Ayurvedic and Unani health and beauty products: Reworking India's medical traditions

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Chapter One
The Kitchen, the Government and the Market: the Commodification of Indian Medicine

The stall outside was the domain of Peerbhoy Paanwalla ... Like an artisan of antiquity, Peerboy took great pride in the products. Besides the notorious bed-breaker paan, he sold various others: to ward off sleep, to promote rest, to create appetites, to rein in an excess of lust, to help digestion, to assist bowel movements, to purify the kidneys, to nullify flatulence, to cure bad breath, to fight falling eyesight, to make well the deaf ear, to encourage lucidity of thought, to improve speech, to alleviate the stiffness of joints, to induce longevity, to reduce life expectancy, to mitigate the labour of birthing, to ease the pain of dying - in short he had paan for all seasons (Rohinton Mistry 1991: 157-58).

At the end of the 20th century around 7800 factories and workshops produced thousands of Ayurvedic and Unani formulas. These products are marketed as natural remedies against common discomforts such as indigestion, cough, muscle pain, headache, pimples and rashes, menstrual irregularities, whitish discharge, post-partum and menopausal ailments; and as natural medicines for fighting 'modern' chronic diseases like diabetes, arthritis, Alzheimer's and Parkinson's disease. A variety of tonics, 'to boost the immune system' is another important class of Indian health products; there are 'sexual' tonics, 'brain' tonics, 'liver' tonics, and tonics against jet lag, to mention just a few. Other goods are marketed as adjuvants for mitigating the iatrogenic effects of biomedical treatment. Ailments such as high blood pressure and high cholesterol levels also have their Indian remedies. Ayurvedic and Unani cosmetics promising beauty and health in one, compose of another large segment of the market. Soaps, creams, tooth-pastes, hair oils and shampoos, attribute to a substantial amount of the turnover of Ayurvedic and Unani commodities. Though these are known as toiletries or personal care products they are officially labeled 'proprietary medicine'.

According to the Ayurvedic Drug Manufacturers Association (ADMA), the consumption of Ayurvedic products was around 625 million US dollar in 1998 (Rs. 2500 crore) (Puranic 1999: 6-7). According to my own estimates the turnover of Unani commodities in the same year is approximately US 42.50 dollar (Rs. 170 crore). In official parlance the term 'Indian drugs' is used to denote Ayurvedic and Unani formulas, as well as their ingredients. Both forms of traditional Indian medicine have much in common. They share many ingredients, preparation methods, as well as ideas and practices related to health, disease and well-being. Ayurveda is the largest indigenous medical tradition in terms of commodities and popularity; not surprisingly the label 'Ayurveda' is applied to herbal products which, strictly speaking, do not belong to this tradition. The overlap between Ayurveda and Unani tibb is also illustrated by the fact that a Unani firm is the largest producer of supari pak (lit. digestive bettlenut), a common Ayurvedic digestive (see 4.1). Ayurvedic and Unani formulas are foremost desi (common) commodities, an indication that suggests authenticity and trustworthiness.
In the first section of this chapter I discuss the ‘Indianness’ of Ayurvedic and Unani products. These substances contain common ingredients and represent popular ideas about health, well-being and a ‘natural’ way of life. Government involvement and policies towards indigenous health and beauty products are the focus of the second part of this chapter. In the last section I distinguish three types of Ayurvedic and Unani commodities and argue that the logic of the market has shaped their outlook and representation.

1.1 The Kitchen: Wholesomeness, Authenticity and Popular Logic

*Common ideas, Common Practices*

For many Indians, the words ‘Ayurveda’ and ‘Unani’ evoke the image of the home and the protection from evils that this suggests. *Desi* health products like Ayurvedic and Unani pharmaceuticals are associated with the nurture provided by mothers and grandmothers. This gives these commodities an aura of care, well-being and authenticity. Some Indians certainly will remember the times of their youth when the women of the family boiled, fried and roasted common spices, herbs, fruits and vegetables as a first step in the preparation of home-remedies. Examples are: the homely preparation of fresh juices (*ras*), cold and hot infusions (*nishek*), decoctions (*kashaya*), ‘jams’ (*avahla*), ‘butters’ (*ghrita*) and powders (*curna*). The use of home-technology for preparing Indian formulas is shown in the next recipe for the preparation of an anti-inflammatory home remedy in which *tulsi* (Indian basil; *Ocimum sanctum* Linn.) is seen as the active ingredient:

Squeeze the leaves of *tulsi* to extract the saps. Take two *tola* [a measure of weight of around twelve grams] of both the leaves and its sap. Add five *tola* of *ghi* [clarified butter] and boil with moderate heat. Take the *ghi* off the fire when the moisture has vaporized. Repeat this twenty one times (Topare 1998: 80).

Another example is the preparation of *trikatu* (lit. three pungents: ginger, black pepper, long pepper), a digestive used in the treatment of respiratory problems and skin ailments. The *curna* (powder) is said to be ‘heating’ and therefore reduces mucous, a ‘cold’ substance. *Trikatu* is said to clean the lungs and facilitate breathing, because it ‘cooks’ and dissolves the phlegm (kapha) that has been accumulated in the lungs. However, certainly in Indian cities where around thirty percent of the population lives there is a preference for ready-made Indian health and beauty products; ingredients are increasingly hard to get and the life-style of many city dwellers does not leave time for making formulas themselves. Over the last four decades the popularity of ready-made Ayurvedic and Unani formulas has been on the rise; those raised in relatively westernized and urban families have already been confronted with premade tonics and Indian remedies against common diseases from the 1960s and 1970s onwards. According to India’s Prime Minister Atal Bihari Vajpayee Indian medicaments, either bought or self-prepared, worked ‘not only because the formula was good, but also because it came with the mother’s love’
This homely association gives Ayurvedic and Unani products the image of being genuine and safe. At the same time these substances embody popular ideas about health and disease. Sudhir Kakar, an Indian psychoanalyst who has published widely on India’s healing traditions and popular perceptions of illness and well-being, put it like this:

In Ayurveda I discovered the source of my unvoiced suspicion that the twig from the neem tree with which I brushed my teeth as a child and which I later sacrificed on the altar of modernization to the brush and the paste did infinitely more than just clean the teeth. Here I found the source of my reluctance to eat radishes and guavas at night, the origin of my reverence for the beneficial properties of honey and clarified butter, and of my secret respect for many herbs and roots, especially if they come (or are said to be from) the Himalayas (Kakar 1982: 220).

Although nowadays home remedies and Indian ideas about health and disease are often linked to Ayurveda, many ‘Ayurvedic’ ingredients and the biological effects that are ascribed to them are also part of other Indian traditions such as Unani tibb and folk medicine (see Ahmad & Qadeer 1998; Lambert 1992; see also the Introduction). Though some might argue that using the label ‘Ayurveda’ to denote medical substances and the notions which surround them is an act of Brahmanic and Hinduistic confiscation (cf. Lambert 1992), it is common practice to associate popular medical substances and their related health practices with Ayurveda. According to current Indian notions there exists a large overlap between folk remedies, homemade substances and the formulas coming from scholarly traditions such as Ayurveda and Unani tibb. In respect to the latter two, despite their different origin Unani tibb and Ayurveda are foremost Indian traditions. From the thirteenth century onwards they have shared the same natural, social and intellectual environment. Not surprisingly, contemporary Unani physicians consider the language in which the compendia of canonical status of Ayurveda and Unani tibb are written – respectively Sanskrit and Arabic - as the main difference between the two. Both the Ayurvedic and Unani industry contrast their remedies to synthetic biomedical products and to ‘unnatural’ modern cosmetics and toiletries (see Chapter 4.3).

