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

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Chapter Two
Manufacturers, Products and Markets: Sameness and Uniqueness

But, like bow ties and watch-chains, fair fights had gone out of style while Mr. Kohla wasn’t looking. The corporations handled out free samples, engaged in price wars, and erected giant billboards showing happy children with smiling parents, or a man and woman tenderly touching foreheads over a bottle out of which two straws penetrated in the lover’s lips. The dribble of new soft drinks turned into a deluge. Brands which had been selling for years in big cities arrived to saturate the town. ... So Kohlah’s Cola never stood a chance. The General Store’s backbone was broken, and the secret formula’s journey down the generations was nearing its end (Mistry 1996: 268-69).

There are around 8,500 private manufacturers of Indian health and beauty products: 7,500 Ayurvedic, 500 homeopathic, 300 Unani and 200 Siddha manufacturers. In 1999 the turnover of Ayurvedic and Unani manufacturers was estimated to be respectively 625 million US dollar (Rs. 2500 crore) and 42.5 million US dollar (Rs. 170 crore). Although there are four Indian medical traditions in which medicines play an important role, Ayurveda is by far the largest and the oldest. During the Indian Buddhist period, a rational Indian medicine developed out of personalistic Vedic medicine that was mainly based on magical remedies such as rituals, charms and chants (Foster 1976; Zyskowski 1991, 1985). Unani tibb is the Indian version of Greek-Islamic medicine that goes back to Hypocrates, Galen and Arab physician-scholars such as Ibn Sina (Avicenna); it came to India in the 12th century with the Muslim invasions from the North. Subsequent patronage by Indian Muslim courts made Unani tibb an Indian medical tradition mainly based on local materia media; both humoral pathologies share many notions, concepts and practices (cf. Liebeskind 1995). Unani tibb has been overhauled in popularity by homeopathy, which originated in Germany at the end of the 18th century. Homeopathy was Indianised in terms of ingredients, formulations and therapeutic logic (Sarkar & Arnold 2002). There are almost twice as many homeopathic manufacturers as Unani manufacturers and with an estimated turnover of 125 million US dollars, the homeopathic industry in India is three times as big as its Unani counterpart. Size wise, the Siddha tradition of the Tamils comes fourth. Its modest production volume of 1.25 million US dollars partly comes from small manufacturers and cottage industries. However, medium sized Southern manufacturers such as IMP-COPS and Siddhar Pharma also make some Siddha formulas besides their Ayurvedic products. The boundary between manufacturers belonging to different Indian medical traditions, as well as between them and manufacturers of herbal products, is permeable. The largest Unani manufacturer, for example, makes Ayurvedic products such as triphala churn, maharajyog guggulu and supari pak, and the firm claims to be the largest producer of supari pak (betel nut), a popular Ayurvedic digestive.
In this chapter I introduce the five manufacturers that provide the context for the study. Even without statistical data for support, there is ample reason to believe that what is said in this chapter goes beyond the five firms under study. Phenomena such as branding, over-the-counter marketing and ‘ethical’ marketing in which products are advertised in professional magazines and ‘compliments’ are exchanged with physicians and pharmacists, are part of the activities of most larger manufacturers. First I give a general overview of manufacturers and products in a general sense. What is the size and number of large manufacturers compared to the many cottage industries making Ayurvedic and Unani medicines? What kinds of goods are produced and how much do they cost? How do these substances reach consumers and patients? In the second part I deal with the four Ayurvedic firms and the one Unani manufacturer under study. Not all firms are given equal attention and my focus will be on the largest Ayurvedic and Unani manufacturer. The Ayurvedic firm Dabur India Limited has one-fourth of the market of Ayurvedic products and Hamdard Laboratories (wkf) holds seventy percent of the much smaller Unani market. The discussion focuses on general issues of importance and does not claim to be a precise description of the structure and history of each company. The websites of the firms can be consulted by those interested in these matters. In my discussion of Dabur and Hamdard I pay attention to their sales strategies. What kind of products do they sell and which marketing routes do they use? I will touch upon some salient features that need further research. For example, what is the character of their entrepreneurship? After discussing Dabur and Hamdard I will devote some attention to the Zandu Pharmaceutical Works. Though the latter manufacturer has a lot in common with Dabur and both firms get most of their profits from selling over-the-counter Ayurvedic products (consumer brands in the parlance of this study), Zandu is stronger in authentic Ayurvedic products and its classical medicines are appreciated by lay men, Ayurvedic physicians and herbalists alike. Among the manufacturers of ‘Indian Drugs’, the Himalaya Drug Company is the largest exporter and sells 20% of its products abroad. The firm is interesting because its marketing is geared towards professionals such as biomedical physicians, modern Ayurvedic practitioners and pharmacists. Himalaya, known within India for its Good Manufacturing Practices, follows a strategy of biomedical enclaving and can be considered as the epitome of the marketing of Ayurvedic formulas as, what I call, biomedical-provider brands. I end this chapter with a discussion of the Arya Vaidya Sala as the main representative of the Keralite Ayurvedic tradition in which classical medicines are part of a clinical context. The case histories of customers presented in this chapter must be read as illustrations of marketing routes. The focus of the study is on the manufacturers of Ayurvedic and Unani health and beauty products.

2.1 Manufacturers and Products

Although there are thousands of manufacturers, a few large ones dominate the market. I have divided their products into three categories (see Chapter 1.3). After having argued that it is mainly the chosen marketing strategy that puts a product in one of the three categories, I give a few examples of each. In practice, however, the different product categories share the same space. Biomedical phar-
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Manufacturers, Products and Markets

macies sell Ayurvedic biomedical-provider drugs along with consumer brands. The example of an Ayurvedic physician-compounder-retailer is given to illustrate that classical medicines, biomedical-provider drugs, consumer brands and home-made substances can be bought in the same shop. To explain their usage and efficacy these products are clothed with popular, biomedical and humoral logics.

Manufacturers

Practitioners who make indigenous medicines solely for catering to the needs of their patients are not included in the number of 8,500 registered pharmacies. The rules laid down in the laws such as the Drugs and Cosmetics Act (1940), the Central Council of Indian Medicine Act (1973) and the Medicinal & Toilet Preparations Act (1995), do not apply to them. Production takes places in the backyard, so to speak, of the practitioner’s clinic. After examining the patient the traditional healer who nowadays might have an officially sanctioned degree - usually a diploma or bachelors degree in Ayurveda - prescribes a few drugs which the patient buys from the shop. This is in line with traditional Ayurvedic and Unani practice where the hakim or vaidya does not take any consultation fee but makes his living from the sale of therapeutic substances that he advises to his patients. Among these traditional practitioners we find part-time medical specialists such as midwives, bonesetters, eye experts and healers offering cures for diseases such as jaundice and diabetes. These sometimes belong to families which have specialised in these treatments for generations. Many of them can be found in the rural areas of southern India. However through the influx of modern drugs and other social developments such as urbanisation, the continuation of many of these practices is under threat (see many articles over the last decade published in the magazine Amruth of the Foundation for the Revitalisation of Local Health Traditions). It seems likely that most of them make standardised family recipes. Formulas which are tailored to the individual characteristics of a patient and his disease probably make an exception (Leslie, personal communication 1995). The practice of ‘balancing’ ingredients (samyoga) might never have been a current phenomenon, at least not in the last centuries. On the contrary, standard formulas appear to have dominated traditional medical practice for the last thousand years (Meulenbeld, personal communication 2003; Wujastyk 1995: 30). It would also be incorrect to assume that these physician-compounders only offer home made substances to their clients. At least in the city clinics which I visited, products of large manufacturers such as Dabur, Hamdard and the Himalaya Drug Company were sold along with home made formulas. Family businesses can be found in rural areas, provincial towns and large cities. It happens that the older generation above fifty or sixty does not have an officially sanctioned degree in medicine or pharmacy, but their sons do.

Next to private manufacturers there are public enterprises. Around 1980, the central government created the Indian Medicines Pharmaceutical Corporation (IMPC) for supplying classical Indian medicines to dispensaries functioning under the Central Government Health Scheme (CGHS), as well as to government or semi-government research institutes such as the Central Drug Research
Institute (CDRI). In the financial year 1998, the turnover of this government manufacturer was estimated at 25 million US dollars (Rs. 100 crore) (director IMPC, personal communication Delhi February 1999). Some of the Indian states have established pharmacies for meeting the demands of their own dispensaries. In 1997 I visited such a pharmacy in Bangalore, the capital of the Southern state of Karnataka. In a traditional set-up in which cow dung is used for heating and manual labour is rampant, classical Ayurvedic and Unani medicines were produced. Though this government pharmacy obviously was thriving from their scale of operations, I estimate that the market value of the classical medicines produced in this establishment probably is around 500,000 US dollars (Rs. 2 crore), a significant amount less than the turnover of large and medium private manufacturers.

Recently, 7000 Ayurvedic firms have been classified according to size by the Ministry of Health and Family Welfare (2001):

**TABLE 3: DISTRIBUTION OF 7000 AYURVEDIC MANUFACTURERS IN TERMS OF ANNUAL TURNOVER**

<table>
<thead>
<tr>
<th>Number of licensed Ayurvedic pharmacies</th>
<th>Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 large manufacturing units</td>
<td>Larger than 12.5 million US dollars (Rs. 50 crore)</td>
</tr>
<tr>
<td>25 medium manufacturing units</td>
<td>Between 1.25 and 12.5 million US dollars</td>
</tr>
<tr>
<td>965 small manufacturing units</td>
<td>Between 250,000 and 1.25 million US dollars</td>
</tr>
<tr>
<td>6000 very small manufacturing units</td>
<td>Less than 250,000 US dollars (Rs. 1 crore)</td>
</tr>
</tbody>
</table>

The vast majority of Ayurvedic manufacturers are cottage industries which produce for a local clientele. The total turnover of the industry - estimated at 625 million US dollars (Rs. 2500 crore) in the financial year 1998 - mainly comes from large and medium size firms. The four Ayurvedic firms which are the focus of the study produce 245.5 million US dollars worth of goods; around 40% of the total turnover of the Ayurvedic industry. Though no firm names are mentioned by the Ministry, Baidyanath Ayurved Bhavan and Charak Pharmaceuticals India certainly belong to the top ten of Ayurvedic manufacturers; I estimate that in the financial year 1998 both firms had a turnover of approximately 25 million US dollars (Rs. 100 crore). It is not as easy to determine the other four companies this government listing refers to. However, consultations with people who are professionally involved brought up the following names: Maharishi Ayurved, Vicco Laboratories, Medimix and Aimil. I estimate that in the financial year 1998 these firms together sold 60 million US dollars (Rs. 240 crore) worth of goods. Indeed, the concentration rate in this industry is large: ten firms produce almost 60% of the total turnover of the industry (352.5 million US dollars of a total turnover...
of 625 million US dollar). In the last two decades of the 20th century there has been a sharp rise in the number of Ayurvedic firms and in the total turnover of the Ayurvedic industry; even taking into account that in the period 1981-1997 the Indian rupee lost 75% of its purchasing power (Bhandare & Mukhopadhya 1998: 221). In 1980, for example, it was estimated that there were 3000 Ayurvedic, Unani and Siddha firms. At that time the turnover of the largest firms was estimated to be 5 million US dollars (Kurup 1980: 12); in 1998 the two largest Ayurvedic manufacturers had a turnover of 160 million US dollars and 40 million dollars respectively (see Table 6).

Products

In Chapter 1.3 I have divided Ayurvedic and Unani health and beauty products in three categories: consumer brands, biomedical-provider brands and classical medicines. As we have seen, due to lenient government policies towards Indian medicines and unendorsed rules, the marketing route of a product can be decided by the manufacturers themselves. Consumer brands are advertised directly to consumers through public media such as television, radio, newspapers, magazines and billboards. In contrast, provider-brands are marketed to physicians, pharmacists and wholesale chemists; the term ‘ethical marketing’ is sometimes used to indicate this sales route. The use of this route does not mean that provider-brands can only be bought with a prescription from a registered physician. On the contrary most provider-brands are purchased without a prescription. Unlike the schemes used in the marketing of consumer brands, financial incentives used in the marketing of provider-brands solely go to pharmacies, wholesale druggists and physicians. In contrast to the ‘counter pulling’ of advertisements aimed at consumer-patients, the latter approach is known as ‘counter pushing’. This does not mean, however, that manufacturers do not seduce consumers to buy provider-brands. Compared to the marketing of consumer brands, the techniques involved are more subtle. Glossy product brochures are placed on the counters of pharmacies and chemists proclaiming the scientific support of solid clinical and laboratory research results. Though these brochures read ‘For the use of a Registered Medical Practitioner or a Hospital or a Laboratory’, they are placed on sales counters for patients and their relatives to pick them up. Even though four out of the five manufacturers use this strategy, Himalaya is the epitome of this strategy of biomedical enclosing (see Chapter 2.2).

Manufacturers move their products between these categories. A case in point is Dabur’s Pudin Hara, a ‘remedy for griping, stomach aches, gas and indigestion’, which recently has been converted into a consumer brand. Its manufacturer has set up a marketing campaign aimed at the general public. Because of the costs involved (advertisements in popular media such as television, Indian newspapers and magazines are expensive) this marketing route is only used for branded products. Manufacturers do not advertise their classical products. According to the general manager of Dabur Ayurvedic Specialities ‘competitors making the same formula benefit from investments in the public advertising of classical medicines’ (interview Delhi November 1997). Marketing products straight to the public has one disadvantage: biomedical and Ayurvedic physicians usually do not prescribe consumer brands for this would damage their prestige. I was told that it would disappoint patients when
consulting doctors would give them a prescription for over-the-counter products. There is another argument against advertising Ayurvedic formulas to the general public: formulas can contain ingredients which are damaging for certain patients. For example, the sugar content could harm diabetics and formulas based on clarified butter (ghi) can raise levels of cholesterol (marketing manager Arya Vaidya Sala, interview Kottakkal February 2000). Besides, the efficacy of many Ayurvedic and Unani formulas depend upon their combination with other formulas and the regimen which is given along with them (see Chapter 3.3). In the case of classical Ayurvedic formulas, a distinction can be made between products which are bought over-the-counter and those which are purchased on the advise of a physician. Well known classical medicines such as cyavanapras, triphala churn and dasmularisht are acquired at grocery and general drug stores while lesser-known formulas such as candraprabha vatika and praval bhasm (mica powder) are bought after consulting traditional experts. The latter classical medicines are also the medicines of choice in the hospitals, outpatient clinics and branches of the Arya Vaidya Sala, one of the most active firms employing indigenous formulas in a clinical context.

