical colleges, research units, publishing houses and magazines aimed at different types of medical practitioners and the general public. How- ever, in contrast to studies dealing with govern-ment policies and medical practice, the Asian indigenous medicine industry has not received the attention that it deserves. Pharmaceutical Anthropology offers a theoretical and methodological framework for those who want to study the commercialisation, modernisation and transformation of Asian medical traditions such as Ayurveda, Traditional Chinese Medicine, Tibetan medicine, and Traditional Thai medicine, as well as the commodification of the medical traditions of Polynesia, South America and Africa.

The description of the centenary of the Ayurvedic manufacturer comes from my forthcoming book Taking Traditions Knowledge to the Market: The Modern Image of the Ayurvedic and Unani Industry (Orient Longman 2008), which is based upon ethnographic research among large Ayurvedic and Unani manufacturers in India during the period 1996-2002. In this book I look at two Indian medical traditions, Ayurveda and Unani Tibb through the lens of the Indian indigenous medical industry and its products, and highlight Indian medicine as a commercial activity. As far as I am aware, Taking Traditions Knowledge to the Market is the first book that highlights Indian medicine as a commercial activity and applies the insights of pharmaceutical anthropology to analyse the modernisation and commodification of Ayurvedic medical products.

Notes:

1 The Arya Vaidya Sala is one of approximately 7,500 Ayurvedic manufacturers with a total turnover in 2002 of about US$ 500 million. Nowadays Ayurvedic manufacturers are marketed as natural remedies against common discomforts such as indigestion, cough, muscle pain, headache, pimples and rashes, menstrual irregularities, which discharge, post partum and menstrual aflags. Increasingly, Ayurvedic medicines are purchased by urban middle class consumers for the treatment of ‘modern’ ailments like diabetes, arthritis, Alzheimer’s and Parkinson’s disease, heart conditions, obesity, high cholesterol levels and even hypertension. A variety of tonics, “to boost the immune sys- tem”, is another important class of Ayurvedic medical products.

2 Unani or Unani Tibb (literally ‘Greek medicine’) is the term used in South Asia for Greek-Arabic medicine, a fomral pathology that is traced back to Hippocrates and Hellenic medical philosophy.


The user in the text tangle symbols is the coming together of traditions and modernity. The image is from a brochure of Zandu Pharmaceutical Works Ltd., one of the largest manufacturers of Ayurvedic medicines. The brochure dates from the end of the 1980s or the beginning of the 1990s.