The practices and ideas that are associated with Ayurvedic and Unani products are backed by Indian cultural logic that finds its expression in a variety of Indian institutions such as: ‘mixing and cooking’; popular psychology in the form of humoral thinking and ‘biomorals’; nature and its products as testimony of a spiritual order (Bode 2002, 2001). The humoral idiom of Indian medical traditions, which is also applied to other spheres of life, provides the words and grammar for doing this (Rosin 2000: 372; Leslie 1992; Zimmermann 1991, 1987; Obeyesekere 1976). A writer of popular publications about Ayurveda, who is also an esteemed pharmacologist doing research on Ayurvedic drugs, phrased it like this:

Indians are culturally associated with Ayurveda, because we all use its principles in our day-to-day living. The fact that we are all brought up with Ayurveda makes Ayurvedic health practices easy for me to express and for my readers equally easy to understand (interview Bombay January 2000).
For the promotion of their products, manufacturers make use of popular ideas about the wholesomeness of Indian ingredients and formulas. The products of Ayurvedic and Unani manufacturers such as Dabur, Baidyanath, Zandu, Hamdard, the Himalaya Drug Company, the Arya Vaidya Sala, contain substances that are part of everyday life. They can be found on Indian kitchen shelves, in gardens, in puja (worship) rooms, as well as in the bazaars (market) of the subcontinent. For example, products of the sacred tulsi and the popular nim tree (Azadirachta indica Juss.) - the latter has become almost a national symbol - and flowers such as the rose (gulab) and the lotus (kamal), fruits like mango (am), wood apple (bel) and pomegranate (anar) are all part of Indian remedies. Company brochures celebrate the medical value of spices such as ginger (sunthi), cumin (jira), turmeric (haldi) and black pepper (kali mire), and the benefits of ordinary vegetables such as cauliflower (phulgobhi), spinach (palak) and onion (pyas): physiological, psychological and spiritual effects are ascribed to them. For example, the manufacturer of Vasmol, a digestive to which many other health benefits are ascribed, markets the product by promoting its popular main ingredients: haldi, sandal wood (can-dan), nim and tulsi. These spicy and fragrant components are known for their cleansing and decontaminated qualities; though they are nowadays often called medicine, it is important to remember that in the classical culture of the past and in contemporary popular culture the medical, the religious and aesthetic spheres were intertwined. It is a deliberate decision the Gujarati manufacturer has chosen to market Vasmol as an herbal product; the products ingredients are also widely used in commodities that are labeled 'Ayurvedic' or 'Unani'. The ingredients foremost make the product desi and therefore trustworthy and useful in the eyes of the consumer. It is common practice to depict Indian ways and the logic by which these are legitimized as natural and wholesome; they are projected as reflecting and stimulating a life-style which is truly humane and therefore leading to health and prosperity. According to Indian logic, natural substances balance human physiology and take care of the equilibrium between humans and their natural surroundings. Indian formulas maintain and restore the elemental and humoral equilibrium (dehaprakriti, tabiyat, mizaj) which is said to be specific for each individual though changing along with the seasons, age and life-style. Qualities of natural substances depending on the quantities of the primordial elements - earth, water, fire, wind and space - such as 'warm', 'cold', 'dry', 'wet', to mention the most important ones, are used in therapy for completion and depletion, nourishment and cleaning; in this way the flora, fauna and minerals are used to lead the patient back to equilibrium, i.e. health. Within this framework, natural substances are said to dissolve physical and mental blockages, to stimulate the growth of body tissues, and to take care of the synchronicity of somatic functions such as digestion, movement and cognition. In short, according to Indian popular culture, Ayurvedic and Unani formulas are jivani (life-promoting; see Bode 2002: 193-97 for an extensive expose on this topic).

Food, Medicine and Digestion

The mixing and 'cooking' of the ingredients of a desi formula determine the interrelated factors of taste and biological effect. Indian notions hold that, for instance, bitter substances improve digestion, stimulate the production of good tissues and humors and therefore improve the health and well-
being of its user. Indian medicine has a lot to do with improving health and well-being by 'feeding' body, mind and spirit; therefore food and medicine are closely related and do not form two classes of substances, as is the case with modern drugs. Indeed, in Indian popular and classical culture food is medicine and medicine is food. The industry makes ample use of this: in a lead article, 'Spices, the Traditional Wealth for Health', in an issue of Ayurveda-Vikas – an English bi-monthly published by the Ayurvedic manufacturer Dabur – the author states that:

Indian food known for its special aromatic flavor has tempted and tickled many a palate. This tradition of using spices has not only enriched Indian cuisine but also imparted manifold health benefits. ... Addition of spice to the food is not just aimed to impart a flavor or aroma to the food. The practice addresses an important dimension of human life, the health [of people] (Katiyar et al. 1999: 25).

The taking of medicines is seen as a ‘more potent way of eating’ (Dahanukar & Thatte 1996: 94). According to Francis Zimmermann who has written extensively about the Ayurvedic tradition of the southern state of Kerala, scholarly medicine is closely connected to sites of everyday practice such as the kitchen and the garden. The scholarly physicians that were Zimmermann’s informants collected their medical ingredients in gardens and forests, and mixed and ‘cooked’ these in their ‘kitchens’ according to the ‘logic of the cuisine’: a sastra (classical science) that deals with the art of mixing and cooking. Indeed, Indian remedies are medicines, drinks, and groceries all in one (Zimmermann 1995b: 134; Zimmermann 1987).

This conflation of food and medicine on the level of ingredients and preparation methods, is not unique to South-Asia. In both the Chinese and Greco-Arabic medical traditions, the ‘kitchen’ is held in high esteem (Farquhar 2002; Good & DelVecchio-Good 1992; Unschuld 1986; 1985). The same can be said about folk traditions in many parts of the world. In an article titled ‘Food as Medicine and Medicine as Food’, the American anthropologist Nina Etkin (1982), for example, draws our attention to the fact that for the Hausa of Nigeria, the categories of medicine and food overlap and kitchen technology is important in the making of medical formulas. Europe’s scholarly medical tradition which until the eighteenth century kept its hold on medical practice, also did not draw a sharp line between food and medicine (Zimmermann 1995). The distinction only became important with the rise of a pharmaceutical industry in 19th century Germany followed by similar developments in other Western countries (Abraham 1995; Lawrence 1994). Until today a similar separation from the sites of everyday life never took place to this extent in India’s medical traditions (see Chapter 3.3).

Closely related to the celebration of the products of nature as guardians of health and well-being is proper digestion; both as a sign of and a prerequisite for health. Indian humoral thinking again provides the idiom and grammar for this. A balanced digestive fire marked by the right mixture between heat (pitta, fire) and wind (vata), is vital to proper digestion of food, its absorption in the body and the elimination of waste products (mala) - faeces, urine and sweat – which are by-products of the for-
mation of healthy tissues, good humors and somatic and psychological vitality and virility. A disruption in these processes will eventually decrease the body’s life-force (ojas, prana) and consequently its ability to remain healthy. Not surprisingly, irregular defecation and ‘abnormal’ faeces - for example too watery or emitting a ‘foul’ smell - are important markers of health (Tabor 1981). The following quotation illustrates this:

The digestive fire tends to be slack when temperatures are soaring during the hot season. Accordingly we use cooling substances in summer and medicines like amla and honey must heat up our bodies in winter. Indian drugs such as supari pak and paan we take through the year to facilitate the absorption of food. It all boils down to the fact that when your tummy is all right, your health is all right (manager logistics Zandu, interview Bombay January 2000).

The importance of digestion is also illustrated by the fact that until twenty to thirty years ago, Ayurvedic and Unani manufacturers ‘survived mainly through the sales of digestives and aphrodisiacs’ (Bhatt 1999). Though the range of products has broadened, digestives have remained important money generators for the industry. The distortion of digestion is considered to be an illness in its own right. Its regulation and fortification is also used as an explanation for the effects of many Ayurvedic and Unani products. Lahmina, a Unani tonic for increasing vitality and vigor, for instance, ‘works because it optimizes digestion, builds organs and tissues and therefore increases stamina and semen’ (assistant marketing manager Hamdard, interview February 16, 1999). Here ‘vigor’ is used as a synonym of vitality and semen as a metonymy of the vital fluid which takes a central place in the body’s physiology (Zimmermann 1991: 189). According to Indian logic, faulted digestion in the end deprives the body of its stamina, vigour, virility and vitality.