To make my division of Ayurvedic health and beauty products into three categories more concrete, I give examples of products for each category:

**TABLE 4: PRODUCTS BELONGING TO THE THREE CATEGORIES OF AYURVEDIC FORMULAS**

<table>
<thead>
<tr>
<th>Consumer brands</th>
<th>Amla Hair Oil, Dabur Chyavanprash, Zandu Balm, Pancharishta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomedical-provider brands</td>
<td>Stresscom, Liv.52, Geriforte, Mentat, Vigorex, Brento</td>
</tr>
<tr>
<td>Classical medicines</td>
<td>asokarishta, draksavhla, candraprabha vatika, hira bhasm</td>
</tr>
</tbody>
</table>

Biomedical-provider brands such as Liv.52, Geriforte, Vigorex, Rhumayog, Stresscom, Livfit, Aswajit are known in India as ‘ethical products’; they are marketed to prescribers such as biomedical and modern Ayurvedic and Unani physicians and providers like pharmacies and wholesale druggists. It would be false to assume that, as the denotation ‘ethical’ suggests, these products are mainly sold on prescription; to my knowledge around 80% of them are acquired without consulting a registered physician. Disease marketing - i.e. biomedical disease categories are the product’s indication for use - reinforces the biomedical image of these products; arthritis, diabetes, impotence, hepatitis, obesity and Parkinson’s disease are well known examples. Due to biomedical dominance in India, these biomedical-provider brands are mostly offered for the treatment of diseases for which biomedical treatment is complex and often with modest results. Modern medical concepts and mechanisms of action derived from modern pharmacology dominate the promotion materials of these medicines (see Chapter 3.2). Their advertisements can be found in professional and semi-professional pharmacological magazines such as Indian Drugs of the Indian Drugs Manufacturing Association (IDMA),
the Indian Journal of Pharmacology of the Indian Pharmacological Society and the Journal of Research and Education in Indian Medicine of the Central Council of Indian Medicine (CCIM). These biomedical-provider brands are mainly an Ayurvedic affair and I am not aware of any Unani products falling into this category.\textsuperscript{43} Popular notions combining modern and traditional ideas about health and illness are used in the advertisements and brochures for consumer brands (see Chapter Four). The better-known classical medicines are bought for prevention and in cases of common ailments such as indigestion and irregular menses. I assume that they are bought out of habit without much thought about the actual benefits. The lesser known are prescribed by physicians who have traditional knowledge of the art of balancing formulas, diseases and patients (see Chapter 3.3 for an expose on classical pharmacology); on the basis of my own figures I estimate the turnover of the latter class of products at approximately 30 or 40 million US dollars (the total yearly sales of classical medicines is about 75 million US dollars; see Table 2).

Firms move products freely between categories (see Chapter 1.3). Especially in Dabur's case, it has made it into its policy to use its section for the production of classical medicines, Dabur Ayurvedic Specialties (DAS), as a nursery from which the firm chooses formulas with commercial prospects. These preparations are transferred to other sections such as Dabur Health Care Products or Dabur Pharmaceuticals. For the former products Dabur starts a public media campaign while for products transferred to Dabur's pharmaceutical division medical representatives 'exchange compliments' with physicians and pharmacists. Such a policy is also part of the business activities of the Himalaya Drug Company, Zandu and Hamdard. Though Himalaya does not entertain a reservoir of classical formulas of its own, the firm draws from the pool of Ayurvedic formulas which Indian traditional medicine has left us. It is obvious that my division of Ayurvedic and Unani products into three categories should not be taken too rigidly. The fluidity of categories is also seen in the case of providers such as pharmacies and drug stores; here we find biomedical-provider brands along with consumer brands and some of the more well-known classical medicines. In the case of the lesser-known classical medicines, this is quite different. For these we have to go to pharmacies specialised in Ayurvedic and Unani curative and preventive formulas. These establishments, which are scarce compared to pharmacies and druggists mainly selling biomedical products, are either owned or assisted by a vaidya or hakim. Patients can be diagnosed before buying a medicine. In some of the more traditional of these clinics with pharmacies, one has the choice between home-made or factory-made substances. It should be noted that no all these places are owned by people having either a degree in Ayurveda or Unani or a registration as vaidya or hakim. I have seen traditional druggists owned by entrepreneurs who hired a traditional physician offering his advice at certain hours of the day. To me the pharmacy clinics owned and run by traditional physicians seemed the most interesting because they reflect different periods in the development of Indian medicine. Besides products of three categories, these traditional physician-pharmacists sell their own medicines; their establishments are manufacturing unit, clinic and sales point all in one and represent the traditional set up in which physicians do not charge consultation fees but make their living from selling medicines. In these pharmacy-clinics for example, home made \textit{triphala curn} and \textit{roghan badam shirin} - sweet almond oil; a well-known Unani
medicine for stimulating intellectual and digestive powers – is offered along with similar products of well-known Ayurvedic and Unani manufacturers. Traditional ideas and notions in nosology, pathology, aetiology and therapy are in use. It is here that we find traditional products such as kafa kuthar (lit. phlegm removed; an Ayurvedic remedy against colds) and vat chintamani ras brihat (lit. the great wind wishing jewel; a mineral preparation used in the treatment of vata illnesses such as paralysis and other nerve diseases). The words and grammar of traditional medicine are also found in the information leaflets coming along with these products. A case in point is the product information that comes with lauh bhasm (iron oxide), an Ayurvedic metallic preparation made by many manufacturers. The instructions for use coming with lauh bhasm made by the North Indian manufacturer Baidyanath are stated in Hindi. The leaflet’s format is representative for those of other classical formulas:

**TABLE 5: INFORMATION LEAFLET OF LAUH BHASM (IRON OXIDE)**

<table>
<thead>
<tr>
<th>keval cikitsko ke liye (only for physicians)</th>
</tr>
</thead>
<tbody>
<tr>
<td>baidyanath lauh bhasm (the name of the product and the manufacturer)</td>
</tr>
<tr>
<td>ras tarangini (the classical text from which the formula comes); ayurved ausadhi (Ayurvedic medicine)</td>
</tr>
<tr>
<td>gun dharm (qualities of the medicine). Mentioned are: blood increasing, tissue building, life prolonging, vitality increasing, disease destroying, stimulating</td>
</tr>
</tbody>
</table>

A Sanskrit sloka (verse) from the aforementioned text and its reading by the manufacturer saying that the product is beneficial in cases of spleen disease, jaundice, abscess, cough, asthma, stomach problems, sluggish digestive fire, irregular bowel syndrome, piles, worms, fever, blood bile (rakta pitta) and acidity. Dosage and ‘side-drinks’ (anupan). In the case of lauh bhasm honey, cream, triphala churn and cyavanaprás are mentioned.

Application peculiarities (anupan vishes) describing traditional aetiology in terms of the three humors along with the workings of the product when combined with other Ayurvedic preparations. In cases of kamala (jaundice), pandu (morbid pallor) and ‘bad liver’, lauh bhasm should be taken with kutki (picrorhiza) and honey. The use of lauh bhasm together with vayavidang and kabila churn is recommended in cases of pandu rog caused by krimi (worms). In cases of sluggish digestive fire (mandagni) the leaflet recommends a combination with trikatu churn (lit. the powder of the three bitters). With abscesses the product should be coupled with punarva svaras or punarva kvat; in cases of liver and spleen enlargement lauh bhasm must be taken with copper powder. lauh bhasm together with kutajavelah works against piles and in cases of rakta pitta (blood bile) the product must be taken with equal parts of praval pisti, amla trikatu and bharagi churn. When there is weakness of the nerves or complete somatic weakness, lauh bhasm has to be taken with equal parts of ab ra bhasm (mica powder), praval bhasm (coral powder) and makardvaj (a stimulant made of quicksilver and sulphur).
Food prescriptions according to the classical texts

The description ends with a note in which the manufacturer claims that the product has high potency because traditional preparation methods have been used for making this lauh bhasm.

Two remarks need to be made. Firstly, though classical medicines such as lauh bhasm are not the property of one company, manufacturers propagate the name of their firm as quality marker for classical products. Slogans such as ‘Quality, Safety, Reliability’ (Dabur), ‘A Timeless Tradition, A Legend’ (Arya Vaidya Sala), ‘The Most Trusted Name in Ayurvedic Medicines’ (Baidyanath) are used to create a preference in the minds of providers and consumers for these ‘generics’. Secondly, it would be incorrect to assume that the better consumers are versed in humoral reasoning the more Indian medicines they buy. Reasoning in terms of hot, cold, dry, wet and other qualities ascribed to bodily fluids like slow, fast, sharp and blunt are also applied to biomedical things such as injections which are considered to be extremely hot and therefore potent and dangerous at the same time. Another example of the fluidity of categories is the fact that patients sometimes do not distinguish between Ayurvedic and biomedical medicines. Form and packing of Ayurvedic and biomedical products can be very similar and in pharmacies products of Himalaya, for example, are placed next to those of manufacturers of modern medicines.⁴⁶

Even though classical medicines are cheaper compared to their branded counterparts, not all Ayurvedic and Unani products are cheap. On the contrary, Ayurvedic and Unani ‘sex tonics’, especially if they are ‘enriched’ with gold or other precious metals and stones such as diamonds and rubies, can be very expensive. For example, vat chintamani ras brihat made by Baidyanath was priced Rs. 690 for 25 tablets in 1997. Five pills of habb-e-mumsik tilai, a Unani ‘sex tonic’ against ‘trembling weakness’ and ‘premature ejaculation’ marketed by Hamdard, costs Rs. 106.75. A similar Ayurvedic product called makardvaj (lit. crocodile’s penis; makar is one of the names of the Indian Cupid) of Baidyanath containing mercury, sulphur and gold, is priced at 2154.40 rupees for ten tablets. Apart from a product’s ingredients, its indication for use also determines the price of a commodity. This is made explicit by the Unani manufacturer Hashmi Dawakhana which in an advertisement for its aphrodisiac Mughal-e-Azam, highly priced at Rs. 549 for ten capsules, claims that the product’s high price guarantees its efficacy (dam adhik to kam bhi adhik). Usually, products promising to improve sexual performance and providing people with ‘healthy offspring’ - within Indian medicine both are related; sexual vigor and good sperm find their origin in the production of ‘excellent dhatus’ (body tissues) - are more expensive than tonics with similar ingredients of which the manufacturer says that they improve vitality in a general sense. For example, one capsule of Stresscom - a product of which the manufacturer claims that it enhances performance by combating fatigue, tension and anxiety - containing 300 milligram of asvaganda costs one rupee. A similar product containing 650 milligram...
of the same herb but marketed as a sex tonic, costs ten rupees; almost five times as much. In addition, branding also often makes a medicine more expensive. In an Ayurvedic clinic in Delhi, homemade *triphala churna* (lit. the powder made of three fruits) and *badam shirin* (almond oil) was half the price compared to similar products made by Dabur and Hamdard sold in the same establishment. Another example of the fact that branding and indication make a product more expensive is *asvaganda*, the ‘Indian Ginseng’. A jar of this ‘generic’ produced by Zandu containing fifty grams costs 22 rupees, less than half a rupee for one gram. The *asvaganda* in the aphrodisiac 'Nirvana Energizer', however, costs 11 rupees for one gram. ‘Not everybody can afford branded products’ was the comment of Dr. Krishnakant Parikh, Zandu’s late director, when I confronted him with such a price difference (interview Bombay January 2000).

Ayurvedic authorities and eminent practitioners regularly state that the profusion of branded products has been at the expense of the availability of reasonably priced classical products. This has led to the observation that ‘poorer sections’ of Indian society can hardly afford these products anymore. Ayurvedic physicians state that their prescriptions are becoming increasingly senseless because they are no longer available in the bazaars of the subcontinent. In a speech held at a symposium organized by the Ayurvedic Drugs Manufacturers Association (ADMA) in 1998, Ram Harsh Singh, the respected head of the Ayurvedic department of internal medicine (*kayachikitsa*) of the Benaras Hindu University, pleaded with the industry to reserve 12.5% of their production capacity for classical products. Singh considers classical formulas as ‘the backbone of Ayurveda without which the system will not survive’ (Singh 1999: 43). This plea of someone who knows the market very well is in line with my estimation that only 12% of the products of the five manufacturers under study are classical formulas. This suggests that these five present a general trend among Ayurvedic and Unani manufacturers. The usefulness and efficacy of many of the branded products is also openly contested. At the same ADMA meeting, the chairman of the All India Ayurvedic Congress – a pan India organization that was founded in the 1920s expressed his doubts as follows:

What is the medical value of all those cough syrups, digestives and liver tonics that have flooded the Indian market during the last decade? More and more patent and proprietary products are produced for minor and vague ailments while there is a shortage in Ayurvedic products for the treatment of diseases such as dropsy and tuberculosis (Devendra Triguna 1999: 54-5).

People like Triguna and Singh foremost consider products made along the lines of classical knowledge concerned with their composition and preparation, as Ayurvedic. A similar argument was voiced by a pharmacologist respected for her work on Indian medicines. She stated that:

Proprietary Ayurvedic drugs represent an ambiguous category; among them you find the so-called New Age Ayurvedic products. These products are not sanctioned by tradition; their preparation, composition and use has not stand the test of time and they are nowhere to be found in our classical texts. Along with the marketing of these branded products some meager proof of
their efficacy and safety is given. To me branded Ayurvedic substances represent a new form of medicine which I prefer to call not Ayurvedic but 'Indian herbal-mineral medicine'. Moreover Ayurveda is not just a handful of drugs, but a complete system of preventing and treating disease. Our tradition is extensive and consists of specific therapeutic measures in which medicines form one element, such as *pancakarma* [purification and restoration treatments] and *ksarasutra* [the manipulation of a medicated thread in the treatment of piles] (interview Bombay January 2000).

According to these stricter criteria, the yearly turnover of Indian medicines would be around 75 million US dollars; significantly less than the estimated 625 million US dollars when branded products are included. It can therefore be argued that in spite of, or perhaps because of, the rise in the popularity of, in particular, Ayurvedic products the survival of Indian medicine is under threat. For Unani *tibb* the situation seems even grimmer: I estimate the turnover of Unani classical products to be around 4 million US dollars; very modest for a tradition representing Indo-Islamic culture.47

The value of branded Ayurvedic and Unani products is contested on three grounds. Firstly, the efficacy of branded products is questioned because these substances are a derivation from classical formulas in terms of composition and manufacturing process. Unlike classical medicines, the efficacy of branded formulas is not sanctioned by their usage over the centuries. A related issue is the frequently voiced opinion that the dose of many branded formulas is too small to be effective (Singh 1999: 43; director Ajanta, interview Bombay April 1996). Secondly, the issue of standardisation and quality control has not been solved to the satisfaction of stakeholders such as regulatory authorities, the industry, as well as non-governmental and consumer organisations. Thirdly, branded products are seldom applied in traditional diagnostic and therapeutic contexts; traditional aetiologies and therapeutics which are instrumental in making these medicines effective are largely ignored (see Chapter 3.3).

### 2.2 Five Manufacturers: Marketing Niches, Corporate Structures, and Further Topics for Research

Among the large manufacturers, Dabur India Limited is the biggest with a turnover of 200 million US dollars (Rs. 800 crore), of which around 80% (Rs. 640 crore) comes from the sale of Ayurvedic products. The remaining 20% is composed of the production of modern medicines like antibiotics, analgesics, anti-cancer drugs such as taxol and through the firm’s subsidiary products such as food juices and natural gums (see Table 10). Over 90% of the firm’s products are branded commodities such as cosmetics, digestives and general tonics which are mainly sold in groceries and general drug stores. On the other end of the spectrum we find the Arya Vaidya Sala/Pharmacy. This firm makes classical products which, to a large extent, are distributed through its own hospitals, branches and franchises. It is not coincidental that the latter is the smallest firm under study; Dabur’s size reflects the dominance in terms of sales of branded over the counter products (see Chapter 1.3). The second
largest manufacturer is the Himalaya Drug Company with a turnover of 40 million US dollars. In contrast to the other four firms which make a few hundred products - enough to run a traditional Ayurvedic and Unani practice - Himalaya sells a handful of products. The company takes great care to give its products a modern medical and professional image. Biomedical indications for use and mechanisms of action from the domain of modern pharmacology define these products. Himalaya 'works on the platform of allopaths; we have an army of medreps who exchange compliments with doctors and pharmacists for getting a prescription' (assistant manager exports, interview Bangalore February 1997). Unlike Dabur, Hamdard and Zandu which make most of their profits from products which are advertised to the general public, Himalaya employs around 600 sales representatives offering ‘incentives’ to physicians, vaidyas, hakims, pharmacists and chemists. The policy of the firm is best typified by terms such as ‘professional enclaving’ and ‘biomedical enclaving’. The firm focuses its sales efforts on professionals and trusts recommendations made by physicians and the personnel working in professional medicine outlets such as pharmacies and professional chemists. The firm makes use of the common Indian practice of buying ‘prescription drugs’ without seeing a doctor (see Chapter 1.3). ‘Counter pushing’ is used for selling Himalaya’s provider-brands; this is in contrast with Dabur’s policy of ‘counter pulling’, i.e. advertisements and small gifts aimed at the general public. Hamdard Wkf Laboratories and Zandu Pharmaceutical Works resemble Dabur in the sense that most of the profits come from consumer brands. In contrast to Dabur and Zandu, however, Hamdard runs clinics where hakims examine patients and prescribe branded products and classical formulas made by the firm. For obvious reasons – it does not enhance the professional image of a physician if he prescribes products which are marketed to the general public on a large scale – apart from classical Unani medicines mainly provider-brands, such as Masturin (a menstruation regulator), Hamdaroid (a remedy against piles) and Lahmina (an aphrodisiac) are prescribed in the clinics of Hamdard. The table below lists the turnovers of the five firms of the study.

