

A new beginning in medical anthropology: scope and relevance of 'pharmaceutical anthropology' in India

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Abstract

Over the years, medical anthropology like the discipline of anthropology as whole has gone through a lots of changes. The present article discusses about one of these latest modifications, a paradigmatic shift which spared the anthropological lens to look into other more important and contemporary issues in complex and heterogeneous societies. It discusses the issue how pharmaceutical anthropology emerged as subfield. Moreover this article aims at providing some of the historical underpinnings which led to the development of pharmaceutical anthropology. Finally, by discussing about some of the contexts and scopes of pharmaceutical anthropology in India it shows how anthropologists can contribute to the better understanding of present day health care system.

Key words: *Medical anthropology, pharmaceutical anthropology, health-care system, Indian pharmaceutical industry.*

Introduction

Anthropological interest on issues of experience and distribution of illness, prevention and treatment of sickness, healing processes, the social relations of therapy management, the cultural importance and utilization of pluralistic medical systems goes long back with development of the particular tradition of Medical anthropology. Like many other sub-branch within the field, medical anthropology over the years has gone through a lot of changes. Since its inception in 1950's, medical anthropology always had an applied orientation to it. Right from the very beginning scholars of medical anthropology focused on understanding and responding to pressing health issues and problems around the world which are often influenced and shaped by human social organization, culture, and contexts (Singer, 2004:23).

In course of explaining the health-care issues and their socio-cultural context scholars often used a varied range of theoretical frame works which either included

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broad categories like- environmental/evolutionary theories, cultural theories, and political/economic theories (Hahn, 1995) or empiricist paradigm, the cognitive paradigm, the meaning-centered paradigm, and the critical paradigm (Good, 1994) or medical ecological theories, interpretive theories, political economy or critical theories, and political ecological theories (McElroy and Townsend, 1996). The boundaries between these theoretical frameworks nonetheless haven't often been sharply defined. Therefore, it was, and perhaps still is a source of debate amongst the scholars of medical anthropology.

But, this article, without going into much of this debate within the field of medical anthropology, more specifically into the all the convergences and divergences, discusses only about the emergence of a particular sub-branch 'pharmaceutical anthropology.' In fact, it shows how this emergence brought a paradigmatic shift from early exotic to later consideration of 'bio-medicals' as social-cultural phenomenon (Van der Geest et al., 1996). Initially, this article takes a look at the discipline of medical anthropology itself, especially at the formative phase of medical anthropology. It discusses about some of the historical contexts, issues and the underpinnings that led to the emergence of this relatively new sub-field of 'pharmaceutical anthropology.' Thereafter, it discusses about the new beginning in 'pharmaceutical anthropology.' It takes a close look at some of the core studies which helped in the development of this sub-field. Lastly, this article concludes by discussing about the merits and demerits of the particular sub-branch. Moreover, it shows how study of pharmaceutical can contribute to better understanding of present day health care practices in India.

The historical factors: medical anthropology in its evolution

During its formative phase of medical anthropology, most of the scholars often narrowly focused on the micro level issues in terms of specific ecological conditions, cultural configurations, or psychological factors. They were often quite involved in explaining health-related beliefs and behaviors at the local level. But, while providing insight into the nature and function of folk medical models, they tended to ignore the wider causes and determinants of human decision-making and actions (Singer, 2004:24). This weakness of ethno-medical paradigm which provided a static view of local homogenous tradition society and culture gave rise to alternative view of medical pluralism (White et al., 2002). Gradually, with close attention to what Mullings (1987) has called as "vertical links" that connect a social group under study with the larger regional, national, and global human society and to the configuration of social relationships that contribute to the patterning of human behavior, belief, attitude, and emotion led to formation of critical perspective within medical anthropological framework.

It was through a symposium called "Topias and Utopias in Health" at the 1973 in the Ninth International Congress for Anthropological and Ethnological Sciences, critical perspective within the sub-field of medical anthropology had expressed itself as a distinct school of thought. Simultaneously, at a similar point of time there was a new found popularity around western medical practice that bought health hazards and many other newer dimensions. The use and selling of western medical or pharmaceuticals slowly have started to capture anthropological attention all round the world.