Religion, Medicine and the Natural Order of Things

Somewhat to my surprise, on my way back home in a Dabur company bus mainly filled with laboratory personnel such as pharmacologists, botanists and pharmacognists, as well as those with lesser training, everybody got out to pay his respect to the Goddess Lakhsmi, the guardian of prosperity. Much more than in Europe, religion is part of everyday Indian life. Many people have a puja (worship) room in their house, decorate portraits of saints and forefathers with garlands, and consider some of the plants and trees as bearing the mark of divinity. As do Muslims consider nature as the creation of one god, Hindus make correspondences between trees, plants and fruits, and the Gods or demi-gods of the Hindu pantheon. Indian ‘plant drugs’ such as bel, nim, tulsi and candan, which are used in Indian formulas, are also part of religious ceremonies. Bel, for instance, is described as aushdhi-jagat ka sakathari sakar, i.e. Lord Siva from the world of medicines who takes away all problems (Vijayavagi 2000: 30). The popular nim tree provides another example. Its leaves, which are used as a blood purifier and disinfectant, are considered to be amrit (the elixir of life) because:
When the *Devas* and the *Asuras* churned the ocean of milk, Lord *Dhanvantri* appeared with a pot of *Amritha* (ambrosia). A few drops of this ambrosia dropped on the Earth and from these drops was born the Neem tree. It has been revered in our tradition, as *Sarva Roga Nivarani* - the cure for all diseases (Vijayalakshmi, Radha and Shiva 1995: inner cover).

The *nim* tree is part of a Hindu myth that tells about the purification of the world. By means of a churning process the Gods (*devas*) and demons (*asuras*) purge the world from evil. During this endeavour known as *samudra manthan* (the Churning of the Ocean), the lord of Ayurveda, Dhanvantri, appears with a bowl containing the elixir of life and other substances that support life. As the purification process of churning aims to re-establish the natural order of the world, natural substances restore the somatic order.

Probably due to political reasons, compared to Unani *tibb* the conflation of religion and medicine is more obvious in contemporary Ayurveda. For example, in a therapeutic index of the Ayurvedic firm Zandu, titled *svasth jivan* (healthy life), Ayurveda and its medicines are explicitly called *amrit* (the elixir of life). In this sense, the consumption of Ayurvedic products is a metonym for a ‘wholesome’, ‘natural’ and ‘ordered life’. According to my informants, their actions go beyond what can be proven in modern laboratories. This is illustrated by the following quotation:

Ninety percent of the Indian population is using Ayurveda in different forms such as ginger to heat up their system or a tea made out of *sudhdarshan* to keep them free from infections. Practically every Indian knows that these natural drugs are life promoting. For example, *haritaki* [*Terminalia chebula Retz.*] does much more for you than cleaning your intestines; it also raises your immunity against disease (director Zandu, interview Bombay, February 2000).

Zandu’s director refers both to the laboratory proven immuno-modulating effects of Indian formulas, as well as to traditional concepts with a current popularity such as *ojas* (vital fluid), *deha-prakriti* (personal constitution) and *svasthya* (optimal health; lit. being established in oneself). Ayurvedic medicines are part of a wider view in which ill health is seen as one of the many misfortunes that can befall upon people. This comprehensive view is imminent in the next description of Ayurvedic therapeutic substances (*bhesaja; ausadha*) as,

That which overcomes diseases or even fear of diseases, and includes anything, material or means, is used for this purpose. Thus even food, fasting, penance, incantations, sleep, sunlight, and faith in physicians are prescribed in Ayurvedic therapeutics for recuperation of ill-health. In fact Ayurvedic physicians prescribe not only medicines but also a whole course of behaviour that would help the recuperation, because the dosas which manifest as diseases will be aggravated by things, climate and activities not suitable to the constitution of the body and mind of the individual (Sivarajan & Balachandran 1994: 6).
Though Ayurvedic texts mention four different types of treatment – incantations (*mantra*), charms (*mani*), drugs (*ausadha*) and personal influence (*prabhava*) – therapeutic drugs are the focus of attention of the industry; the other three are less easy to turn into a commodity.

Within Indian symbolic contexts the spiritual and the material are not exclusive categories but part of a hierarchy in which matter is potentiated by the metaphysical realm. Nature and its products have both supernatural and physical dimensions; which are not as rigidly separated as they are in the West. When the producers of Indian indigenous pharmaceuticals claim superiority in terms of safety and efficacy they also refer to the metaphysical domain. Knowledge of and esteem for the healing properties of plants is alive, even among the inhabitants of India’s metropolis Bombay, as the next passage concerned with the gardening of one of the main characters of Rohinton Mistry’s novel *Such a Long Journey*, suggests:

> Every morning he tended both bushes, although the vinca was the only one he had planted – the mint had become to sprout of its own accord one day. Assuming it was a weed, he almost uprooted. But Miss Kuptita, watching from the balcony upstairs, had deftly elucidated the medical uses of this particular variety. 'That is a very rare *subji* [greenery], very rare!' she shouted down. The fragrance controls high blood pressure! And the tiny two-lipped white flowers, growing in spikes, soaked in water and ingested, cured numerous maladies of the stomach' (Rohinton Mistry 1991: 15-6).

Indeed, Ayurvedic and Unani formulas are tied up with Indian ideas and practices. For Sudhir Kakar (1982: 219), as for many Indians, Ayurvedic and Unani practices and products, 'are a part of the Indian culture that adheres to me ... and needs little reflection on either its origins or its functions'. Manufacturers of Ayurvedic and Unani commodities make ample use of this truth (for a semiotic analysis of advertisements see Chapter Four).

### 1.2 The Government: Nationalism, Regulation and Brands

This section starts off with the link between nationalism and Indian medical traditions. Though discourses concerned with the greatness of Indian civilization play a part in the propagation of Indian medical traditions versus Western medicine, pragmatic arguments, mainly concerned with costs, had, and still have, the upper hand when it comes to the worth of Ayurvedic and Unani formulas. It was argued that although Indian humoral theories explaining the workings of indigenous medicines might be incorrect, this does not automatically lead to the conclusion that Ayurvedic and Unani medicines are ineffective. Ayurvedic and Unani substances have proven their efficacy because they 'are tested over centuries'. At the same time it was argued that their worth had to be tested on the 'bench marks of modern science', i.e. by the use of laboratory models and clinical trials. Though this was already posed in the nineteenth century - to my knowledge mainly by physicians and pharmacologists in gov-
ernment service - it was not before the last decades of the twentieth century when official formulas and pharmacopoeia were published by the Ministry of Health and Family Welfare of the Central Government of India: Works which adhere to the structure and categories of modern pharmacology.

**Patriotic Formulas**

In South Asia cultural revivalism and modernization go hand in hand. A historical continuity and a logical analogy exist between the quest of the Brahmo reform movement of 19th century Bengal that stood both for modern education and the abolishment of practices such as child marriage and caste prejudice on the one hand, and the endeavors to 'purge' Ayurveda and Unani *tibb* from 'superstition' and 'aberrations' on the other. Just as during the Bengali Renaissance of the nineteenth century, prominent Indians pleaded for the modernization of Indian culture, the revitalization of Indian medical knowledge by applying modern science and technology was considered to be inevitable and desirable (Leslie 1992, 1976). Though the *svadesi* (self rule; lit.: own country) movement - be Indian, buy Indian - was mainly expressed and implemented through the plea for buying Indian cloth instead of the textiles coming from Manchester and other British industrial centers of that time, the acquisition by the public of medicines and toiletries produced in India was also propagated by Indian nationalists such as Jawaharlal Nehru, Subhas Chandra Bose, S. Srinivas Iyengar and Sarojini Naidu, among others. A Dabur commercial brochure from the beginning of the twentieth century in which products of this Ayurvedic firm are listed starting with quotations of important nationalistic leaders of that time, testifies hereof:

I have great pleasure in expressing my appreciation of Dr. S.K. Burman’s [the founder of Dabur] excellent toilet preparations like Keshraj Oil [a hair oil that cools the brain] and other preparations like Essence of Pudina [a mint preparation for the treatment of hyperacidity], Camphor [laxative], Heal-Ek [disinfectant], and Antalgic Tablet [pain killer]. I trust his enterprise will find encouragement at the hands of his countrymen. I understand half of the profits from Dr. S.K. Burman’s business are given to national causes (Sarojini Naidu, President Indian National Congress, 1925).