### Net Sales in the Financial Year 1998 of the Five Manufacturers

**Table 6: Under Study**

<table>
<thead>
<tr>
<th>MANUFACTURER</th>
<th>US Dollar in Millions (1 US dollar = Rs 40)</th>
<th>Rs crores (1 crore = 10,000,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dabur India Limited</td>
<td>160 (Ayurvedic products only)</td>
<td>640 (total turnover: Rs. 800 crores)</td>
</tr>
<tr>
<td>Himalaya Drug Company</td>
<td>40</td>
<td>160</td>
</tr>
<tr>
<td>Hamdard Wkf Laboratories</td>
<td>30</td>
<td>120</td>
</tr>
<tr>
<td>Zandu Pharmaceutical Works</td>
<td>27.25</td>
<td>110</td>
</tr>
<tr>
<td>Arya Vaidya Sala/Pharmacy</td>
<td>18</td>
<td>72</td>
</tr>
</tbody>
</table>
Note: These data are based on written and personal inquiries as well as on data published by the companies themselves (see Chapter 1.3). In the same financial year, Ranbaxy - India’s largest manufacturer of modern drugs holding one tenth of the market - had a turnover of 300 million US dollars. Starting from the mid 1980s, the turnover of Ayurvedic and Unani products has had an average annual increase of ten percent (cf. Table 11 and Table 15). Consumer brands are mainly responsible for this increase. In contrast, the increase in the sales of classical products has been only two or three percent (marketing manager of Hamdard, interview Delhi February 1999; manager Dabur Ayurvedic Specialities, interview Delhi November 1997).

With the Arya Vaidya Sala/Pharmacy as an important exception, branded products dominate the sales of the other four firms. Within this category the ‘superstar’ products have the largest share and it is for these products that firms run large and expensive advertisement campaigns. Less popular branded products are advertised to the public in a more modest way such as small ads in local papers, painted sign boards and modest cinema halls. For example, 70% of Dabur’s sales is earned through four products: Dabur Amla Hair Oil (160 crore), Dabur Chyawanprash (120 crore), Dabur’s tooth powder Laal Dant Manjan (110 crore) and Hajmool (60 crore). In the case of Hamdard and Zandu, 50% of the sales comes from four products: Rooh Afza, Cinkara, Safi and Rogham Badam Shirin are the superstar products of Hamdard; Zandu Balm, Zandu Chyawanprash, Kesari Jivan and Pancharishtha are the Zandu products falling into the same category. Also the turnover of Himalaya making provider-brands is not equally divided over the firm’s product range. For example, its liver tonic Liv.52 sold 12 million US dollars worth in 1998 making it almost one third of Himalaya’s sales. Only the sales of the Arya Vaidya Sala/Pharmacy are more evenly distributed over the product range of the company. Three classical products - cyavanapras, dasmularisht and triphala ghrita – make up for 20% of the firm’s sales; these are the more well-known classical formulas which people buy without consulting a physician (marketing manager Arya Vaidya Sala, interview Kottakkal February 2002). The table below shows the proportion of branded versus classical products of the studied firms:

<table>
<thead>
<tr>
<th>Manufacturers</th>
<th>Dabur</th>
<th>Himalaya</th>
<th>Hamdard</th>
<th>Zandu</th>
<th>AVS/AVP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branded products</td>
<td>97%</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
<td>None</td>
</tr>
<tr>
<td>Classical products</td>
<td>3%</td>
<td>None</td>
<td>20%</td>
<td>20%</td>
<td>100%</td>
</tr>
</tbody>
</table>
2.2.1 Dabur: Fast Moving Consumer Goods and Popular Marketing

Dabur India Limited is by far the largest manufacturer. This Delhi based company founded in Calcutta in 1884 by S. K. Burman, a biomedical physician-entrepreneur from the Punjab, is now the fourth largest manufacturer of fast moving consumer goods (FMCGs) in India. To this goods category household necessities such as soap, washing powder and matches belong. The firm ascribes its success to a policy of selling Ayurvedic health and beauty products via wholesalers. These large business houses have their own distributors and retailers. A case in point is Khoday which dominates the trade in goods such as liquor, medical supplies, silks, sugar, paper, and medicines in the Southern state of Karnataka. The turnover of the firm runs into thousands of crores of rupees and employs ‘an army of six thousand sales representatives’ (interview manager Khoday, Bangalore January 1997). Apart from the policy of linking its sales network to these large wholesalers, Dabur sees its thorough and expensive advertising and marketing policy, and its research foundation (Dabur Research Foundation) as its main strategic assets. The latter is responsible for developing protocols for quality control, standardisation and designing modern forms for Ayurvedic products. The foundation employs around 120 people of whom the majority have an education in modern sciences such as pharmacology and botany. The size of its research foundation makes it possible for Dabur to strongly influence regulatory authorities such as the Pharmacopoeial Laboratory of Indian Medicine (PLIM) and the Ayurvedic research council working under the Department of Ayurveda. The technical facilities as well as the manpower of these government agencies are very meagre compared to those of the Dabur Research Foundation (see Chapter 3.1). The firm’s policy of marketing Ayurvedic formulas as over the counter consumer goods has set a trend; even the Himalaya Drug Company which till very recently claimed to abhor this marketing strategy – ‘over the counter marketing is nonsense’ I was told in 1997 by one of the firm’s managers – now tries to get a foothold on the market of consumer brands. To get its share in the profitable consumer brands sector in 2000 Himalaya started a new company division called Ayurvedic Concepts selling shampoos, vitalisers and remedies for common diseases to the general public through public advertisement campaigns.\(^50\) Not only is Dabur by far the largest manufacturer of Ayurvedic products, but also because the firm is generally seen as the epitome of success in the profitable market for Ayurvedic consumer brands, justifies the allocation of more space to Dabur than the other four firms. Moreover, topics such as the distinction between general well-being marketing, disease marketing and humoral marketing, doctor’s rubrics for customer contact, and company specials printed in glossy magazines, are equally important for our understanding of the sector as a whole.

Table 8 gives an impression of Dabur which produces over 500 products, of which around 400 products are marketed as Ayurvedic. Note that in comparison with similar manufacturers in the West, Dabur’s size in terms of personnel and sales points is bigger than anticipated. This is even more so for the other Ayurvedic and Unani manufacturers which did not evolve to similar processes of business rationalisation\(^50\). In the 1990s the firm hired Western business consultants to restructure its operations according to the principles of a modern market economy. For example, in 1997 Dabur
hired the American business constancy firm McKinsey, ‘to form a growth plan ... and to assist in devising strategic, organisational and operational guidelines’ (Sayed 1997). A year before Dabur, following the advice of another Western consultant, launched a major ‘reshuffling undertaking’ Operation Star – ‘to the stars and beyond’ – and split its operation into five divisions (see Table 10). Other changes following these consultancies are the professionalisation of its work force by setting achievement targets, providing incentives for top performers, and hiring professional managers which by now have partly replaced members of the Burman family that were the sole captains in the first ninety years of the company’s existence.

**Table 8: Profile of Dabur India Limited, Financial Year 1998**

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayurvedic products sales</td>
<td>160 million US dollars (total: 200 million US dollars)</td>
</tr>
<tr>
<td>Number of factories</td>
<td>11 (2 abroad in Nepal and Egypt)</td>
</tr>
<tr>
<td>Number of Indian branch offices</td>
<td>19</td>
</tr>
<tr>
<td>Number of employees</td>
<td>3000</td>
</tr>
<tr>
<td>Sales force</td>
<td>1000</td>
</tr>
<tr>
<td>Wholesalers (agents)</td>
<td>47</td>
</tr>
<tr>
<td>Distributors in India</td>
<td>6000</td>
</tr>
<tr>
<td>Number of retailers in India</td>
<td>1.7 million</td>
</tr>
</tbody>
</table>

Note: Apart from company publications and oral communications, quantitative data are also drawn from magazines dealing with commerce such as Pharma Pulse, Business India and Far East Focus. Even though I checked the figures – for example by asking the same questions to different people within the industry as well as to other stake holders – I cannot exclude the fact that my data are biased to a certain, though limited, extend.
Seven occasions are important for understanding Dabur’s development and growth. They are summarised in the table below.

**Table 9: Historical highlights of Dabur**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1884</td>
<td>S.K. Burman starts the production and marketing of products from the British pharmacopoeia such as camphor oil against cholera and clove oil against indigestion.</td>
</tr>
<tr>
<td>1900</td>
<td>Starting the manufacturing of patent Ayurvedic formulas such as Pudin Hara against indigestion and Ring Ring, an anti-fungal remedy.</td>
</tr>
<tr>
<td>1920s</td>
<td>Dabur takes advantage of the Swadeshi movement (see Chapter 1.2) and expands its business operations. Toiletries become more important and its hair oil Keshraj is Dabur’s best selling product.</td>
</tr>
<tr>
<td>1960s</td>
<td>Dabur expands its operations and tries to cut into the sales of Baidyanath which was at that time the biggest Ayurvedic firm in Bihar. Foreign markets with substantial Indian populations such as in South Africa and the United Kingdom are explored.</td>
</tr>
<tr>
<td>1970s</td>
<td>The firm shifts the centre of its operations to Delhi where it builds a modern factory and starts the Dabur Research Foundation. Over the years this company unit becomes crucial for product development and the monitoring of production. It gives the firm a technical advantage over most other Ayurvedic manufacturers and is also used in a symbolic sense in advertising the firm’s products. Dabur expands its operations from the Northern states such as Rajasthan, Punjab, Uttar Pradesh, Bihar and Bengal to Western and Central India. European and American markets are explored.</td>
</tr>
<tr>
<td>1996, 1997</td>
<td>Western consultants are hired and the Ayurvedic products of the firm are allocated to three separate divisions: Family Products (FP), Health Care Products (HCP), and Dabur Ayurvedic Specialities (DAS).</td>
</tr>
<tr>
<td>2000</td>
<td>Dabur’s sales exceed the magical line of Rs. 1000 crore (200 million US dollars according to the exchange rate of that year). Professional managers take over the top management which till then was in the hands of members of the Burman family.</td>
</tr>
</tbody>
</table>

Dabur attributes its growth over the last two decades to the sale of its products via the route of wholesalers dominating specific markets in areas as large as countries such as the Netherlands and Greece. In line with this policy Dabur closed its ‘showrooms’ or ‘company clinics’, establishments where patients buy the company’s medicines after consulting with a traditional physician who is paid by the company (assistant manager Dabur Research Foundation, interview Delhi December 1997). Ashok Burman, a business graduate from Harvard and a grandson of Dr. S.K. Burman who founded
the company in 1884, is credited for making Dabur into one of the largest Indian manufacturers of fast moving consumer goods (FMCGs). It is said that Ashok Burman took his inspiration from foreign patent medicines that were successful in India such as Waterbury’s Compound, ‘making you fat and strong’, and Woodworth’s Gripewater. I got the impression that Dabur fears the competition of multinational companies such as Proctor & Gamble more than that of Ayurvedic and Unani manufacturers. As a result of its business policies, the products of Dabur are currently sold by around two million outlets all over India. Though rural groceries and kiosks selling betel nut preparations, cigarettes, digestives and toiletries are the firm’s main retail outlets, the products of Dabur are increasingly sold in urban supermarkets and pharmacies.

Since 1995 the manufacturer has tried to sell more products to middle class urban consumers. For this purpose Dabur has started a marketing and advertising campaign aimed at these ‘sections of Indian society’ (see Chapter 4.1). In this way the manufacturer tries to dispel its image as a ‘hair oil company’ and to change its low-profile corporate status. According to a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis held in 1997, the public largely sees Dabur as a small company selling a few products mainly in rural areas. The firm’s rapid rate of product development and the many ‘brand extensions’, introductions of variations of existing products, is seen as an important asset (Anonymous 1997: 206; see Chapter 1.3). Throughout India, Dabur is known for its advertisements and promotional campaigns. The firm sponsors local fairs and sport competitions, advertises in glossy magazines, and broadcasts its commercials on national and local television stations. The company is feared by its competitors such as Hamdard and Zandu for its ‘aggressive’ marketing style; i.e. undercutting manufacturers of similar products by offering advantageous business terms to retailers. Hamdard’s digestive Pachol, for example, lost a significant number of customers when Dabur launched its digestive tablet Hajmola. In 2002 Dabur showed interest in the Indian balm market where Zandu is an important player and acquires most of its sales. After restructuring its operations in the 1990s Dabur’s company structure looks like this:

**Table 10: Company divisions of Dabur**

<table>
<thead>
<tr>
<th>Division</th>
<th>Percentage of sales per division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dabur Family Products (DFP)</td>
<td>45%</td>
</tr>
<tr>
<td>Dabur Health Care Products (DHCP)</td>
<td>25%</td>
</tr>
<tr>
<td>Dabur Ayurvedic Specialties (DAS)</td>
<td>8%</td>
</tr>
<tr>
<td>Dabur Pharmaceuticals (DP)</td>
<td>14%</td>
</tr>
<tr>
<td>Subsidiaries</td>
<td>8%</td>
</tr>
</tbody>
</table>
Note: Ayurvedic formulas account for about 80% of the firm's products. The first three divisions make Ayurvedic products. To my knowledge all formulas marketed by Dabur Family Products and Dabur Health Care products are branded; this is true for approximately half of the products of Dabur Ayurvedic Specialities (DAS). The sales of a handful of DAS-products such as Rheumatil, Stimulex and Trifgol are about equal to the around 300 classical formulas of this company division. Consequently Dabur sells 8 million US dollars (Rs. 32 crore) worth of Ayurvedic classics. Approximately 15% of the products made by Dabur Pharmaceuticals - or 2% of the firm's total Ayurvedic range - are Ayurvedic proprietary products such as Livfit, a liver remedy, Honeytus, a cold remedy, and Stresscom, a formula for fighting the 'stress and strain of modern life'.

Dabur Family Products (DFP), also known as Personal Care Products, and Dabur Health Care Products (DHCP) are Dabur's biggest and most profitable divisions. The former holds products such as Dabur Amla Hairoil, introduced in 1940 and now the company's best selling product with a turnover of 40 million US dollars, and Lal Dant Manjan a tooth powder selling 27.5 million US dollars in 1998. The latter product is the largest seller in the high competitive red tooth powder market. To increase the product's attractiveness it has been 'enlarged with' digestive herbs. Daily wage earners and rural people are the product's main consumers. The price has been kept low so that it can compete with home products such as ash powder and nim sticks. Dabur Chyawanprash, 'the wealth tonic' because it generates good sales and profits, and Hajmola, a digestive marketed as a sweet, are the best selling products within the Health Care Division. In the financial year 1998 Dabur's version of cyavanapras had 30 million US dollars in sales and Hajmola had a turnover of 15 million US dollars in the same year (personal communication September 1999, assistant manager Dabur Research Foundation). Dabur claims to be the first company that branded, repacked and restyled the classical formula cyavanapras and in 1949 Dabur Chyawanprash became the first branded version of which is now India's best selling tonic (see Table 12). Other products in the health care division of Dabur are Nature Care Isabgol (a laxative) and the digestives Pudin Hara and Hingoli. Dabur wants to get rid its rural image (low profile, rural company). To get its share from the fast expanding urban middle class market of well-educated consumers, Dabur has restyled some of its products in terms of packaging, dosage form and indications for use; cases in point are Dabur Chyawanprash and Pudin Hara. In the second half of the 1990s the firm also has developed 'premium products' such as Efarelle Comfort, 'to overcome abdominal pain due to post menstrual stress', and Gulabari, a superior 'natural skin refresher'.

Dabur's classical products are housed in a separate business division called Dabur Ayurvedic Specialities (DAS) which functions as a 'nursery' for Dabur Family Products and Dabur Health Care Products (see Chapter 1.3). To a limited extent Dabur Pharmaceuticals - a division that makes 'bulk drugs' such as antibiotics and anti-cancer drugs - also houses Ayurvedic products. Some examples are the herbal tranquiliser Stresscom, the anti-hepatitis drug Livfit and Honeytus, a remedy against cough and colds. A classical product goes through three stages before it is shifted from Dabur Ayurvedic Specialities to Dabur Health Care Products or Dabur Pharmaceuticals. Firstly, a classical
formula fulfilling a ‘customer need’ is selected and promoted as a provider brand, i.e. counter pushing is the main marketing strategy. At the same time Dabur creates ‘consumer awareness’ for the product. Secondly, the product is evaluated for its potential to compete with similar ‘allopathic’ (synthetic) products. Thirdly, if the product can compete, the commodity is branded and often given a new name. Hereafter Dabur starts an intensive promotional campaign to give the product a place in the market. The classical product out of which the brand has been created often remains part of the product range of Dabur Ayurvedic Specialities. An example is the consumer brand Trifgol which consists of triphala and isabgol. While Dabur Ayurvedic Specialities keeps both classical medicines, Dabur Health Care markets Trifgol. Another example is the classical formula sitopaladi curn which together with honey is one of the main ingredients of Madhuvani. However, Dabur Ayurvedic Specialities still markets sitopaladi curn as a classical Ayurvedic medicine against throat ache and cough. Although traditionally sitopaladi curn has many other indications, Dabur has modernised its prescribed use. This is in line with the firm’s new policy of marketing classical products to well-educated urban consumers. Looking in the firm’s therapeutic index of 1967 reveals that at that time sitopaladi curn was said to control blood-bile (rakta-pitta), an Ayurvedic disease category associated with cough, spitting blood, moderate fever, blood-loss and bilious disorders.

Apart from these four divisions selling health and beauty products, classical Ayurvedic medicines and biomedical products, the company has so called subsidiaries, i.e. divisions producing a diversity of items such as fruit juices, half fabricates for the catering industry such as gums, oils and spices. In the financial year 1996 the latter products earned 51% of the manufacturer’s exports of 26 million US dollars (Dabur in the Media October 1997: 202). Three products of Dabur’s Family Products - Dabur Amla Hair Oil, Lal Dant Manjan (red tooth powder) and Dabur Lal Tail (baby massage oil) - generate 50% of the firm’s turnover of Ayurvedic products. These products are labelled ‘Ayurvedic proprietary medicine’. Though this usage of the term ‘medicine’ is in contrast with its global meaning, it is in accordance with the section dealing with Ayurvedic products of the Indian Drugs and Cosmetics Act (see Chapter 1.2). Also from the logic of Indian medicine, the inclusion of hair oils, tooth powders, anti-septic creams, natural shaving creams, cosmetics and massage oils in this category can be defended. Hair oils are said to prevent baldness and to induce sleep because they cool the brain; facial creams ‘enriched’ with antiseptic herbs such as turmeric (haldi) prevent and cure skin blemishes; tooth powders contain herbs which are said to enhance digestion and stop the gums from bleeding and the teeth from falling out. In Indian medicine health, beauty and pleasure are not as rigidly separated as in biomedicine: the use of Unani products to strengthen the muscles of the vagina – a way to increase male pleasure – is another example of such a conflation. Aesthetic, curative and preventive aspects are combined in these products (see also Chapter 1.1).

Even though Dabur sometimes is pejoratively called a hair oil company, its commercial success is both envied and emulated; Himalaya’s recent entrance into the consumer-brand market testifies herocf. In absolute figures and percentage wise, Dabur grew faster than other manufacturers. Between 1993 and 1998 the firm’s turnover tripled, as is shown in the table below.
Dabur's marketing of *cyavanapras* illustrates the firm's business strategy. The product was restyled three times in terms of image, packing and indications for use. Until the end of the 1940s the product was marketed as Dabar Chyban-pras to *vaidyas, hakims* and lay consumers. It was said that the product 'improves the memory, intelligence, appearance, the functions of the organs and digestive powers; confers longevity by preventing a number of maladies such as emaciation, hoarseness, weak heart, dropsy, abnormal thirst, neuralgia, urinary disease, spermatorrhoea, etc.' (Dr. S.K. Burman's Renowned Patent Medicines, not dated, probably 1920s or 30s: 44). The product was embedded in traditional therapeutics aimed at the repletion of *dhatu* (body tissue) and *ojh* (vital fluid). From the 1950s onwards the product was repackaged two times, first the *avehla* (paste-like substance) was sold in a tin box and afterwards in the plastic jar which has become the modern face of Dabur Chyawanprash, as the product is called now. When I visited Dabur in 1997 I was shown television commercials and glossy promotional materials aimed at well-educated, middle class urban consumers to which the product was sold as a 'superior kind of vitamin C' taking away stress and protecting against the health hazards of modern city-life such as stress and pollution caused by vitiated air,
water and food. The general manager of Dabur Health Care Products of which Dabur Chyawanprash is the flagship told me that he was keen to make the product. An 'all year around formula' (interview Dehli November 1997). Until then the commodity was mainly sold in 'rural and semi-urban markets' as a preventive and curative for the health hazards coming with the North Indian winter. Another example of making a seasonal product into an all-year-around commodity is Rooh Afza, Hamdard's sarbat and super star product for cooling bodies in the heat of the Indian summer and breaking the fast after Ramzan. Hamdard now tries to sell the product as a supplement of ice-creams, puddings and other after-dinner delicacies on the table of affluent homes.

Dabur’s policy of restyling cyavanapras was obviously successful. It is now the best selling Ayurvedic product and Dabur, with a market share of sixty percent, its greatest beneficiary, as the data below demonstrate.

<table>
<thead>
<tr>
<th>Table 12: Sales Figures of Dabur Chyawanprash in US Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Year 1991</td>
</tr>
<tr>
<td>Financial Year 1997</td>
</tr>
<tr>
<td>Financial Year 2002</td>
</tr>
</tbody>
</table>

Note: In 2002 the total sales of cyavanapras amounted to 70 million US dollars; out of which Dabur holds 60%, Baidyanath 12% and Zandu 10% (Mukherjee 2002: 38, 40). To compare: In the financial year 1999 the sales figures for antibiotics, vitamins and anti-tuberculosis drugs were respectively 477 million, 175 million and 85 million US dollars (Kanavi 1999: 61).

I estimate that in 2002 the total sale of Ayurvedic classical products was approximately 85 million US dollars; not much more than 70 million US dollars which consumers spent on branded cyavanapras formulas. Not surprisingly, in the eyes of the general public Ayurveda has increasingly become equated with ‘superstar products’ such as Dabur Chyawanprash (see Chapter Four).

Popular Notion Marketing

From its beginnings Dabur has sold many of its products directly to consumers. So-called household kits containing British pharmacopoeial drugs, liver pills and Ayurvedic classical preparations were offered to consumers through mail delivery, a sales strategy used by the first manufacturers. This consumer strategy of Dabur became even more pronounced when in the beginning of the 1980s the firm did away with its clinics. When I visited the firm in 1997 Dabur’s managers talked about the consumer awareness trend in the West. They said there was great potential in this for the Indian urban market. According to them a growing health consciousness, increasing awareness about the dangers of many biomedical drugs, as well as rising consultation fees, has created a new market for Ayurvedic
products among well-educated city dwellers. The latest restyling of Dabur Chyawanprash testifies hereof.

In Chapter Four I analyse advertisements aimed at a rather well-off, urban consumer class consisting of people who are often well-educated having a monthly income somewhere between Rs. 5,000 and Rs. 40,000 (125 and 1000 US dollars). Dabur's move to win these urban middle class consumers is in line with the firm's long standing policy of selling Ayurvedic products straight to the public. Since the middle of the 1990s the firm markets 'premium products', i.e. relatively expensive products having 'aesthetic appearance, shelf appeal and consumer convenience'. The marketing of the digestive Pudin Hara as effervescent tablets and the creation in 1996 of a new product line called Samara (herbal hair and skin products), are cases in point. In line with 'the mindset of well-educated middle class consumers' indications for use have been simplified. In the case of Rheumatil derived from the classical formula mahanarayana til, therapeutic indications such as paralysis and nervous disorders have been left out. Nowadays, Dabur markets the product as a self help medicine against rheumatic complaints and joint pains. Medicines are taken out of their traditional therapeutic context and given indications for use which are understandable to modern people (see also Chapter 3.2). Another example is Dabur Dashmularishta, Dabur's version of the classical medicine dasmularisht. Dabur sells the product as a 'restorative tonic for women after delivery [which] not only helps in formation of blood and restoration of energy after delivery, it also purifies breast milk and prevents it from any infection' (product brochure named Post Delivery Restorative Tonic for Women, 1997, 4 pp.). In contrast, other firms such as Zandu and the Arya Vaidya Sala market their version of dasmularisht within the humoral discourse. In this case the indications for use are quite different. In a Hindi booklet written with the traditional physician in mind, Zandu recommends its 'generic' dasmularisht as remedy against vata-diseases such as cough, asthma (snas), tissue-wasting (dhatu-kshinta), leakage of dhatu through urine (prameha), diabetes (madhuprameha), involuntary semen loss, nausea, vomiting, jaundice (kamal), and stomach disease. The firm also states that its dasmularisht works for the treatment of other vata-disorders such as shaking and trembling and recommends the product as a 'stimulator of the digestive fire' (agnivardhak) and general fortifier. The latter two gunas (properties) combine use indications with mechanisms of action (for an explanation hereof see Chapter 3.3).

I estimate that Zandu gets about 10% of its turnover from the sales of classical products to practitioners such as vaidyas, modern Ayurvedic physicians (BAMS) and herbalists. In the case of Dabur, this kind of professional-humoral marketing of classical formulas accounts approximately for 2% of the firm's turnover. The modest size of this market was time and time again explained to me as the result of the fact that Ayurveda and Unani tibb largely have lost their medium; the numbers of hakims and vaidyas versed in scholarly classical diagnosis and therapy have declined steadily over the last decades at the expense of those having followed the government sanctioned curriculum for obtaining a bachelors degree in Ayurveda or Unani tibb (BAMS, BUMS). It seems that most of these bachelors in Ayurveda and Unani mainly prescribe modern medicines and biomedical-provider brands.
Firms which depend upon classical products and scholarly *vaidyas* have stayed small in comparison to firms that focus on branded products. An example of such a more traditional manufacturer is Shree Dhootapapeshwar Ltd., a nine-crore firm (2.25 million US dollars) established in 1872 by Vaidya Krishnashastri Puranik, a scholarly *vaidsya*. Next to selling branded tonics and aphrodisiacs to the general public, Dhootapapeshwar – the name refers to Lord Siva as ‘the lord who has shaken off all evil’ – markets classical *bhasmas*, oxides consisting of gold, mercury, mica, iron and other metals and minerals, to *vaidyas*. In a booklet of 2001 named ‘Vaidya’s Friend’ (*vaidyamitr*) the firm introduces Ayurvedic metallurgy (*rasasastra*) and the health benefits of metals and minerals such as *parad* (mercury), *hira* (diamond) and *gandhak* (sulphur). In the introduction (*prastavik*) Dhootapapeshwar claims that these products have been used by generations of physicians. The booklet continues with a quite extensive discussion of classical preparation methods and modern methods of quality control. Dhootapapeshwar claims to be professional in both these aspects. The publication ends with a section called *suvarnkalp* (gold preparations) in which the firm introduces its gold-based medicines. Alongside pictures of traditional preparation methods, the booklet shows the use of modern laboratory equipment to guarantee quality and standardization. In another brochure Dhootapapeshwar emphasizes that ‘Faster and Cheaper have never been the key guiding lights for enabling change in production operations’ (company leaflet, English, undated probably 2000). With this statement the manufacturer claims authenticity and implicitly criticizes large manufacturers making branded products. Dhootapapeshwar – Rooted in Tradition, Ready for Tomorrow – emphasis Ayurveda’s sacred origin and states that the perfection of the human body is the purpose of Indian alchemy. Diseases are represented as faults in managing body and mind (see Chapter 4.3). The many references to classical texts, usage of traditional measures for indicating the quantity of ingredients, and the prescription of *anupan* (a substance taken with or after a medicine), testify of the firm’s traditional approach. Classical indications for use called *amayik prayog* (lit. illness-uses) are given. The booklet *suvarnkalp* (gold preparations; golden era) states that *suvarnbhasm* (gold powder) combined with other classical formulas is useful in cases such as *ksay* (consumption, body-wasting), *khas* (cough), *kas* (tuberculosis), *jirn atisar* (emaciating diarrhea), *napun sakti* (impotence), *hriday rog* (heart disease), *unmad* (mania), *apasmar* (delirium, epilepsy), and *pandu* (morbid pallor) (cf. Table 5; see also Chapter 3.3).

**Popular Media Marketing**

Approximately 70% of the turnover of Ayurvedic and Unani formulas comes from consumer brands that are marketed straight to the consumer. The commercials of Dabur on the Indian national television are probably the most obvious example of this approach. Even though the expenses are high, other large manufacturers such as Hamdard have followed suit. Other examples of this kind of popular marketing are advertisements on national and local radio stations and in print media such as the Times of India, the Hindu, the Pioneer, Frontline, *maha-laksmi* (a women’s weekly in Hindi) and the *panjabi kesari* (a Hindi newspaper from the north-west), to name just a few. Companies make use of national languages such as English and Hindi or local ones such as Marathi, Malayalam, Tamil, Oriya, Bengali and Punjabi. Apart from these advertisements, manufacturers buy printing space for
their products; examples are Special Advertising Supplements and Advertising Specials. These supplements and specials can be elaborate and sometimes occupy a few pages. A case in point is an advertisement special which appeared in the prominent weekly India Today (May 18 1998). Three Ayurvedic companies - Baidyanath, Allen Laboratories and Dabur - present a few of their products. The slogan ‘Going back to nature’ is used for creating a ‘competitive edge’ (for a thorough analysis of the content of the special see Chapter 4.1). The special shows a product formerly sold by Dabur Ayurvedic Specialities, Dabur’s low profile division, turned into a star product of its Health Care Products Division. To promote its product Pudin Hara – a mint-based ‘remedy for griping (stomach aches), gas and indigestion’ - a man who always has used ‘chemical solutions’ for his long standing digestive problems ‘comments’ as follows on his recent discovery of Pudin Hara as the solution: ‘An effective natural stomach remedy? I thought the idea was a lot of ‘gas’. Till I tried Pudin Hara’. The advertisement cleverly uses the ambiguous meaning of the word gas in this context.