I am glad to certify that the toilet requisites of Dr. S.K. Burman are excellent substitutes for those of the foreign make that are usually found to have flooded the Indian markets. I have personally used the Keshraj Hair Oil. It is a splendid preparation to keep the brain cool, a pleasure for the bath, and a tonic for the growth of hair. The patent medicines of Dr. S.K. Burman are also highly efficacious (J.M. Sen Gupta, Mayor Calcutta Corporation, 1924-1928).

Although Dabur also produced medicines mentioned in the British pharmacopoeia of that time and most of its profits must have come from the sale of its hair oil Kesraj, Ayurvedic therapeutic substances such as *cyavanapras* and *draksarisht* were also prominently present among the firm’s products. Some of these products were branded, i.e. Dabur had registered them under a name of which the company was
the sole owner. In the first therapeutic indexes of the firm they are mentioned in the category ‘Dr. S.K. Burman’s Renowned Patent Medicines’. Pack design and promotion was used to make a difference between Dabur Cyaban-pras – now marketed as Dabur Chyawanprash – and the ‘generic’ cyavanapras. The term ‘generic’ is confusing here because it suggests uniformity; the many practitioners which made cyavanapras on a small scale must have entertained variations in composition and processing. Two other examples from the same catalogue are Dabar Draksharisht (registered) and Dabar’s Cure for Females; the latter ‘all healing remedy’ is a compound of the ‘well renowned American remedy Vibernum’ and the ‘essential principle of Ashokarisht, Ayurvedic specific for uterine complaints’. In this product an American patent medicine has been combined with ashokarisht, a classical Ayurvedic formula.

During the colonial period political figures such as Lokamanya Tilak made a plea for the revival of Indian knowledge and Ayurvedic medicine (Leslie 1988). Ajmal Khan together with P.S. Varier, the founder of the well known Ayurvedic manufacturer Arya Vaidya Sala, were important advocates of Indian medicine at the beginning of the 20th century. Ajmal Khan, a Delhi aristocrat, fought for state recognition of Ayurveda and Unani tibb, while P.S. Varier put the emphasis on the production of Ayurvedic formulas, mainly those mentioned in the Astangahrdaya, an Ayurvedic compendium of canonical status (Kumar 1996; Metcalf 1986). Both figures are still revered: the Unani manufacturer Hamdard takes care to associate itself with Ajmal Khan (see Chapter 4.2) and the Arya Vaidya Sala, a nationally and internationally operating manufacturer for hospitals and clinics, reveres its founder in the form of statues, biographical publications and prizes for those doing research in Ayurveda.17 These propagators of Indian medical traditions held the opinion that a revival of Indian medicine should go hand in hand with the modernization of these systems by using modern technology for monitoring the quality of Ayurvedic and Unani preparations, the establishment of professional organization of indigenous physicians, and the standardization and modernization of education. No contradiction was seen between tradition and modernity when it comes to the codified traditions of Ayurveda and Unani tibb. Just as biomedical disease categories and diagnostic tools are an integral part of modern Ayurvedic and Unani practice, modern production and research techniques are part of production. In the past and present, the Ayurvedic and Unani industry functions as an important supporter of the modernization of Indian medical traditions.

Already in the nineteenth century the use of Indian medicines was propagated by British Medical Doctors (MD’s) and Indian pharmacologists in government service. For example in 1813 the British surgeon Whitelaw Ainslie, ‘Superintending Surgeon of the Madras Establishment’, wrote in the Preface to his book:

It has long been a source of regret that there was no where to be found a correct list of what particular articles of the British Materia Medica could be produced in the Bazaars of Hindoostan, with the names in the languages which are spoken in the Peninsula; or any arranged account of the Materia Medica of the Native Indians. [...] It is with a view of remedying these evils, in some measure, that the following Catalogue is now presented to the Public (Ainslie 1813: i). 18
In 1826 the author updated his publication and with it added to his list of medical ingredients: ‘Formulae, with practical observations [on recognition, preparation and use], names of diseases in various Eastern languages, and a copious list of oriental books immediately connected with general science’. Another example of this endeavor to replace imported medical ingredients with those found and used on the Indian subcontinent can be found in the Proceedings of the Committee on Indian Drugs (Thomas et al. 1855). The authors discuss the medical uses and effects of gums, herbs, fruits, metals, salts, minerals and oils, found in the ‘Bazaars and the practices of medical men of the subcontinent’. Next to a list containing 92 items the authors produce tables with the effects of administering these to patients coming to ‘native dispensaries’. Later in the century pleas were heard to test the quality, purity and strength of criteria from British Pharmacopoeia; and O’Shaughnessy and Waring respectively published the Bengal Pharmacopoeia and the Indian Pharmacopoeia. Other works in the same vein are K.L. Dey’s ‘Indigenous Drugs of India: the Principal Medicinal Products met with in British India’, first published in 1867, and U.C. Dutt’s well known and recently reprinted ‘Materia Medica of the Hindoos’, originally published in 1877. According to the introduction of the second edition of the latter, in 1894 in Bengal a government ‘drugs committee’ was appointed to look into the ‘extension of the use of indigenous drugs of India’ (1900: iv). In the preface of the first edition of 1877, the author, having a modern education and also well versed in Sanskrit, makes a plea for the application of laboratory methods for analyzing the identity, purity and strength of Indian ingredients and formulas. As was the case with the mentioned English medical men, diminishing the costs of medicines through import substitution seemed to be the main reason for their efforts. Trust in the usefulness of at least some Ayurvedic and Unani substances and ingredients certainly did not mean accepting indigenous pharmacological and medical theories. Indeed, it is possible to value indigenous drugs with the argument that their worth is proven by their use over many centuries and, at the same time, to reject the theories that back up these substances, as the next quotation illustrates:

In describing the general properties of individual articles I have not followed the Sanskrit texts literally. Sanskrit writers, under this head, after recounting their sensible properties, enter into minute details regarding their cooling or heating effects on the system, and their special influence on the humors which are supposed to support the machinery of life, namely, air, bile, phlegm and blood. These details are not so much the result of observation and experience as the outcome of an erroneous system of pathology and therapeutics (Udoy Chand Dutt 1900: v-vi).

This author of the first extensive English compilation of Indian medical ingredients and formulas, was very explicit in his rejection of Indian medical theory. Though other authors of influential works on Ayurvedic and Unani ingredients such as M.A. Iyengar (1976), R.N. Chopra et al. (1958), and K.M and A.K. Nadkarni (1954), were more cautious in their judgments of the theoretical background of Indian medicine - perhaps because of national sentiments of that time - all see modern research as a necessity. According to Chopra, a prominent Indian pharmacologist who was the chairman of the first government committee of the post-independence period that was given the task to look into the usefulness of ‘Indian drugs’ for India’s health policy:
[Some might think] that no benefit will be derived by a study of the old systems which are based mainly on empiricism rather than science. This reasoning, however, does not seem to be based on sound logic. A system which has survived to such an extent the ravages of time, cannot be entirely brushed aside as unscientific.... On the other hand, there are sure to be others [indigenous drugs] of little therapeutic value that are given merely because they are mentioned in some old manuscripts, and no one has taken the trouble to confirm the truth of these statements. Attempts must be made to separate the good ones from the useless ones and for this a systematic investigation of these drugs must be undertaken (Chopra et al. 1958: 5-6).

Chopra's point of view represents that of government pharmacologists and other officials who all pleaded for the incorporation of 'Indian drugs' in public health after they had stood the test of modern science. Like Chopra, they were not trained in Indian medicine and their prudent embrace of Ayurvedic and Unani medicines was mainly argued on economic grounds (Bala 1991). Western medicines were costly and Indian drugs were presented as cheaper alternatives for the 'poor masses'. The aim was not to strengthen the knowledge base of India's medical traditions, but to cut on the cost of therapeutic drugs. At the same time these officials or semi-officials distrusted the identity and quality of indigenous substances that were available on the Indian market (c.f. Chopra 1958: xiv). Ayurvedic and Unani preparations therefore had to be tested on the 'anvil of modern science'. After standing the test of modern research, Indian medicines were expected to offer relief to those patients to whom western medicines were too costly (Chopra 1958: 15).