Another example of this marketing approach is a special in the Hindi version of India Today (farvari 24, 1999), titled ayurved parisist (Ayurvedic Special), in which three Ayurvedic manufacturers - Dabur, Dindayal and Baidyanath - present Ayurveda, the company and their products. In an ‘article’ titled jivan ka vigyan (knowledge of life) Dabur tries to shake off its image as a ‘hair oil company’ and in stead of drawing attention to its star products such as Hajmola and Amla Hair Oil, the focus is on its classical medicines such as stitopaladi churn (cough, throat ache), drakasav (indigestion) and amritarish (fever, immunity). To boost its medical image Dabur states that the firm has remedies for all diseases (har marj ki dava). The ‘article’ is illustrated with pictures showing the firm’s modern production units and laboratories. By displaying modernity Dabur confirms its image of safety and reliability, distinguishing itself from the image of backwardness and untrustworthiness that surrounds Ayurvedic products. Other examples of this marketing strategy are a special of Vicco Laboratories, an Ayurvedic firm best known for its herbal creams, tooth powders and tooth pastes (India Today November 11, 2002: 35-42). In addition, in a supplement named ‘Remembered with Reverence’ attention is paid to the founders of Sen & Co. and Baidyanath, two Ayurvedic manufacturers (Times of India New Delhi edition, 28 March 1998).

More modest sales techniques are used to ‘draw the attention of the consumer’ to minor consumer brands and popular classical medicines such as silajit, triphala churn and dasmularish. Small ads in local print media and on local radio stations, as well as signboards are examples hereof. Another interesting way of marketing less popular brands are glossy brochures mentioning biological effects of some of the product’s ingredients as well as clinical data concerning these products.

When Dabur closed down its branches or ‘showrooms’ – out patient clinics where one can consult a physician before buying products of the company - the firm deprived itself from a means for targeting consumers. To make up for this, the company has restyled its Hindi-magazine ayurved-vikas (lit. Ayurveda-Developing, Ayurveda-Blossoming) which formerly was aimed at vaidyas and hakims and turned the periodical into a monthly publication for the general public. Dabur has made its policy of
bypassing physicians into an asset. The company claims that it ‘increases the awareness of the consumer’, i.e. Ayurvedic medicines are marketed as means to take health in your own hands. At the same time Dabur cultivates a medical image for its products. The company’s products share in the prestige of care, traditional medicine and religion (Chapter 1.1), as well as biomedicine (Chapter 3.2). Indeed, ayurved-vikas contains articles dealing with matters such as use and misuse of modern medicines, the benefit of natural remedies, beauty and health, food and hygiene, how to deal with the health threat due to seasonal changes, jaundice and its causes, the health benefits of bathing, sex and marriage, venereal diseases, Hindu spirituality, yoga and meditation, slimming and aerobics, how to prevent heart disease, high cholesterol and high blood pressure, what to eat and how to behave during the three Indian seasons, i.e. the hot, the cold and the rainy part of the year, the medical benefits of spices. Special issues of ayurved-vikas are devoted to sexuality, digestion and ‘summer ailments’. In a rubric named dabar’s ayurved svasthy prasnottari (Dabur’s Health, Question and Answer) the public is invited to present their ailments to an Ayurvedic physician employed by the company. Dabur also entertains such a rubric in the Hindi women’s monthly grih-laksmi. These doctor’s rubrics are interesting because they give salient information about the problems for which people seek indigenous treatment. As a matter of illustration I will give two examples: the first is from ayurved-vikas and the second example is taken from the health supplement of a national newspaper.

In one of the issues of Dabur’s ayurved-vikas (julai 2000: 83) we find the following exchange:

The question: I am 36, have a son of seven and married ten years ago. I want to have another child but my penis does not stand erect like before. There is also semen loss and sighra patan [premature ejaculation, lit. speedy fall].

The answer: Take Dabur Sidh Makardvaj, one pill two times a day together with sun bathing (dhup); and Dabur Laghu Mushli Pak, at bed time one spoon together with milk (Prasad 2000: 83).

Doctor Durga Prasad – Manager Technical Services of Dabur and one of my informants – advises two classical medicines for improving ‘stamina and vigour’. The first one ‘removes nervous debility and improves strength and vigour’ (Therapeutic Dabur Ayurvedic Specialities 1995: 22) and the second fights ‘spermatorrhoea, general weakness and old age weakness’ (ibid.: 4). Even though both products fall into the category of classical medicines and therefore should not be preceded by the name of its manufacturer, Prasad puts the name of his employer in front. The patient’s symptoms – impotence, involuntary semen loss and premature ejaculation – are part of a culture bound syndrome in which impotence, semen loss, childlessness and ‘thin’ semen are tied together. According to me this syndrome is part of wider semantic network that links stress, diminished vitality, forgetfulness, semen loss, infertility, impotence, and ‘weakness’ of vital bodily functions and organs such as digestion and the liver (see Chapter 1.1). Ethno-physiological notions concerned with loss of powers due to ‘unnatural’ behaviour bring together things which in the view of biomedicine are unrelated, or only remotely so, such as: digestive powers, blood formation, quality and quantity of semen, skin blemishes such
as leucoderma, diminished eyesight and forgetfulness. Fortifying therapy is indicated to cure this depletion syndrome.

My second example illustrating doctor’s rubrics as means for drawing the attention to Ayurvedic medicines comes from the New Indian Express, a large Indian newspaper. In a rubric called Health and Parenting a physician employed by a company outlet annex outpatient clinic of Baidyanath gives the following advice to a woman with skin blemishes, a discomfort for which Ayurvedic treatment is often sought.

The question: I have been suffering from leucoderma on the chin for a month. Kindly suggest ayurvedic treatment and diet.

The doctor’s answer: Your problem may not be leucoderma. It could be pigmentation problem, dryness of skin or vitamin deficiency. These can be cured easily. Follow the methods given below to treat your condition and use them for 15-20 days and get back to me. If there is no improvement we have to think about leucoderma. Apply ghee/butter at night on the face. Apply any moisturising face pack once a week. Take a pinch of alum powder and dissolve it in little water. Apply it with a cotton pad for 2-3 minutes one or two times every day over the affected area. Take one arogyavardhinivati tablet twice daily and khadirarishta 15 ml twice daily (New Indian Express Jan 29 2002, Woman’s life p.3).

The treatment of skin problems, as well as enhancing its lustre and beauty, is on the edge of medicine and cosmetics for which Ayurvedic and Unani firms offer many products. The Ayurvedic physician, who is employed by an outpatient department of Baidyanath, a large North Indian manufacturer, recommends both home remedies and Ayurvedic generics, illustrating the continuity with popular culture medicine (see Chapter 1.1). Compared to the example taken from ayurved-vikas the doctor’s advice looks more objective. Home remedies are offered as the first option and the names of the recommended classical medicines are not preceded by a firm’s designation.

Large companies such as Dabur and Baidyanath want to set themselves apart from commercials that make ‘tall claims’ and are therefore ‘a threat to public health’ (assistant manager Dabur Research Foundation, interview Ghaziabad October 1997). An advertisement in the daily panjabi kesari (aktubar 30 1997) is an example of this kind of ‘unethical’ promotion. In a small advertisement ‘The Ocean of Happiness Pharmacy’ (sukhasagar davakhana) offers treatment for sighra patan (premature ejaculation) and impotence, euphemistically called a ‘cure for the slipping away of manly strength’ (paurus sakti ka khas ilaj). Though I did not conduct systematic research on these kind of clinics which promise healthy offspring, increased sexual pleasure and treatments for impotence, childlessness, venereal diseases and skin blemishes such as safed dag (white spots, probably leucoderma), I noticed reticence among the public towards these ‘sex clinics’. I was repeatedly told by managers of the Ayurvedic and Unani industry that they did not want their products to be associated with these kind of practices that they saw as quackery. A good example of such ‘outrageous claims’ with the objec-
tive of earning a 'handsome profit' is an article called *ayurved ki mahan uplabdhi* (Ayurveda's large achievement) in which a doctor-entrepreneur from Lucknow promotes his 'special' remedies against impotence, vitality loss and low self esteem. The advertisement in the form of an interview with the doctor-entrepreneur, emphasises the family tradition to which he says to belong and the medical awards he claims to have obtained in the United Kingdom. Readers of the women's weekly *grih-laksmi* (1999: 131) in which the 'interview' appeared are told that they can order the medication by mail. The handsome sum of Rs. 9500 (237 US dollars) has to be paid in advance. Both the content and context of this interview-advertisement, as well as the charged price, strongly hint at quackery. Large manufacturers take care to distance themselves from these kinds of practices.

**2.2.2 Hamdard: Greek-Islamic Medicine, Entrepreneurship and Charity**

My work on Hamdard (lit. we share the pain) and Unani *tibb* should not be looked at as something final; to me it is preliminary and hypothesis generating concerning the contemporary state of Greek-Islamic medicine. Unani *tibb* is the name used for the Indian form of the medical tradition developed in Greece and Egypt by Hippocrates and Galenus. The tradition was taken to India in the first centuries of the second millennium by Islamic conquerors. Here it flourished during the Moghul era and was known as Unani *tibb*, Greek medicine (Zillur Rahman 2001; Azmi 2001; Liebeskind 1995). Unani, the short form by which Indians refer to the tradition, was patronaged by Muslim courts and shares in the discourse of decline due to colonial rule. Probably the system was strongly influenced by Ayurvedic ideas and many of its formulas must have been adapted to India's ecology; it goes without saying that the natural resources of the subcontinent differ from that of Greece, Egypt, Iraq and Persia, places where sites the Greek-Arabic medical tradition flourished. A thorough study of Hamdard should be conducted by someone who can read and understand Urdu, Persian and Arabic, languages which are important in Unani. Nevertheless, prompted by Charles Leslie to whom Indian Muslims had complained in the 1980s that medical anthropologists and the International Association for the Study of Asian Medicine (IASTAM) seem to favour Ayurveda above Unani *tibb*, I visited Hamdard three times and stayed for periods of one or two weeks at the guesthouse of Jamia Hamdard, the university built with money earned with Unani products. Abdul Hameed, the man who governed Hamdard (wkf) for almost eighty years, was its chancellor till his death in 1999. Though the firm was started in 1907 as a small workshop by Abdul Majeed who belonged to a family of small businessman (Said 1982), Hamdard grew under the supervision of his son Abdul Hameed who lead the firm from 1922 till 1999. Abdul Majeed who started Hamdard initially worked as an employee in a Unani and Ayurvedic pharmacy-dispensary which belonged to the Ayurvedic and Unani college founded by Ajmal Khan, a Delhi aristocrat who played an important role in the freedom struggle and was a stern propagator of Indian medicine. Abdul Hameed turned Hamdard (wkf) into a commercial success and the firm's turnover had just risen above the landmark amount of 100 crores (25 million US dollars) when I visited them for the first time in 1996. At the time of his death Abdul Majeed was said to be the most affluent Indian Muslim. Apart from money, Abdul Majeed
held prestige. A few years before his death he was elected chancellor of the Aligarh Muslim University (AMU), the largest Muslim University east of Cairo with a student population of 20,000. The Aligarh Muslim University is financed by the central Indian government through its University Grant Commission (UGC) who annually donates around Rs. 100 crores (25 million US dollars) to this institution.44

After partition in 1947, Hamdard was turned into a religious endowment and came under the Tax Exemption Act. As a result, its activities such as the manufacturing and distribution of medicines were labelled as a charity. The firm claims to spend 80% of its profits on good deeds such as its free clinics – places were consultations are free but medicines have to be paid. Providing education from primary school to university level and cultural activities such as an academy devoted to the poet Ghalib, a epitome of Delhi Muslim culture, are two other examples of the firm’s charitable activities. The protection of India’s medical heritage in the form of Unani medicine is mentioned as important reason for getting tax reductions. However two salient points have to be mentioned. Firstly, 80% of the turnover of Hamdard comes from the sales of consumer brands; these products are relatively expensive and their status as a medicine can be doubted. For example, Rooh Afza, a natural summer drink for cooling the body, generates around 40% of the firm’s turnover. Though Hamdard did its best to describe the product with medical properties (see Chapter 3.2), Rooh Afza is a healthy refreshing drink, not a medicine in the modern sense of the term (see Hamdard.com for a listing and description of the products of Hamdard). Secondly, they consider the costs for building the firm’s second factory as a charitable activity.

Apart from Rooh Afza, the firm’s ‘superstar’ product good for forty percent of its sales, Hamdard has around twenty ‘star’ products which together also generate 40% of Hamdard’s turnover. Digestives, aphrodisiacs, remedies against common diseases such as cough, cold and bodily pains, together with hair and massage oils, make up these star products. I will give a few examples to give the reader a feel for this category of products and the marketing policy that frames them.

One of Hamdards’s best selling products is the firm’s version of sweet almond oil called Rogham Badar Shirin, an Arabic name meaning the same. For a few years the firm has marketed this product to urban, middle class consumers such as people who are taking exams. Just like many Ayurvedic products, the almond oil is sold as a brain tonic (cf. Chapter 3.2). In fact the product is representative for the prominence of non-disease marketing in the Ayurvedic and Unani industry. The pack mentions the following indications: relieves tension, strengthens brain power, relieves constipation, fights dandruff, keeps body warm in winter, nourishes skin, prenatal/postnatal care, helps build strong bones. One of the marketing managers of the firm told me that Hamdard was trying to bring the product into the daily routine of young urbanites.
Hamdard’s main competitor is Dabur. Both firms make similar products and have their main base in North India. However, Dabur is ten times as big and therefore has more money to invest in marketing. When Dabur introduced its digestive Hajmool in the 1980s this was a big blow to Pachnol, a digestive powder and one of Hamdard’s star products. When I visited Hamdard in 1999 the firm was trying to ‘cut into’ the market of gavananpras which is dominated by Dabur. I was told by Hamdard’s managers that the firm’s charity status makes it difficult to compete with Dabur. According to them, the wkf-board (the trustees who officially rule the firm) blocks necessary investments in marketing and advertising. Two aphrodisiacs are also among the best selling brands of the firm: Lahmina, a pill for those having a problem that’s ‘shamefully affecting married life’, i.e. impotence; and Dynamol, a topical cream for rubbing the penis if ‘the organ is deformed’, i.e. when it does not stand properly during erection.

Twenty percent of the sales of Hamdard come from classical products, called mataab in Arabic and sastric in Sanskrit. Even though Abdul Hameed’s grandson and now one of the firm’s directors claims that they make over thousand products (see Chapter 1.2), a Hindi therapeutic index of around 1998 lists around six hundred products divided in the following categories: diseases of the brain and nerves, diseases of the eye, diseases of the nose, throat diseases, diseases of mouth and tongue, diseases of teeth and gums, chest diseases, heart diseases, stomach diseases, diseases of liver, gall bladder and spleen, diseases of the intestines, diseases of the kidney and bladder, male sexual diseases, diseases of women, diseases of children, diseases of the joints, general diseases (fever, tuberculosis, typhoid, chicken pox, measles, obesity), impurities of the blood and skin diseases, venereal diseases, hair problems.

The category of ‘male sexual diseases’ is interesting. Seventy eight products are listed and they represent a field of Unani, and to a lesser extent, Ayurvedic expertise. Hamdard divides its aphrodisiacs into four subcategories: impotence (napunsakta)§; prameha (loss of sperm via urine)¶ and excessive nocturnal emission (swapanados ki adhikta); premature ejaculation (sighr patan); and looseness, weakness and deformation of the reproductive organ (indriya dhilapan tatha kamzori aur terhapan). Apart from the latter category in which the cause of the problem is said to be anatomically-specific, Hamdard sees the promotion of vitality by stimulating digestion and building of ‘tissues’ such as blood and sperm, as the solution for many sexual problems (head Department of the History of Medicine, interview Jamia Hamdard, December 1997). Impotence and ‘involuntary’ semen loss are all part of a semantic network linking impotence and related problems to other hazards associated with old age such as loss of memory, lack of vitality, failing eyesight, greying, etc. For example, the indications of use mentioned in a brochure for Hamdard’s star product Hamdogen (hamdojin) gives the following indications for use: lack of vigour and vitality, premature emissions, functional insufficiency, weak memory, depression, symptoms of early ageing and senile debility.¶ When I confronted one of Hamdard’s managers with Pfizer’s Viagra he said that:

Viagra and other allopathic sex stimulants are for one time enjoyment but our products really take away the root of the problem because they take care of blood formation and the making of other vital tissues (assistant marketing manager Hamdard, interview Delhi February 1999).
In contrast to western medicines which are seen as being a parasite on the body, Indian medicines are said to build up the body 'from within' (see Chapter 4.3). Natural substances are the pillars of a 'natural' life, i.e. behaviour in line with and supportive to society's main social institutions such as marriage. The following introduction to a brochure for Lahmina places sexuality squarely into legitimate sexual relations and the wish for 'healthy offspring':

It is night. Inside a dimly-lit bedroom a young girl stealthily approaches her husband. Enticingly clad in a thin nightie, she has warm desires for him. She embraces his half naked body and, with inviting movements, attempts to arouse his sexual passions. But the man, surprisingly is left cold. He shows no sign of response. His feelings ... passions ... don't warm up. He is frigid. The girl, dejected and unsatisfied, gives up her efforts and turns aside in frustration. Tears run down her cheeks. The experience leaves a scar on her mind and the life between the couple.

Sounds like a cinema sequence? Or do you see yourself in the man's predicament? Even if the latter is true in your case, you may still have hope to cure yourself and get more out of life. Read all about it ('Do you have a problem that's shamefully affecting your married life?', booklet 8 pp., probably middle 1980s).

After listing the 'common sexual disorders in men' under the four headings - impotence, premature ejaculation, hormonal imbalance, nervous debility - the brochure says that fatigue lies behind them all. 'Today's fast lifestyle' can lead 'modern man' to 'general debility, listlessness, high blood pressure and a weak heart. And naturally, this weakness can drastically affect a man's sex life' (cf. Chapter 4.3, Chapter Five; Bodé 1998). In the same brochure the well-known American sexologists Masters and Johnson are quoted saying that 'fatigue is an important element in the involution of male sexuality'. These scientists are also evoked to make the point that a man's sexual function does not automatically decline with age. When I asked Hamdard's marketing manager for the reason for quoting Masters and Johnson, he held an extended expose on the fact that Unani could also make use of the latest scientific findings and that after all Unani and modern medicine are both rooted in Hippocrates. The firm must have expected to profit through the sales of their aphrodisiacs when men do not consider their sexual inadequacies as normal for their age and circumstances.

Hamdard has two factories; one in the old city of Delhi where traditional methods of preparation are still in use (the firm refused to show the insides of this factory as I experienced in 1999 and Charles Leslie in 1983) and a new one in Ghaziabad, the satellite city of Delhi which also harbours Dabur’s main factory. The latter is also a depot, i.e. a distribution centre. Depots of Hamdard are also located in Kanpur, Patna, Bhopal, Bangalore and Aurangabad, cities with a glorious Muslim past and a substantial Muslim population. It should not be concluded that Hamdard's customers are mainly Muslim. Despite the fact that I did not research the correspondences between medical traditions and religious affiliations, the clinics of Hamdard which I visited extensively in 1996, 1997 and 1999 mainly had a Hindu clientele. Hamdard's main competitors are North-Indian Ayurvedic firms such
as Dabur and Baidyanath, manufacturers which like Hamdard sell most of their products in the 'Hindi belt' and adjoining states such as Rajasthan and the Punjab. All three firms have spread all over India, but they still sell most of their products in the North. Apart from two factories and four depots, Hamdard makes use of about 25 wholesalers, 1000 distributors and 300,000 retailers (sales manager Hamdard, interview Delhi February 1999). As Table 13 illustrates Hamdard is by far the largest Unani manufacturer.

**Turnover of the three largest Unani manufacturers in the**

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<td>Hamdard</td>
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<td>Ajmal Khan Tibbiya College Dawakhana</td>
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Note: The total sales of Unani products was approximately 42.5 million US dollars. The data are based on information provided by Prof. Syed Zillur Rahman, an expert in the history of Unani and its classical texts, my own inquiries with Hamdard, and on the Draft National Policy for Indian Systems of Medicine 2001 of the Ministry of Health and Family Welfare.

In addition to Hamdard, I visited the Ajmal Khan Tibbiya College Dawakhana during one week in the winter of 1997. The firm is part of the Unani section of the Aligarh Muslim University (AMU) and started off as an establishment where Unani students could learn the craft of medicine manufacturing. Formerly, these medicines were mainly used in the hospital and the out-patient department attached to the Unani wing of AMU. The *dawakhana* (pharmacy) has grown in the last decade or two and now sells most of its products via retailers, chemists and pharmacies. Again tonics, digestives, aphrodisiacs, as well as medicines against common diseases are the main products of the firm that is seen as the heir of Ajmal Khan's legacy – a status which is also claimed by Hamdard (see Chapter 4.2). An interesting point of further research is the animosity that I sensed between Jamia Hamdard and AMU's Unani college. After all, Abdul Hameed is from a family of petty businessmen while some of the scholars I met at the Ajmal Khan Tibbiya College Dawakhana belong to families with a long standing intellectual tradition (Claudia Liebeskind, personal communication November 1997). At the end of his life Abdul Hameed was elected as Chancellor of Aligarh Muslim University and it seemed that Hamdard commercial dominance had expressed itself in intellectual prestige; this hypothesis needs further probing though. Dimagheen (*dimag* means brain) – 'a brain tonic for students and mental workers alike' - is the best selling product of the Ajmal Khan Tibbiya College Dawakhana. The Firm is much smaller in size compared to Hamdard. The Ajmal Khan Tibbiya College Dawakhana and Delhvi remedies are both second in size (see Table 13). The latter firm is a continuation of Shama Laboratories which split up due to family strife. Other relatively big Unani
firms are Tayyebi Dawakhana (Indore), Islami Dawakhana (Bombay), National Dawakhana (Calcutta) and Hamdam (Delhi) which is owned by an uncle of Abdul Hameed (head Department of Unani pharmacology, Ajmal Khan Tibbiya College, interview Aligarh December 1997).

Both Hamdard and the Arya Vaidya Sala have a unique official status among the manufacturers of indigenous health and beauty products. These firms are registered charities which means that their activities are seen as beneficial for the common good. They run hospitals, clinics, colleges, scientific magazines and offer financial prices to stimulate research in Indian medicine and its therapeutic substances. For this they get tax reduction under the Act Exemption Income Tax. I know of no other manufacturers of indigenous medicines of which the activities, including the production of therapeutic drugs, are officially recognised as charity. Hamdard has registered the Hamdard National Foundation (HNF) in 1962. Every March 31, 80% of the profits of Hamdard (wkf) are transferred to this foundation (PR manager Hamdard, interview April 1996).

Hamdard’s activities in the field of education, medical treatment and research, mainly take place at Hamdard University. This is a large establishment located in its own compound in South Delhi near the 12th century fort of Tughlakabad, built by Muslim rulers of that period. From the profits of the sale of Unani products over the last decades, Hamdard gradually made a large university out of a modest Unani college. The campus hosts a Unani college and hospital wing, but Jamia Hamdard is mainly devoted to modern medicine. Its modern hospital with emergency facilities and the College of Pharmacy by far overshadow the Unani presence in Jamia Hamdard. Even though largely built with the profits from the sales of Unani products, from 1992 onwards the University Grant Commission, a regulatory body of the Indian government, pays 25% of the operating costs of Jamia Hamdard. In 1992 the Hamdard National Foundation donated 2.5 crore rupees while University Grant Commission gave one crore to Jamia Hamdard (vice-chancellor’s report 1992: 11).

The charity status of Hamdard (wkf) is somehow surprising, because the activities of the firm in the field of product development and marketing are similar to Dabur. Both firms compete with each other in the North Indian market and consumer brands make up for the large majority of their sales. It would be interesting to dive deeper into the charity aspect of Hamdard and compare this firm to the Arya Vaidya Sala, a charitable firm that makes classical medicines of which many are employed in a clinical context. A related aspect is my impression that with the fall from power of the secular Congress Party, Hamdard has lost political influence. Further research could be tied up with the deterioration of the position of Muslims in India that is a current concern to many. In an informal interview with one of Abdul Hameed’s sons, he said that his father always had been a staunch supporter of the secular policies of the Indian state. The pictures of visits to Hamdard University by members of the ruling Nehru family on many different crucial occasions testify hereof.

Hamdard University is the company’s ‘main achievement’, as Abdul Hameed’s grandson formulated it in an interview with me in the beginning of 1999. Apart from a library and congress centre, the
most impressive are the biomedical sections such as the Faculty of Science, the Faculty of Pharmacy, the Majededia Hospital, a modern hospital with a modest Unani wing. Unani tibb both as a treatment option and a science plays a minor role compared to modern medicine and science (see Chapter Three). This reflects the dominance of biomedicine and brings to mind Morsey’s (1988) judgement of Egyptian Islamic clinics as ‘a cultural façade for global biomedicine’. At the same time, it would be unjust to ignore Hamdard’s efforts to improve and modernise Unani. International conferences have been held regularly at Jamia Hamdard from the 1980s onwards and apart from books and conference publications Hamdard has brought out magazines such as Hamdard-e-Sehat, Medical Times, Hamdard Medicus, the Journal for the Study of the History of Medicine and Science. Many publications are devoted to the promotion of and research in Elementology, a brave attempt to build a bridge between Unani and modern medicine (see Chapter 3.2 for a description of this project). I could sense resentment among Unani people towards the dominance of biomedicine on the campus of Hamdard. They remained reticent and I wondered if the fact that many people are economically dependent on the university, had something to do with the inhibition to freely express themselves. The people of Hamdard’s manufacturing unit were less restrained in expressing their disappointment. According to them little was being produced from Hamdard University that benefited their products.

An interesting theme for future research is the link between the manufacturing of medicines and charity. Traditionally speaking the distribution of medicines is seen as an act of benevolence for which no money should be asked. At the same time it is well known that medicine manufacturing has become a commercial activity. This tension between commerce and human responsibility towards the sick and disabled not only deserves further probing in the case of contemporary traditional Indian medicine, but also needs research among large biomedical manufacturers. Within Indian medical traditions the link between charity and medicine is not clear-cut as the two quotes below illustrate:

Hamdard (Wakf) Laboratories is not merely a Dawakhana (a drug manufacturing house), but at the same time, it is a multi-purpose medical and social institution which has bestowed new life upon Unani Tibb, the country’s old system of medicine, through it’s original researchers and constant efforts. (...) Unfortunately, there is a deficiency of organization and activity among indigenous Tabeebs. Most Tabeebs (or Hakims) are unconscious of the danger facing their system and their individuality. In view of this situation, prompted by the demands of preservation and advancement of Unani system, Hakeem Abdul Hameed, Wakif Mutawalli (Trustee) of Hamdard (Wakf) Laboratories, dedicated Hamdard in 1948 to the cause of scientific investigation and social service (Hamdard.com December 13, 2001).

Hamdard presents itself as the guardian of Unani tibb and as defender of its practitioners, called tabeebs – a term denoting a medical scholar versed in Arabic and Persian who also is a wise person. In a company brochure Dabur represents its founder as:
A man of medicine, moved by the plight of penurious patients, began to make the finest medication at the lowest of prices. ... That physician of vision and limitless compassion was Dr. S.K. Burman, the founder of Dabur India Ltd. He set up the company in 1884 and by the turn of the century, his medicines were trusted remedies, used in millions of homes in India. ... He was perhaps the first entrepreneur in India to introduce mail order sales, through which his medicines reached the needy in far-flung towns and villages. He would undertake pain-staking research to create new medical formulations, which were welcomed as life-savers by his grateful patients. And in whatever he did, his driving force was compassion and the desire to alleviate pain and suffering (The Foundations of Compassion, company brochure, no date, probably 1980s).

Both S.K. Burman and Abdul Hameed are pictured as 'great souls and beneficiaries' and as modernisers of their traditions. It is common among the manufacturers of 'Indian drugs' to present their business as a form of 'doing good to others', an idea which was already there at the start of the industry (see Chapter 1.2). However, this depiction contradicts with the many Ayurvedic and Unani formulas of 'doubtful worth' (see Chapter 1.2 and Chapter 2.1). At the same time, Hamdard and the Arya Vaidya Sala run hospitals, out patient clinics, publication departments and educational institutes. It would therefore be unjust to say that the discourse on service and welfare is just a token affair. Even companies which seem mainly to thrive on the production of hair oil such as the Calcutta based firm C. K. Sen & Co. boast dispensaries, a laboratories, botanical gardens, medical exhibitions and publishing wings.

Some of the large manufacturers of Indian health and beauty products are established by Unani and Ayurvedic physicians. An example of the latter is kabiraj Gananath Sen, a major figure in the revival of Indian medicine in 19th century Bengal. Traditional physicians of stature collaborated with entrepreneurs. A case in point is Zandu. When this firm was established, the Parikhs, a Gujarati business family, 'shook hands with a family of traditional physicians', such as Karunashankar Vaidya, royal physician of the former state of Jamnagar and Nawanagar. Commercial expertise, however, must have been as important as medical qualifications. The Joshi family, for example, to which the founder of Baidyanath, Ram Dayal Joshi, belonged, were into farming; and Meraj A. Manal who established the Himalaya Drug Company in 1930 was a trader in herbs. As we have seen, Hafiz Abdul Majeed who worked in the beginning of the 20th century in the manufacturing wing of the Ayurvedic and Unani Tibbiya College - the forerunner of the contemporary Tibbiya College Dawakhana of the Aligarh Muslim University - and started Hamdard (w kf) Laboratories in 1906, came from a family of small businessmen (Said 1982). Dabur was started in 1884 by the biomedical physician S.K. Burman. After his death the firm was ruled by his sons, grandsons, and great grandsons; some of them were degree holders from American universities in fields such as business administration and marketing. However, until today the Arya Vaidya Sala is governed by a physician, and its founder, P.S. Varier, was trained in Ayurveda as well as in modern medicine (Kumar 1996; Zimmerman 1979).