Probably because of nationalist sentiments, and power represented by Ayurvedic and Unani physicians and propagators on the local level – see Khan 1994 for an example dealing with Uttar Pradesh in the ten years before independence – the first independent Indian government felt obliged to advance and regulate the 'Indian Systems of Medicine' as the codified health traditions are officially called. Political considerations and lurking possibilities for saving money in health expenditure were important reasons for such a policy. Though prominent leaders such as Jawaharlal Nehru and the English speaking educated middle class that occupied most of the higher positions in the Indian bureaucracy did not have much affiliation with Indian medicines, they could not ignore national sentiments and political lobbies of traditional healers which were powerful on the local level (associate professor School of Social Sciences, Jawaharlal Nehru University, interview Delhi March 1999; cf. Jeffery 1988, Jeffery 1982; Frankenberger 1981). However, the results of government involvement with Indian health traditions is widely considered as being meager; this is true for the industry, NGO's working in the medical field, and those in charge of colleges of indigenous medicines and state owned dispensaries. It is often heard that the government mainly gives lip-service to its medical traditions (director Health Action Network, interview Bombay April 1996; medical officer of the Voluntary Health Association of India, interview Delhi April 1996, Shankar & Manohar 1995). A recent plea by C.P. Thakur - a biomedical physician who was India's health minister until mid 2002 - to save money through the introduction of indigenous drugs in Indian health care, as well as his call to research these substances 'along modern lines', illustrates that the discourse on using and improving
indigenous formulas and practices does not differ much from those heard in the 19th and first half of the 20th century. Though it was not part of my research to look into the reasons for the observed slackness, the following determinants are probably responsible for the state of affairs in relation to Indian medicines: most of the money spent by government agencies dealing with Indian drugs goes to salaries and not to the creation of initiatives; the spread of modern drugs all over India (mostly produced by India's large biomedical drug industry) has hampered the development of indigenous alternatives; indigenous medicine is not given much of a chance because both in an ideological and pragmatic way, bureaucrats in the Ministry of Health are connected to modern medicine: many of them have studied modern medicine themselves or have close relatives that are modern medical doctors.

**No Drug Code, No Standardization**

In 1976 Indian health products were brought partly under the Indian Drugs and Cosmetic Act which was made for modern therapeutic drugs and cosmetics. This was mainly a symbolic measure, because manufacturers of Ayurvedic and Unani commodities do not fall under the jurisdiction of the Central Drug Controller, and therefore do not have to prove the efficacy and safety of their products. They only have to deal with local food authorities whom are known for their lenience towards manufacturers of indigenous drugs and cosmetics. It is common knowledge in India that the technical expertise and the trustworthiness of these local bodies vary widely. People have, for instance, more confidence in the authorities of the metropolis Bombay than in the food and drug administration of Bihar, a state notorious for its corruption and anarchy. However, a local license obtained from bribed officials gives manufacturers the right to market their products all over India, much to the dismay of those living in places where the bureaucracy is less corrupted. To put it bluntly: the quality of Ayurvedic and Unani products are a cause of concern to those who are professionally involved with Indian medicine such as Ayurvedic professors, pharmacologists doing research on indigenous formulas, members of professional organizations for Ayurvedic and Unani physicians, consumer organizations and Non Governmental Organizations with a keen eye for the contribution of Indian medicine to the health of the Indian population. Their representatives regularly express their doubts about the quality and usefulness of some of the Ayurvedic products which are sold in India (pharmacologist Ayurvedic research wing of a large hospital, interview Bombay February 2000; researcher Voluntary Health Association of India, interview Delhi April 1996; see also Venkat 2001; Singh 1999; Unnikrishnan & Shiva 1992). From a nationalistic point of view, a policy favoring Ayurvedic and Unani substances might be laudable, although it has eventually hampered the coming of age of the Ayurvedic and Unani industry. Until today, there is no effective policy and practice for monitoring the manufacturing and marketing of Ayurvedic and Unani substances; this state of affairs undermines the integrity of these modern traditions. When it comes to the quality of Ayurvedic and Unani products the public depends upon the integrity of the firms themselves; a disorganized and corrupt state of affairs.

The inclusion of indigenous preparations in the Drugs and Cosmetic Act also reflects commodification of Ayurvedic and Unani formulas; in the 20th century the role of traditional healers in their
making and use has gradually been diminished. Firstly, it became common practice for traditional physicians to obtain medicines from professional manufacturers instead of making them themselves. Secondly, many indigenous formulas are bought by the public without professional advice. Consequently, much of the personal relationship between producers and consumers, which in the past provided patients with some safeguards for the quality of indigenous medicines, has vanished. Indeed, the many stranded relationships which in the past might have insured the quality of indigenous medicines, have eroded due to sociological change (cf. Kapil 1988). The commodification of indigenous medicines has provided the Indian government with a rationale for trying to regulate the production and sale of Ayurvedic and Unani remedies as the next quote taken from the first official formulary of Indian therapeutic drugs shows:

The practice of the individual physician identifying drugs and preparing medicines himself for the use of his patients has been largely supplanted by the Pharmaceutical Industry. ... He (the physician) prefers to buy it straight from the market. Even the patient (...) prefers purchasing a ready made drug from a manufacturer instead of obtaining from his own physician. [Therefore] some sort of uniformity in the manufacture of Ayurvedic medicines should be brought about. ... In view of the present trend of commercialization in the preparation and marketing of Ayurvedic medicines (...) the Government of India considered it expedient to utilize the existing law which controls the standards of allopathic drugs, namely the Drugs and Cosmetic Act, 1940, to also control, in a limited measure, the Ayurvedic, Siddha and Unani drugs by amending the Act (The Ayurvedic Formulary of India 1978: xxvii-xxviii).

Until today, Ayurvedic and Unani ingredients and formulas have not been standardised. Indian medicine is kept in a ‘state of anarchy’ (Zaman 1989). There is the problem of identifying ingredients and therefore the quality of indigenous health and beauty products has not been secured. It seems that this has been taken more seriously in the last few years: the Ministry of Health and Family Welfare has at least made a plan with the objective to check the quality of indigenous health products and has announced measures to guarantee hygienic production methods. The Ministry of Health and Family Welfare has announced that from 2004 onwards only firms adhering to good manufacturing practices in terms of hygiene, quality control and documentation, will get a license for the production of Unani and Ayurvedic formulas. Many questions relating to the implementation and effects of these measures remain unanswered. For example: will the government be able to solve the noted structural and legislative problems? Also, what will happen to the many small manufacturers when they are forced to modernize their monitoring and manufacturing? Will the government provide enough facilities to authorities dealing with Indian medicines? At the moment both the Central Drug Controller in Delhi, as well as the local food and drug authorities dealing with indigenous formulas, lack manpower and proper technical equipment. Until then, the quality of Ayurvedic and Unani substances will depend upon the commitment of the manufacturers themselves (Venkat: 2001: 9), an unsatisfactory state of affairs indeed.
As is common practice with composing pharmacopoeia, the first official Ayurvedic Pharmacopoeia published by the Ministry of Health and Family Welfare in 1986 has occasionally been updated. The most recent edition of the Ayurvedic Pharmacopoeia, which comes in three parts, was published in 2001. In this work, laboratory procedures are laid down for testing the authenticity and quality of 351 natural ingredients that are used in Ayurvedic formulas\(^2\), a first step towards defining the raw materials that are used in the production of indigenous formulas. Apart from the laboratory procedures for determining physical parameters such as total ash value, acid insoluble ash value, moisture content, degree of acidity that was already described in former editions, technically more sophisticated methods have been added. Modern imaging techniques such as chromatography - a laboratory procedure for the identification and visualization of chemical fractions with the help of physical characteristics of light - and more up to date tests for the detection of unwanted materials such as poisonous metals, pesticides and fungus, are described in this latest edition. It would be incorrect to conclude from this that most of the approximately four hundred ingredients used by the Ayurvedic industry have now been properly defined and directions for testing their quality have finally been established. These government efforts are seen as just a first step and their usefulness is contested by the industry and consumers organizations. The recent publication of the Indian Herbal Pharmacopoeia by the Indian Drug Manufacturers Association and the Council for Scientific and Industrial Research in which laboratory procedures for testing the authenticity and strength of sixty 'Ayurvedic ingredients' are laid down, is an attempt to supplement the work done by government agencies for Indian medicine (Sastry 2000: 9). Lack of official regulation has given manufacturers the rationale for making standardisation and quality testing into a company affair, as the next quotations illustrates:

Hamdard uses more than two thousand fruits, leaves, shrubs, minerals, metals as well as animal substances for the production of our Unani products. We are in no position to wait till the government has come up with the parameters and procedures for determining the identity, purity and potency of the raw materials that we use in our factories. The best we can do at the moment is giving our suppliers a sample of the ingredient that we want to obtain and ask him to provide us with the same. You could call that standardization in a relative sense (manager products Hamdard, interview Delhi, March 19, 1999).\(^2\)

Lurking exports and Indian consumers becoming more critical has given the industry the impetus to take matters of quality and standardization more seriously. During my visits to government and company laboratories it became obvious to me that the latter are much better outfitted with personnel and equipment. Compared to the Pharmacopoeial Laboratory of Indian Medicine, a government undertaking, the facilities of the Dabur Research Foundation, for example, are much better. However, the recent involvement in drug testing and development of organisations such as the Council of Scientific and Industrial Research (CSIR) and non-governmental organisations like the Foundation for the Revitalisation of Local Health Traditions (FRLHT), might lead to improvements in the future.
Proprietary Medicines: Registering Trademarks, Making Brands

The impact of government rules and regulations on the Ayurvedic and Unani industry mainly lies in the creation of a new category of Indian medicines. Ayurvedic or Unani products of which the name has been registered by its manufacturer are officially known as Patent & Proprietary Medicines. The name of the product has now become the sole property of the company. The reason for registering a name of an Ayurvedic or Unani formula with the authorities is in the wish of manufacturers to protect their investments in marketing and advertising. On the label of these products is written Ayurvedic Proprietary Medicine or Unani Proprietary Medicine; hair oils, shampoos and cosmetics also carry this label. It should be noted that the word ‘medicine’ is used in a different sense as compared to in the West. To distinguish Ayurvedic and Unani proprietary medicines from classical formulas, i.e. products of which the name has not been registered by its manufacturer, I will speak of branded products. In contrast to classical products carrying names that can be found in Ayurvedic and Unani compendia having canonical status, brand names are inventions of manufacturers themselves. To make this workable, drug technical advisory boards and pharmacopoeial committees have been installed by the Indian government since the 1970s.

In the case of Ayurveda, between fifty and sixty classical texts – the number varies because of negotiations in the boards and committees – have been selected for this purpose. It would be incorrect to assume that this defines Ayurvedic products unambiguously. This leaves room for manipulating the status of Ayurvedic products; the identity of many ‘Ayurvedic ingredients’ is controversial; identical names refer to different herbs and visa versa (production manager Arya Vaidya Sala, interview Kottakkal February 2000; Wujastyk 1998: 23-26; Sivarajan & Balachandra 1994: 11-12). For a formula to be officially reckoned as a branded Ayurvedic or Unani product, it suffices that its ingredients are mentioned in one of the texts selected by the aforementioned government bodies; i.e. the ingredients which make up a branded formulas do not have to come from the same text. In contrast, the entire formula of a classical product has to be mentioned in one of the selected canons. Another difference between both categories of products is that in case of branded formulas manufacturers have more freedom in modernizing their methods of manufacturing. Not everything is allowed; also in the case of branded products, water and alcohol are the only accepted mediums of extraction.

When a product is officially recognized as Ayurvedic or Unani – cosmetics, hair oils, shampoos and soaps are included - the commodity falls into a lower tax tariff; no sales taxes are levied on classical products and branded Ayurvedic and Unani goods are taxed with eight percent sales duty. For similar products that have not obtained this qualification, sales tariffs amount to twenty percent or more; percentages vary because the amount of these levies are determined by the state governments.

The Appropriateness of Terms and the Worth of Branded Formulas

Terms such as ‘patented drugs’ and ‘generic drugs’ reflect the ambiguous status of Ayurvedic and Unani products. On the one hand, one wants to use the more prestigious biomedical format while
on the other hand capitalize on the uniqueness of Ayurvedic and Unani preparations. As we have seen, the term 'generic' becomes awkward when it is used for Ayurvedic and Unani products: there is no uniformity when it comes to the description of classical formulas in the Ayurvedic and Unani compendia. Also, the use of the term 'patent' seems odd when dealing with Ayurvedic and Unani products. After all, it is claimed that Indian formulas are effective because they 'have stood the test of ages'; their asset is commonness not uniqueness. The manager product development of Dabur phrased it like this:

The Ayurvedic industry does not invent new medicines; our products are not novel in the sense that they meet international criteria for patented medicines. Therefore the word 'proprietary' much better covers the state of affairs in Ayurveda. Government rules and regulations make it possible to protect investments made in designing and marketing of an Ayurvedic product. We as Dabur do not want other firms making similar formulas to take advantage of our marketing efforts. Take for example cyavanapras, a classical formula. Dabur has invested a lot in marketing the product. Therefore we have registered cyavanapras as Dabur Chyawanprash. This makes the product a branded one. Dabur could have given a new name to his cyavanapras but decided against it because of the familiarity of the name cyavanapras (interview Ghaziabad November 1997).

This system of brand registration and the absence of effective government control of the identity and quality of Indian formulas, has lead to misuse. Substandard Ayurvedic products have been placed into the market and the label 'Ayurvedic Property Medicine' has been given to goods not rightly deserving because their composition does not warrant this. Examples of the latter are the digestive Swad (lit. taste) which for 97% is made of sugar and should be registered as 'confectionery', not as an Ayurvedic medicine (Unnikrishnan & Shiva 1992: 115), and Vick's Vapo-Rub, a nose de-blocker made by a foreign firm (Cohen 1995: 336-337). Both products are unduly registered as 'Ayurvedic Proprietary Medicine'; the qualification 'Unani' does not have a similar marketing value. It seems prime time to opt for a regulation system which does not lead to these kind of misleading marketing strategies. Another important point for future research and regulation is the marketing of unethical Ayurvedic and Unani products; i.e. formulas of which manufacturers unduly claim health benefits. It is due time for the development of a rational Ayurvedic and Unani drug policy.

1.3 The Logic of the Market

Traditional healers were among the first customers of Ayurvedic and Unani manufacturers when the industrial production of Ayurvedic and Unani drugs took off at the beginning of the twentieth century. The level of professional skills among these Registered Medical Practitioners (RMPs) - as they are now officially called - probably differed widely. Because they were not the product of an officially sanctioned curriculum, their knowledge was not standardized. Scholarly physicians having a tho-
rough education for many years in their teacher’s clinic (gurukul), as well as quacks making a profit on their patient’s ignorance, must have been among these practitioners. At that time Ayurveda and Unani tibb were local traditions and healers were appreciated for their skill in selecting ingredients and preparing formulas. Physicians usually did not ask for consultation fees and thus depended upon the sale of their self-made therapeutic substances for their income. This changed with the coming of the Ayurvedic and Unani industry at the turn of the 20th century. Manufacturers legitimized their business by referring to the benefits of a division of labor, as the next quote taken from a company brochure, illustrates:

As it is impossible that a professor would himself compose all the books required for coaching, that a doctor would himself make all surgical instruments for his operation table, that a soldier would himself make all necessary weapons for battles, so it is also impossible that all the medicines of the Ayurvedic Pharmacopoeia would be prepared by a Kabiraja [the denomination for Ayurvedic physicians in Bengal] himself. We have ... made this rule that our Kabiraja-friends, who will take medicines from us, will get a handsome commission and that their letters as well as their orders received will be kept very secret (Catalogue of Medicines, Sadhana Ausdhalay (lit. the medicine house of religious practice), no date, probably 1920s: pp. 128-9).

To convince hakims and vaidyas to buy their products Sadhana Ausdhalay celebrates the division of labor; and to protect the reputation of traditional healers as composers and makers of medicines, confidentiality was promised. Forty years later the former argument was repeated in a brochure of Baidyanath, until today one of the largest Ayurvedic firms, as the next quote of a company brochure illustrates:

The treatment of ailments and the manufacture of medicines are two entirely separate specialised types of activities. However, in our country until recent years the Vaidyas practised both with the result that the production of good medicines suffered greatly ... Shree Baidyanath Ayurved Bhawan Private Ltd. has helped the Vaidyas to get over this difficulty. Today the Vaidyas can easily get authentic Ayurvedic medicines of consistent quality at uniform prices anywhere in the country (Years of Progress, Shree Baidyanath Ayurved Bhawan Private Ltd, no date, probably late 1950s or early 1960s).