The charity status of Hamdard and the Arya Vaidya Sala expresses itself in offering medical treatment for nominal charges. In the clinics of the former in which the charge for one consultation is Rs.
l, classical Unani formulas as well as consumer brands such as the tonic Cinkara, the digestive Pachnol and the aphrodisiac Lahmina are prescribed. In the firm’s clinics daily wage earners like rickshaw drivers and craftsmen such as bakers and carpenters are treated for a variety of complaints such as colds, fevers, rheumatic ailments, diabetes, loss of vitality and virility, mental disturbances, etc. As we have seen, the treatment of worries, discomforts and ailments in relation to sexuality and marriage is a specialty of Hamdard. The syndrome called *jiryan* (‘involuntary’ semen loss) is interesting because it expresses the worries, anxieties, and hypocrisies surrounding sexuality. Young men worry that masturbation and ‘illegitimate’ sexuality might make them impotent while these activities offer an outlet in a society in which romanticism, sensuality and sexuality are omnipresent, but sexual relations are restrained. Premature ejaculation, nocturnal emissions, impotence, childlessness and ‘thin semen’ are all part of the same semantic network which refers to mental and physical weakness due to ‘moral degeneration’. The sufferer is punished for trespassing social rules hence vital powers and energies ‘leak out of the body’ which then becomes emaciated (see Chapter 4.3). In her novel Brick Lane, the British novelist of Bengali origin, Monica Ali, gives an example of ‘involuntary’ semen loss due to the ‘hotness’ of women. In a letter, the sister of the novel’s main character naively describes and comments upon the fact that her landlord, an older gentleman, does not charge her rent. Entering her room the landlord comments on the other tenants, young people from rural areas trying to make a living in the capital, by saying: ‘These boys like wax around a flame. They come close and they melt. How can they help this thing? It is you who must take care’. After having ‘quoted’ the landlord the sister continues the letter in her own voice:

He [the landlord] say the boy can think bad thought and then they dream of girl and in dream they commit sin and the sin make them unclean. He holding stick and swing it back at wall. Little bits of ivory come off tip. Look I will break ten thousand stick on those boys. Say one word and I do it. His hand shaking and he put on my cheek touch me like father (Monica Ali 2003: 158).

On its website Hamdard offers its Qurs Jiryan (*jiryan* pills) for the treatment of:

Spermatorrhoea, known as *jiryan* in Tibbi language, spermatorrhoea is a general complaint mostly found among young males. On acquiring this disease, whitish drops or a lubricated substance is discharged with the urine in less rich quantity. Sometimes, this fluid is discharged without urination. ... Experience has proved that excess seminal discharges with or without urine ultimately result in ‘Nocturnal emission’. Persons suffering from frequent seminal discharges as well as nocturnal emissions usually lack in courage and become weak. Lethargy and fatigue overwhelm them. Memory power decreases day by day. Problems of indigestion and gastric trouble exist permanently in them. Under such state, if the person is married, problem of sexual debility and premature ejaculation become the permanent feature of sexual life. If the treatment is further neglected, kidneys become weak and give rise to different complications, i.e. renal diseases, hypertension, palpitation ultimately resulting in ‘Angina’ and ‘Heart Attack’ (Hamdard.com, December 13 2001).
In chapter 4.3 I discuss the biomorals of Indian medicine (cf. Cohen 1998; Alter 1996; Good 1994; Obeyesekere 1977).

Hamdard has also OPDs for the better off. In the 1990s the firm’s products had become so popular among the Delhi middle classes that a clinic was opened in which people were offered 100 rupee-consults of 10 minutes in stead of the original 1 rupee-consults lasting one or two minutes. Most of these rather affluent middle class patients to whom I spoke took biomedical treatment for the ailment for which they consulted Unani physicians. This confirms the second-resort status of Indian medicine. (In this sense these systems are emulating the situation in the affluent West where biomedical increasingly becomes complemented by ‘complementary and alternative medicine’.)

Arthritis, diabetes, non-life-threatening heart problems, high cholesterol, high blood pressure, liver ailments such as jaundice, impotence, general malaise, weakness, childlessness, whitish discharge, psychological problems are the diseases people take to these clinics. Below I give two examples:

Since the last few years I have a depression. My blood pressure is low and I feel tense when there are people around me. I proved to be allergic for allopathic medicines and also cannot afford good modern treatment because the costs of the diagnostic tests that come along are too high (interview Delhi October 1997).

A few months back we moved from a village in Rajasthan to Delhi. Since then my problems started. Now I suffer from general weakness, indigestion and hyperacidity from which allopathic treatment has offered no relief (interview Delhi January 1999).

The cases are illustrative of the fact that Indian medicine offers a secondary resort for those who cannot afford biomedical treatment or in cases where this treatment proved to be ineffective. The second example also illustrates the social efficacy of therapeutic drugs. It could very well be that the woman suffers from homesickness and loneliness. She is accompanied by her husband when she visits the clinic of Hamdard. Apart from the biological effects of the medicines the acknowledgement of her problems through this visit, as well as the concern showed by her husband, might increase the effectiveness of the three Unani formulas which were prescribed by the consulting hakim. Social and cultural efficacy might also help Keralites working in Delhi who visit one of the clinics in the capital of South Indian manufacturers such as the Arya Vaidya Sala and the Arya Vaidya Pharmacy. Ingestion of Keralite medicines is like swallowing the good of home such as fresh air, wholesome food and human warmth (in this respect see Nichte r 1989).

2.2.3 Zandu: Consumer Brands and Classical Medicines

Zandu markets around 5% of its brands via the ‘ethical route’. Incentives such as gifts, bonuses and favourable business terms are used to seduce physicians and pharmacists to prescribe and sell the firm’s biomedical-provider products such as Rhumayog, Brento (brain tonic), Vigorex (aphrodisiac),
Livotrit (liver tonic), Zandozyme (digestive) and Satavarex (general tonic). The company has a pharmaceutical or ‘ethical’ division for selling these products to biomedical physicians, modern Ayurvedic practitioners and pharmacies. These medicines target ailments for which biomedical drugs have little to offer or regularly fail to offer relief. Zandu’s biomedical-provider drugs are also sold as alternatives for ‘harsh’ biomedical treatments like operations and steroids. A case in point is K4, an herbal drug that Zandu recommends for the treatment of prostate enlargement and urinary problems. Other examples of these kind of products are Rheumayog against ‘painful and inflammatory muscular-skeletal disorders and arthritis’ and Alpitone for increasing lactation after deliverance. The firm also makes classical medicines and approximately 15% of the firm’s sales come from classical medicines, such as: *triphala* curn, *draksavaleaha* and *haritaki*. The latter are sold as over-the-counter formulas and others that are less familiar to the public are purchased according to the advice of traditional physicians. The classical medicines of Zandu are appreciated by a variety of people such as herbalists in the West and Ayurvedic supporters in India. Popular formulas are also sold by retailers in places with a large Indian presence such as Southall in London and Durban in South Africa.

However, approximately 80% of the sales of Zandu Pharmaceuticals Works Ltd. come from consumer brands. These are sold over-the-counter and the best selling brands such as Zandu Balm (pain reliever), Zandu Chyawanprash, Kesari Jevan (*cyavanapras* with saffron) and the digestive Pancharishtha (lit. five wines), are heavily advertised to the public. These popular brands have given Zandu a place among the top hundred of the largest manufacturers of Fast Moving Consumer Goods. According to a poll of the Economic Times in 2002, Zandu was number 93 on the list of the hundred best known brands in the field of daily necessities such as washing powder, soap, lipstick, shampoo, tooth paste, hair oil, etc. According to the company’s in house journal Disha (lit. direction), this achievement is noteworthy because seventy percent of the top brands in this sector are owned by multinational companies such as: Proctor & Gamble, Smith Kline Beecham, Clearasil, etc. Over the past fifteen years Zandu’s ‘star’ products of which Zandu Balm is the most popular, has turned Zandu into a commercial success as the next table illustrates:
### Sales in Rs crores of Zandu Pharmaceutical Works over the period

**Table 14: 1985 - 1998**

<table>
<thead>
<tr>
<th>Financial year</th>
<th>Sales (Rs crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>10.5</td>
</tr>
<tr>
<td>1990</td>
<td>28.7</td>
</tr>
<tr>
<td>1991</td>
<td>35.6</td>
</tr>
<tr>
<td>1992</td>
<td>39</td>
</tr>
<tr>
<td>1993</td>
<td>50</td>
</tr>
<tr>
<td>1997</td>
<td>98.8</td>
</tr>
<tr>
<td>1998</td>
<td>110.4</td>
</tr>
</tbody>
</table>

Note: Data come from a company publication called The Zandu Pharmaceutical Works Limited, undated, probably 1994 or 1995 and from a personal letter dated March 16, 2000 of K.M. Parikh, the late managing director.

Consumer brands have the upper hand and, according to the company’s late director Krishnakant Parikh, it was after the introduction in the 1980s of the company’s ‘superstar product’ Zandu Balm - a household remedy against headache, joint pains and throat ache - that the company started to grow significantly (interview Bombay January 2002). I had the impression that the firm’s directors are slightly embarrassed by this. They want to see themselves as the makers of ‘real’ medicines. Though most of its profits come from consumer brands, the firm takes care to cultivate its traditional medical image, as the next quote illustrates:

In the 18th century [sic] a philanthropist and famous Ayurvedic physician from Jamnagar, a district in Gujarat, India was popular by his nickname “Zandu”. Zandu owes its origin to him. In 1864 he set up a ‘Rasa Shala’ to manufacture products for his personal practice, according to the tenets of Ayurveda – which deals with the fundamental principles in nature that underlie the creation, preservation, and restoration of health and the promotion of longevity. His grandson Shri Jugatram Vaidya, inspired by the rich tradition, decided to start a pharmacy to manufacture and market Zandu’s Natural Herbal products (Ayurvedic Products). In endeavour, Shri Pattani Prime Minister of the erstwhile state of Bhavnagar, and Shri Mathura Das Parikh assisted him. Thus, in the city of Bombay, in October 1910, the trusted pharmaceutical – Zandu was established (<zanduayurveda.com>, December 2001).
It is not uncommon for manufacturers to trace their origin to charismatic and philanthropic physicians, preferably with royal connections. This gives status to their products and gives their business the aura of charity and service. This reflects the antagonism between medicine and commerce, a salient topic both in India and in the West.

2.2.4 The Himalaya Drug Company: Biomedical-Provider Brands

Unlike the other manufacturers of Indian medicines which provide the context for my study, the Himalaya Drug Company never made hundreds of medicines on which traditional physicians could base a practice. From its start in 1930 Himalaya wanted to bring Ayurveda 'at par with modern medicine'. This policy got a boost in 1965 with the hiring of a German pharmaceutical consultant who had worked for international drug houses and in 1975 when Himalaya built a new factory in Bangalore. Apart from Liv.52 which generates one third of the firm's turnover and, according to the firm, is India's fourth best selling drug, Himalaya makes biomedical-provider drugs such as Gerifort (anti-ageing), Mentat (tranquilliser), Diabecon (diabetes), Tentex (aphrodisiac) and Septilin (immunity builder). Until 1999 Himalaya made around twenty-five biomedical-provider brands which were marketed by its medical representatives.

During my visits to Himalaya I often got the impression of not being in India. The company has a cosmopolitan flavour and misses the local touch of other manufacturers I have visited. People in charge come from all over India; this is in contrast to, for example, the Gujarati flavour of Zandu and the Keralite atmosphere that marks the Arya Vaidya Sala. When I visited Himalaya for the first time in 1997 I was told that 'over the counter marketing is nonsense'. According to its managers, Himalaya differs from other Ayurvedic manufacturers because the firm sells medicines of which the composition, non-toxicity and efficacy are thoroughly researched in the modern pharmacological sense. I was told that Himalaya's six hundred medical representatives were the firm's backbone. The firm is proud of its policy of biomedical enclaving. Unlike Dabur, Hamdard and Zandu the firm does not advertise its brands to the general public, but uses medical representatives to 'exchange compliments' with physicians and retailers. Together with the much smaller firm Alarsin, Himalaya is seen as the pioneer of this marketing format. During my visits to pharmacies and chemist shops in places such as Delhi, Aligarh, Bombay, Bangalore, Coimbatore and Madras I noticed that the products of Himalaya were often placed next to biomedical prescription drugs. Though Himalaya markets its products to professionals such as physicians and pharmacists, approximately eighty percent are sold over-the-counter, i.e. without the advice of a physician. The sale of 'prescription' drugs straight to the public is a current phenomenon in the Indian market (see Chapter 1.3).

The company was probably the first to fight doubts concerning the quality and efficacy of Ayurvedic substances with modern means such as modern forms of quality control and clinical trials (see Chapter 3.2). In 2001 the firm got a certificate for Good Manufacturing Practice of the Certificate
Licensing Authority of the Directorate of Indian Systems of Medicine. To my knowledge Himalaya is the first Ayurvedic manufacturer to receive this certificate. The firm makes the most modern impression of all the Ayurvedic and Unani manufacturers which I have visited. This is true for its offices, factory, products and promotional efforts. Next to professional looking monographs, Himalaya targets physicians and pharmacists with three journals. The circulation of two of them: 45,000 (Probe) and 240,000 (Ayurvedic News). The former magazine looks exactly like prestigious Western medical journals and combines research reports on Himalaya products with articles taken from the latter (see Chapter 3.2). Lately Himalaya has changed its policy of marketing its products via the route of professionals such as biomedical physicians, modern Ayurvedic and Unani practitioners, and pharmacies. To get its share of the profitable consumer market in 1999 Himalaya started a new product line called Ayurvedic Concepts. This new section sells natural cosmetics, hair oils, shampoos, remedies for common ailments such as headache, muscle pain and cough, cold relievers, ‘slimmers’ and ‘anti-stress’ products. For these products the company has set up a professional popular marketing and advertisement policy. Marketing agencies are hired to determine consumer profiles and advertising companies make cunning advertisement campaigns. The fact that a staunch propagator of ‘ethical’ marketing of Ayurvedic products such as Himalaya went over-the-counter reflects the growth and profitability of this way of selling Ayurvedic products. Himalaya wants its share of the Ayurvedic market of Fast Moving Consumers Goods that has grown considerably in the last decade. When I revisited the firm in 2002 I was told that Himalaya now gets ten percent of its sales from its popular division Ayurvedic Concepts.72

2.2.5 The Arya Vaidya Sala: Classical Medicines in a Clinical Context

The Keralite Ayurvedic tradition is known for its authenticity; medicines are part of wider treatments and traditional health practices are widespread among its population. Labour intensive Ayurvedic treatments such as dhara, pizhichil, navarakahi and sirovasti which entail the application of medicated oils draw people from all over India and abroad. The state’s geographical position has been an important moulder of this tradition. Kerala is known for its rich diversity of herbs and spices which have attracted Europeans from the 16th century onwards. Already in the 16th and 17th century the Portuguese physician and botanist Garcia da Orta (1490-1570) and the Dutch official Hendrik van Rheede tot Drakestein (1636-1691) published their works on Kerala’s Materia Medica (see Zimmerman 1995b: 121-32). Since then Western scholars have described and acknowledged the scholarly inclination and botanical knowledge of the Keralite physicians; the work of Francis Zimmermann is to my knowledge the best contemporary testimony hereof. Though the state has its manufacturers of branded products such as Nupal Remedies, at least the three largest Keralite manufacturers mainly produce classical medicines. Part of these are employed in the clinics, hospitals, branches and franchises of these firms. Modern diagnostics are applied and their outcomes acknowledged, but the firm also makes use of traditional Ayurvedic notions. Samkhya’s panchamahabhuta theory and the three morbid humors (dosa) of Ayurveda both inform the composition and prescrip-
tion of therapeutic substances. The number of Keralite Ayurvedic firms has been estimated at approximately six hundred, but many are small and would fall under the category of cottage industries. At the other end we have the Arya Vaidya Sala which is by far the largest firm with clinics in all Indian mega-cities and in places abroad as far as Moscow. The turnover of Kerala’s largest Ayurvedic manufacturers is as follows:

### Table 15: Kerala, Financial Year 1998

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Turnover (US dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arya Vaidya Sala</td>
<td>16.25 million</td>
</tr>
<tr>
<td>Keralite Ayurvedic Pharmacy</td>
<td>2.25 million</td>
</tr>
<tr>
<td>Arya Vaidya Pharmacy</td>
<td>1.75 million</td>
</tr>
</tbody>
</table>

Note: Data are based on a letter from the president of the Kerala Ayurvedic Drug Manufacturers Association (KADMA) and personal communication with employees of the Arya Vaidya Sala and Arya Vaidya Pharmacy.