Nowadays the Himalaya Drug Company goes one step further in suggesting the division of labor. The firm advises Ayurvedic practitioners to charge a consultation fee, which will make them financially independent from the sales of the medicines they prescribe. Just like their biomedical counterparts, they can write a prescription which the patient uses to obtain a specific medicine from a pharmacy (export manager Himalaya Drug Company, interview Bangalore January 1997). In contrast to Himalaya which mainly depends on retailers such as pharmacists, chemists and drugstores for selling their products, Baidyanath prides itself on a network of 450 sales centers known as ‘showrooms’ and ‘company clinics’. The therapeutic indexes and price lists of the 1960s and 1970s manufacturers such
as Baidyanath, Dabur and Zandu indicate that *vaidyas* and *hakims* were important buyers of industrially produced Ayurvedic medicines (marketing manager Zandu, interview Bombay April 1996). Firms offered some of their products in bulk, allowing practitioners to add other ingredients and enabling them to still make their own individual formulas (export manager Zandu, interview Bombay April 1996). For example, *vaidyas* bought *triphala curma* (a digestive compound made of three fruits, see glossary) and used this as a base to which other ingredients were added. In this way Ayurvedic physicians created therapeutic substances that they could tailor to the needs of particular patients by varying the ingredients they supplemented to the industrially produced formula. Out of fear of harming their reputation as makers of therapeutic substances, traditional physicians often kept silent about this; and even if they sold a factory product without adding other ingredients physicians sometimes hide the name of its manufacturer (director Sandu Bros., interview Bombay April 1996). This was possible because many Ayurvedic and Unani remedies of that time were not pre-packaged. Patients were served *curnas* (powders), *gulikas* and *majuns* (hand rolled pills), *kashayas* (decotions), *avehlas* (jams), *arks* (distillates), as well as other traditional medicine forms, from large unlabeled containers. Formulas were packed by the dose and for their distribution practitioners depended upon recycled materials such as used bottles for liquid preparations and newspapers for powders and hand rolled pills. Though I was told that this practice continues today, it seems to have diminished over the past decades.

In addition to selling their products to practitioners from the beginning of the industry in the late 19th and beginning of the 20th century, firms also sold pre-packed products directly to consumers. This conflation of markets is illustrated by the next quote taken from the aforementioned prospectus, published in the late 1920s or early 1930s, containing a description of Dabur’s ‘renowned patent medicines’. Promoting the sales of its ‘sample box of Dr. Burman’s specifics’, a ‘house-hold kit’ containing camphor, a patent cure for asthma, Kola Tonic for ‘those who work by body and brain’, Nervine Tonic Pills, Purgative Pills and Green Essence of Pudina (Mint), ‘the remedy at hand for stomach troubles, colic, etc.’ the brochure states:

The Sample Box has been especially designed to meet the wishes of the public who are inclined to give a trial to Dr. Burman’s specific remedies at a small cost. Letters are generally received from our kind constituents that small quantities of medicines should be sent first as sample for trial and if approved of larger quantities will be ordered. This system is not only followed by the general public but also by professional men. And we say it is business like. It contains six of the most useful preparations. A booklet of directions accompanies each case. No house-hold should be without it, as it would prove invaluable to the family in every emergency. So at a comparatively small cost one can avail himself as well as his friends of the benefits of Dr. Burman’s useful preparations (Catalogue of Dr. S.K. Burman’s Renowned Patent Medicines, no date, probably late 1920s or early 1930s: 8).
There are two ways to obtain Ayurvedic and Unani products. Firstly, one can purchase over-the-counter (OTC) products in retail outlets such as grocery stores, supermarkets and drug stores. Apart from some general product information provided by these retailers, patients and customers depend upon other forms of knowledge such as public advertisements and cultural notions concerning the use and benefits of these products. Secondly, one can obtain the advice of a broad range of experts from traditional physicians, pharmacists and chemists specialising in making and selling of mainly Ayurvedic medicines, as well as from providers dealing mainly with allopathic medicines; the expertise of the latter as well as the quality of their business practices is not beyond controversy (see Kamat & Nichter 1997, 1998). An interesting example of the second way of obtaining Ayurvedic and Unani health products are company establishments such as ‘show rooms’, out-patient clinics, franchises and agents. Firms such as Baidyanath, the Arya Vaidya Sala and Hamdard have clinics and exclusive agents were people can buy company products after having obtained advice from a Ayurvedic or Unani physician. Chemists and pharmacies which are specialised in the sale of Ayurvedic and Unani products offer similar facilities to their customers: on certain hours of the day a traditional practitioner is available for consultation. The time of these consultations vary: from a few minutes in the Delhi clinics which Hamdard runs for the ‘poorer sections of society’ up to half an hour given to patients who consult the clinics of one of the South Indian manufacturers situated in a rich area of Delhi; these consultations usually result in the sale of company products (see Chapter 2.2 for examples).

There are no restrictions on the sale of Ayurvedic and Unani medicines in terms of the law. Everybody who considers himself fit to do so can prescribe and sell the products. It is solely the decision of the manufacturer to market a product directly to the consumers or to the providers such as modern and traditional pharmacies and drugstores and medical practitioners including Medical Bachelor, Bachelor of Science (MBBS), Bachelor of Ayurvedic Medicine and Surgery (BAMS), and Registered Medical Practitioners (RMP). For OTC-brands, manufacturers make ample use of the popular media. In contrast, the selling of provider brands - I prefer this term above ‘prescription drugs’ because, strictly speaking, there are no ‘prescription only’ Ayurvedic and Unani medicines - is done by medical and sales representatives. Though both marketing routes are employed for the sale of branded products OTC marketing is much more common (see Table 2). For the latter products manufacturers advertise in the public media and attractive packaging, catchy slogans and gift-with-purchase deals are used to compete with other similar products on the market. Companies do their best to create brand loyalty and create a positive product image in the consumers’ minds.

According to the government, sixty five percent (65%) of the Ayurvedic formulas which are on the market are branded products (Ministry of Health and Family Welfare 2001: 13). These products are usually adaptations from classical formulas described in the canons of Ayurveda or Unani tibb. Apart from the modernisation of production processes, manufacturers add or substitute one or two ingredients. Companies draw their inspiration from classical formulas that they use as a ‘reservoir’ out of which they create their branded products; adding a popular herb to a classical formula or combining two or more traditional preparations are strategies which manufacturers employ. For example, Zandu
has added the popular herb saffron (kesar) to classic *gyavanapras* and has named its new product Kesari Jeevan (Safron Life). Dabur’s ‘sex tonic’ Stimulex is an example of the enhancement of classical formulas: the product consists of *silajit* and *makardvaj*, two classical therapeutic substances which Dabur and other companies also market separately. Another example is Zandu’s Pancharishta (literally: five medicated wines), a product that consists of five classical *arishtas*; among these are *dasmularisht* and *draksharisht*, two popular Ayurvedic tonics. Assigning names to products is lead by pragmatic considerations: for example, *gyavanapras*, an Ayurvedic formula containing over forty herbs and included in a classical rejuvenation therapy is sold as Dabur Chyawanprash; while the Himalaya Drug Company uses the name Geriforte to indicate basically the same formula (Zimmermann 1995b: 118). Strategic considerations explain both decisions: Dabur markets the product straight to consumers while the Himalaya Drug Company targets professional providers such as physicians and pharmacies; with his policy Himalaya opts for medical enclaving to enhance the products image (see Chapter 2.2).