Apart from traditional forms such as powders (curn), aqua extracts (kashaya), alcohol extracts (asava), medicated oils (tel) and medicated butters (ghrita) which make up for most of the products of the three above mentioned firms, there are others which get most of their turnover from the sale of biomedical-provider brands and consumer brands; the latter are marketed as ‘life-style products’. Nupal Remedies and the New Uday Pharmacy and Ayurvedic Laboratories are examples of these manufacturers. This would need further probing, but I have the impression that the revival of Ayurveda has influenced the tradition in two ways. Firstly, authentic firms of which the Arya Vaidya Sala is the best known have grown; the firm’s recently established hospital in the capital Delhi testifies hereof. Secondly, Keralite firms have a large share of the Indian market of what is pejoratively called ‘tourist Ayurveda’. This fast expanding market was not part of my research and therefore remains unexposed in this book. An interesting paper, ‘Curing Consumerism: Pancakarma in a Tourist Economy’ (provisional title), discussing this segment of the Ayurvedic market was recently presented by Jane Langford at a conference held at Cambridge University in December 2003.

Even though I have looked at both the Arya Vaidya Sala and the Arya Vaidya Pharmacy, I will focus on the former. In contrast to the other four firms which are the focus of this study, the Arya Vaidya Sala mainly makes classical medicines that are sold after visiting an Ayurvedic physician which is either employed by the firm or works as its agent. The Arya Vaidya Sala does not advertise its products to the common public. Not all of the firm’s products are sold after a an Ayurvedic physician consultation. It is highly likely that at least the three best selling products of the Arya Vaidya Sala - dasmularisht (8% of the sales), cyavanapras (6%) and triphala ghrita (6%) - are bought without a pre-
scription; these products are well known to the public. Although this is acknowledged by the Arya Vaidya Sala, the firm sticks to its prescription policy as the next quote suggests:

We do not insist on a prescription for our *cyavanapras* but we do not advertise the product because we do not want to give indications for its use. For its optimal use it is necessary to take the characteristics of the patient into account. Apart from that we attach high importance to adjoining medicines, vehicles for ingestion [*anupan*] and accompanying food and behaviour prescriptions. According to us advertising *cyavanapras* is a bit unethical, because the formula often contains sweet potato and jaggery which are contra-indicated for diabetic people. A similar thing can be said about medicated butters [*ghritam*] which are bad for those having heart problems and high cholesterol levels (marketing manager of the Arya Vaidya Sala, interview Kottakkal February 2000).

It seems that the Indian government starts to feel a bit uneasy about the proliferation of branded products and the adjoining commercialisation of Ayurveda. The Arya Vaidya Sala has become an object of national pride (see Chapter Five) and recently the Indian government has donated land in Delhi to the Arya Vaidya Sala for building a hospital. In collaboration with the Central Council for Indian Medicine (CCIM) the firm works on bringing down the costs of Ayurvedic treatment against arthritis and offers education in Ayurvedic therapies for those having a bachelors degree in Ayurveda (BAMS).

The Arya Vaidya Sala (lit. the place of the noble physician) also holds a considerable amount of prestige among the richer strata of Indian society who frequent its hospitals and clinics. The firm based in a small town in the hills of Kerala is exceptional because it solely makes Ayurvedic formulas backed by tradition, i.e. therapeutic substances mentioned in *Ayurvedic* canons such as the *Astangahrdayam*, a text compiled in the 7th century, or in medical texts written in Malayalam, the language of the state of Kerala. The company’s main factory situated in its home town, just opposite its Ayurvedic hospital with ‘hundred fifty accommodation units providing space to patients and their attendants’. The Arya Vaidya Sala follows traditional preparation methods as far as large-scale production allows this. In its oldest factory, ingredients are stilled boiled, fried, mixed and stirred manually. The traditional orientation of the Ayra Vaidya Sala is, however, a relative affair. Since its start in 1902 the company has faced opposition by Ayurvedic physicians who denounce the factory production and ready-made medicines. According to these traditionalists many Ayurvedic medicines must be fresh when consumed and their composition should tailored to the patient’s constitution and phase of the illness. The Arya Vaidya Sala is traditional and modern at the same time. This is also reflected by the fact that its founder, P.S. Varier, was educated in Ayurveda and modern medicine (Nair 1997; Zimmerman 1995b, 1979).

Like Hamdard, the Arya Vaidya Sala is also registered as a charity. Seventy five percent of the profits go to activities that are officially recognised as charities. The following are some examples: a large-
ly biomedical hospital for the treatment of the poor in the company’s home town; an Ayurvedic college which is affordable to many; the publication of Aryavaidyan, a journal devoted to textual, social, clinical and experimental research on Ayurveda; and prizes for scholars and Ayurvedic physicians who have contributed in one way or the other to the development of Ayurveda. The charitable hospital which is mainly visited by Muslims who are the largest religious group in Kottakkal, offers both Ayurvedic and biomedical treatment, of which the latter is the most popular (head physician Arya Vaidya Sala Charitable Hospital, interview February 2000). Apart from this charitable hospital, the Arya Vaidya Sala also runs a private hospital in its home-town. This hospital is best known for its treatments of rheumatic complaints, arthritis and paralysis. In 1997 the cost for a one month treatment was around Rs. 20,000 (500 US dollars); an amount which only the richer strata of Indian society can afford. The hospital is also popular among elder Muslims of the Gulf States and Saudi Arabia. Apart from these hospitals the firm runs a college and a publication department – its quarterly magazine is very much appreciated by scholars and qualified Ayurvedic physicians - in its home town. Together with the University of Calicut, the firm organises international conferences such as the World Congress on Holistic Life and Medicine, which was held in 1996. The firm’s classical medicines are mainly distributed through its hospitals, clinics and franchises. Ayurvedic physicians running the franchises are asked to commit themselves to the philosophy and medicines of the firm. Despite the fact that they are officially not allowed to sell medicines made by other manufacturers, I have seen otherwise.

The Arya Vaidya Sala makes approximately five hundred classical medicines. The oils are especially appreciated by Ayurvedic physicians practising in Europe (personal communication, head of the Ayurvedic wing of a German biomedical hospital). The firm claims that most of its products are sold on advice of a physician. Though I have no means to confirm this, my impression after visiting the firm’s hospital and a few of its clinics is that the consultations of ten to fifteen minutes are much appreciated by many of the patients. This does not deny that medicines of the firm are also bought without a consultation. This is especially true for the firm’s most popular products such as dasmularisht, cyavanapras avaleh and rasnadi kashayam. According to the firm’s marketing manager these three items give the Arya Vaidya Sala twenty percent of its turnover, sixty other items are good for another seventy percent of the sales, and the remaining ten percent is by the other products (interview Kottakkal February 2000).

Apart from its hospitals and clinics the Arya Vaidya Sala has about twenty branches and more than thousand authorised and exclusive agents known as franchises. In these clinics, free or relatively cheap consultations are provided after which products of the firm can be bought. It is the policy of the firm and that of its sister company the Arya Vaidya Pharmacy, to exclusively license Ayurvedic physicians with proper education and training in the Keralite form of Ayurveda. Though most clinics and agents are situated in the southern states of Kerala and Tamil Nadu, the company also holds a presence in most of India’s urban centers such as Bombay, Delhi, Calcutta, Bangalore and Hyderabad. The firm has two ‘offshoots’, one in Coimbatore and the other in Madurai. Though the
Arya Vaidya Pharmacy is not a charity, this medium sized manufacturer with a turnover of almost 3 million US dollars in 1998 has many things in common with the Arya Vaidya Sala out of which it emerged in 1941. In contrast to the other four manufacturers of the study that mainly make branded products, both South Indian firms have largely stuck to classical medicines. At the same time they attach great importance to the clinical context in which these substances are prescribed and used.

The Arya Vaidya Pharmacy runs an out patient clinic and Ayurvedic hospital in the city of Coimbatore, Tamil Nadu. These are mainly frequented by the richer strata of the Indian middle classes seeking relief from diseases such as arthritis, spondylitis, paralysis, diabetes, depression, skin diseases, sleeplessness, as well as gastrointestinal, urological and gynaecological problems. With its approximate five hundred classical products and a national network of seven hundred exclusive dealers, 300 employees, its professional magazine The Ancient Science of Life, the Arya Vaidya Pharmacy demonstrates that its impact is much bigger than its sales of three million US dollars suggests (see Chapter Five). The firm has three factories where mainly classical products are made. Around 1995 the company had started an OTC-line that now has twelve branded products such as a herbal soap, a hair care product, a pain balm, a digestive, a vitaliser, a product against jet lag and formulas for the treatment of diabetes and leucorrhoea. However, the Heal product line contributes just 10% to the firm’s turnover. Like the Arya Vaidya Sala the firm stands for classical formulas prescribed by physicians having the right education and makes around five hundred sastric formulations such as kashayams (decoctions), arishtas and asavas (alcohol extracts), curmas (powders), ghritams (medicated ghees), tels (medicated oils), and lehas (tinctures). My stay with them all together for a period of five weeks and my visits to their clinics in Calicut, Bangalore and Delhi, has contributed to my understanding of Ayurveda and its therapeutic substances. The Arya Vaidya Sala and the Arya Vaidya Pharmacy have a lot in common. Both firms make around five hundred classical products which they offer as part of classical Ayurvedic treatments from Kerala such as dhara, pizhichil, navarakihi, and sirovasti.

The franchises and private hospitals of these firms attract affluent people from the middle class and the upper-middle class. They are defined as people with at least a secondary education and a monthly income between Rs. 10,000 (250 US dollars) and Rs. 30,000 (750 US dollars). Among these are businessmen, relatively well paid professionals, and high-ranking bureaucrats. The casus below is illustrative of this ‘customer segment’ and shows the treatment of the wife of a retired Indian engineer who worked for a Finnish mining company in the state of Rajasthan:

My wife has been treated for her rheumatoid arthritis at AIIMS [All Indian Institute for Medical Science, one of India’s most distinguished hospitals]. We were not satisfied, because the physicians there give no time to the patients; they feel superior and it sometimes happened that we were sitting there for hours without seeing a doctor: allopathic physicians are too proud. My wife also appeared to be allergic for the iron tablets against anaemia she was given at AIIMS. A family member advised us to go to the clinics of the Arya Vaidya Pharmacy; before she almost could
not bend her joints but after treatment she could again travel by bus on her own. The physicians of the Arya Vaidya Pharmacy can take up to half an hour for a consult if necessary; in contrast the physicians of AIIMS who hardly have time. I think that treatment is more successful if patient and physician interact and look for an approach together. The patient should have knowledge and awareness about the disease and its impact on daily functioning; in this respect rules for behavior and diet are crucial [a\textit{h\acute{a}r} a\textit{ur vi\acute{h}ar}]. Just like Gandhi and Arjuna [one of the main characters of the Bhagavat Gita, the section of the epos Mahabharata that Gandhi cherished] the patient has to control himself. To be treated successfully the patient needs self determination and faith in the physician (Delhi South Extension Clinic of the Arya Vaidya Pharmacy, interview Delhi November 1997).

In cases of chronic ailments, good social treatment is often as important as good medical treatment and the clinics of the big Keralite manufacturers offer this. Keralite treatments can be costly and are therefore not within everyone’s reach.

**Concluding Remarks**

Over the last two decades the sales of especially Ayurvedic products has grown substantially. In the beginning of the 1980s the turnover of the largest Ayurvedic manufacturers was estimated at 5 million US dollars. Fifteen years later the Ayurvedic firm Dabur sold 160 million US dollars worth of goods and holds one quarter of the 625 million dollar Ayurvedic market. Though substantially smaller than Dabur other large manufacturers have passed the magical line of the yearly turnover of 100 crores (approximately 25 million US dollars in 1998). This is also true for the Unani firm under study; the Unani manufacturer Hamdard is responsible for 70% of the sales of Unani products. With approximately 42.5 million dollars, this market is much smaller than its Ayurvedic counterpart.

Increased sales of consumer brands - i.e. Ayurvedic and Unani health and beauty products which are marketed straight to the public - are largely responsible for the growth of the Indian indigenous pharmaceutical industry. Especially in the 1990s when a rather affluent Indian consumer class came into being, large manufacturers such as Dabur, Hamdard, Zandu, Baidyanath and Charak have invested substantially in popular marketing and advertising. Consequently, the Ayurvedic firm Dabur has grown into one of India’s biggest firms of the Fast Moving Consumer Good Sector. The latter denotation reflects the policy of trying to make Ayurvedic and Unani formulas part of people’s daily routine; a marketing strategy followed by most large manufacturers. The importance of consumer brands for the business of manufacturers of indigenous health and beauty products is not new however. Already in the beginning of the 20th century Dabur, for example, sold its patent formulas directly to consumers. The same can be said about the Unani manufacturer Hamdard; the firm’s summer drink has always been by far the firm’s most profitable product. What has changed is that seasonal prod-
ucts such as Chyawanprash and Rooh Afza have partly been turned into daily necessities. Urban middle class consumers have increasingly become important customers for manufacturers of consumer brands. To make their products attractive in the eyes of these modern consumers, these firms follow a strategy of popular marketing in which they use images of tradition, modernity and nature (see Chapter Four).

Not all brands are sold directly to the public however. Biomedical-provider brands compose a smaller, but notable, segment of the market of indigenous medicines and are good for 18% of the total sales of the firms under study. Most large manufacturers market some of their brands to professionals such as physicians, practitioners, pharmacists and chemists, but the Himalaya Drug Company has actually made this strategy into its policy. The firm sells most of its products via the route of medical representatives who market the medicines to professionals such as physicians and pharmacists with the help of professional product information. Though modern images such as laboratory standardisation and screening techniques dominate the professional looking promotion materials of Himalaya, references to tradition in the form of humoral concepts and classical Ayurvedic texts are also made (see Chapter 3.2).

Even though hard figures are lacking, it is clear that the sales growth of classical medicines is much less than that of brands and classical formulas. The latter contribute to about 12% of the sales of indigenous formulas. The Arya Vaidya Sala is aligned with this approach; the South Indian manufacturer makes classical products of which a substantial amount are used in a clinical context. In contrast to the two categories of branded products that have been mentioned, classical formulas are sanctioned by their long time use. Relatively speaking, traditional notions about the composition of formulas, manufacturing processes and indications for use, play a more prominent role in the case of classical products than in the making and use of branded formulas. Particularly, when employed in a clinical context efficacy is backed by cultural practices such as food prescriptions and behavioural guidelines.

An interesting point which needs further research is the kind of entrepreneurship Ayurvedic and Unani manufacturers represent. Worthy of note are Hamdard and the Arya Vaidya Sala. Both are registered charities and therefore fall under the Tax Exemption Act. Apart from manufacturing, these firms run colleges, hospitals and publication departments. They also organise conferences and offer prizes to researchers in their fields. These charitable activities make the friction between profitability and medicine manifest; an area of tension which also marks the manufacturing of medicines by biomedical manufacturers such as Pfizer, SmithKline and Organon.