According to authorities in the field of Indian medicine such as the chairman of the All India Ayurvedic Congress, Devendra Triguna, Ram Harsh Singh (professor of Ayurvedic internal medicine *kayacikitsa*) who during the last four decades through his many books and articles has played an important role in defining modern Ayurveda) as well as my own data on the production of four of the largest manufacturers of Ayurvedic products, indicate that the share of branded ‘Ayurvedic medicines’ is probably larger than the government figure of sixty five percent (Bode 2002c; Triguna 1999: 54-5; Singh 1999: 43). In the Financial Year 1998 (April 1998-March 1999) the turnover of Dabur, Zandu, the Himalaya Drug Company and the Arya Vaidya Sala was, according to their own figures, 245.5 million US dollars (Rs. 982 crore); see Table 6 for a break-down of this figure along these four firms. I estimate that branded products make up 88% of the sales of these firms; classical products - also known as *sastric* medicines - roughly make up 12% of the turnover of these four firms. As we have seen, businesses use different marketing routes for selling their brands: over-the-counter marketing and biomedical-provider marketing. I assume that 70% of the branded products of the four manufacturers is sold directly to consumers without the consultations of professionals such as physicians and pharmacists. Market considerations are a crucial factor here. Which policy would be more profitable: advertise a product in the media directly to consumers or market the commodity to providers such as practitioners, pharmacists and chemists? The figure below divides the sales of Dabur, the Himalaya Drug Company, Zandu and the Arya Vaidya Sala into three categories.
The above-listed percentages are estimates based on interviews, the study of promotional materials and observations in grocery stores, supermarkets, drugstores, pharmacies and clinics. The sales figures must be read as indicators of trends, not as exact percentages.31

The boundaries between the three categories are fluid and artificial in the sense that there are no official rules which tie a product to a category. Manufacturers move goods freely between categories. Branded products are made out of classical formulas; the latter are the ‘reservoir’ from which branded products originate. Similar classical preparations are marketed - though under different names - as consumer brands, biomedical-provider brands and classical medicines. For example, Dabur Chyawanprash, Geriforte and cyavanapras of the Arya Vaidya Sala show the fluidity between classical products and the two types of brands which I distinguish. The first product is sold as a consumer brand while Himalaya markets Geriforte as a biomedical-provider brand, and the Arya Vaidya Sala sells its cyavanapras as a classical Ayurvedic medicine.

I have introduced the term ‘biomedical-provider brand’ to distinguish Himalaya’s approach from the ‘prescription only’ marketing of biomedical products. In the case of Ayurvedic and Unani curative substances provider-marketing does not mean that patients consult a physician before buying the drug. In contrast to branded over-the-counter products for which firms advertise in the public media, the target market for branded provider products are professionals such as biomedical physicians, Ayurvedic practitioners, pharmacists and chemists (whereas in the Indian context the latter two regularly function as ‘prescribers’). In India many ‘prescription only’ drugs are bought without a prescription from a qualified physician (Kamat & Nichter 1997, 1998). I consider biomedical-provider-marketing, mainly done for Ayurvedic brands, as a sales strategy for sharing in the prestige of biomedical prescription drugs (see Chapter 2.2 for a discussion of the sales strategy of biomedical enclaving). A case in point is Liv.52, the successful liver tonic of the Himalaya Drug Company. Though the product is not advertised in the popular media, I estimate that 80% of the product’s turnover of 12 million US dollars, comes from selling Liv.52 straight to the public. Pharmacists and druggists in Bangalore and Delhi told me that they commonly sold the formula without the customer presenting a prescription. In contrast to consumer brands, biomedical-provider brands like Liv.52 are not advertised to the general public and not sold in groceries and supermarkets. The marketing of
biomedical-provider brands focuses on physicians and pharmacies. The Himalaya Drug Company has an 'army of 600 medical representatives' which visits physicians in their practice and pharmacists in their shops. According to the firm many of these 'medical representatives' have a bachelors degree in modern medicine or related fields such as pharmacy and biology (export manager Himalaya Drug Company, interview Bangalore January 1997). Gifts such as pen holders, glossy magazines containing biomedical information together with laboratory and clinical research on the firm's products, and clocks with the name and logo of the company are offered with the expectation that more Himalaya products will be recommended and sold. Though Himalaya certainly is the epitome of biomedical-provider-marketing, firms such as Dabur and Zandu also have a modest 'ethical division', as these company divisions are also known. Note that the Arya Vaidya Sala does not make brands and therefore has no share in the biomedical-provider market for Ayurvedic products. I was repeatedly told by marketing representatives from Hamdard, and Unani physicians related to the company, that biomedical-provider-marketing is no option for Unani products because biomedical and Unani practitioners seldom prescribe Unani medicines and modern pharmacies usually do not sell them. Therefore, Hamdard does not make products which fall in the same category as Liv.52.32

For classical medicines the marketing efforts are much smaller. Some are advertised to consumers on a modest scale; this concerns the well-known classical remedies such as *triphala churna*, *dasmularisht*, *sitopaladi churna*, *amritarisht*, *maharajyog guggulu* and *silajit*. Lesser known classical products are mainly sold through Ayurvedic physicians and traditional physician-pharmacists who, apart from classical medicines of large manufacturers such as the Arya Vaidya Sala and Zandu, offer their home-made classical formulas along with biomedical-provider brands and consumer brands of large manufacturers (see Chapter 2.1 for an example of such a traditional pharmacy). These establishments are visited by the sales representatives of manufacturers who offer them business incentives such as payment postponement, price cuts and other benefits.

In the highly competitive Indian market for health and beauty products firms want to convince customers of the 'uniqueness' of their products. Distinctive packaging, modern dosage forms such as coated pills, fashionable syrups and effervescent tablets are seen as, 'weapons to win the battle for the Indian consumer' (Contact, the in-house journal of Dabur, April-June 98: no page number). Firms state that their investments in brands in terms of advertising and promotion are guided by a thorough understanding of customers and brand competition. Firms attract consumers and retailers with gifts and incentives; at the same time they are keen to outstrip competitors which market the same or similar products. The Unani manufacturer Hamdard tries to delve into the market of Dabur Chyawanprash; Dabur holds 60% of the market of this 'immunity booster' (see Table 12). Likewise, Dabur tries to penetrate the Ayurvedic balm market from which the Zandu Pharmaceutical Works acquires one third of its turnover (see Chapter 2.2). Firms offer retailers price cuts and delayed payments, known as 'push factors'; and consumers are seduced by 'pull factors' in the form of glossy advertisements, extra herbs and gifts such the free cough syrup that Baidyanath offers along with the sale of its brain tonic. To ensure 'compatibility with modern consumers' – the taking of Ayurvedic
and Unani medicines can be awkward and time consuming - manufacturers offer more and more of their products in modern dosage forms such as coated tablets, blister packed capsules, syrups and tablets. These high-tech forms have increasingly replaced traditional medical forms such as bitter decoctions (kashaya), crude powders (curna), hand-rolled pills (gulika, majun), medicated butters (ghrita) and semi-solid formulas (avehla). The latter have increasingly been converted into 'convenient and palatable commodities suiting the fast life-styles of today'; they are sold in well-designed, colourful packets containing symbols and names which are unique to a product and its producer. To make their products stand out, companies have invested in product features such as packaging and company logos.

Concluding Remarks

The sale of over-the-counter brands started with the first commercial production of Indian medicines in the 19th century. Today, consumer brands are by far the largest product category. Their sales has risen substantially with the coming of age of an Indian consumer class in the past decade of the 20th century. Branded commodities make up for most of the sales of many large manufacturers and, with the exception of Himalaya, these brands are largely marketed directly to consumers with the help of advertisements in the popular media. The logic of the market shapes, constrains and transforms many of the Ayurvedic and Unani formulas which are sold today. On the whole, not scholarly reasoning but the wish to be competitive determines composition, dosage and indications for use of many of the Ayurvedic and Unani health products that are sold today.

Ayurveda and Unani tibb are increasingly becoming globalised in terms of production technology, corporate organisation, marketing and popular biomedical notions. At the same time, these modern Ayurvedic and Unani goods are embedded into Indian notions about wholesome existence and a 'natural life'. To sell their products manufacturers make ample use hereof. Next to cultural capital, manufacturers also posses legal capital in the form of profitable government measures such as the creation of the category of Ayurvedic and Unani proprietary medicines guaranteeing tax benefits. Ayurvedic and Unani health and beauty products have been shaped by global and local factors, which has made both forms of Indian medicine into 'glocalised' traditions.