During the 1970's Multinational pharmaceuticals were often accused and criticized for their unethical way of marketing drugs into the developing countries. Some of these criticisms even held a sound logical basis, as during that point of time most of

the multinational pharmaceuticals were selling banned chemical substances in developing (third world) countries, who never had the infrastructure nor any adequate local knowledge to counter such issues. It was from that time some of the scholars have started to look upon the issues of invasions of multinational pharmaceuticals into third world countries more critically (Gish and Feller, 1979; Silverman et al., 1982).

In 1978, Action Program on Essential Drugs set up by WHO, another historic event which further prompted scholars to take up some these health care issues from a critical angle. In fact, the conflicting dimensions from health Ministry, Doctors, pharmaceutical companies, Patients and even Pharmacies led anthropologist to enquire into the knowledge and practice of local pharmaceutical. Moreover, the lack of reliable data base about the proceedings of pharmaceuticals and their consequences on local people further build the base for future anthropological enquiries. Often, because of the varied culture, contexts and the differentiating beliefs, each society perceived and reacted to western medical in different ways and which came in way of successful delivery of healthcare and medical facilities. Most of the anthropological enquiries therefore sought to interpret Western Pharmaceuticals in others culture. These scholars soon realized that those interpretation and knowledge could be used both in overcoming the perceived cultural barrier as well as to improve the nature of health facilities (American Anthropological Association, 1981:7).

Emergence of 'pharmaceutical anthropology'

Anthropological perspective on western medicines, especially on the pharmaceuticals and health care issues is deeply rooted in the contexts of its long standing tradition of 'critical perspective.' Heavily rooted in the philosophy of 'political economic school,' most of these studies tried to interpret cultural configurations around different life phases of pharmaceuticals. The particular emphasis on Pharmaceuticals and Bio-Medicinals or Western Medical Practices that gained momentum since the end of World War II, mostly in and around a successful use of penicillin (Bouchard, 2005:395).

But, in spite of such continual interest in bio-medicals as discussed above 'pharmaceutical anthropology' as separate subfield hasn't announced itself up until in the late 80s and early 1990s. It was during this period a series of work by Van derGeest and some of his colleagues (1985; 1988; 1991; 1996) such as *The Context of Medicine in Developing Countries: Studies in Pharmaceutical Anthropology* (1988) that gave rise to a new subfield of 'pharmaceutical anthropology.' Influenced by Appadurai's (1986) concept of "arena" in *Social Life of Things*, most of such studies have tried to analyze medicine in terms of its numerous dimensions of human interest – material, social, political and emotional – with which these are traded, prescribed and consumed (Van der Geest et al., 1996:155; Whyte et al., 2002; Van der Geest, 2006; Bode, 2006). These scholars have started to emphasize upon different "life phases" of pharmaceuticals, i.e. 'production,' 'marketing,' 'distribution,' efficacy along with several other dimensions that merges on use prescription and selling of medicine. Moreover, based on the varied transaction patterns of medicines and involvement of several intermediaries within the "pharmaceutical nexus", these scholars have tried to analyze pharmaceuticals (medicines) in terms of their biographical order or "social life."

It marked a new beginning. Not only, it replaced a long standing anthropological tradition which 'exclusively focused on exotic and traditional aspects of medicine', moreover it helped widening anthropological perspective by taking on issues in

complex and highly technical and mechanized world of industrial manufacturing leaving their home grown familiarity to the 'Arcadian setting of rural communities' much behind (Van der Geest, 2006:308). Moving ahead from their early emphasis on the cultural symbolic aspect of traditional medicines, most of the anthropologists in the later stages started to focus on transaction of pharmaceuticals within the professional setting (Sachs, 1989; Sachs and Tomson, 1994; Van der Geest, 1982; Waddington and Enyimayew, 1989). Capsules, tablets and other medicines are no longer taken for granted. Rather, medicines were often analyzed in terms of the meanings they attribute in different contexts.

Eventually, scholars started capturing each and every aspect of pharmaceuticals –right from its manufacturing process up to their consumption where there are particular actors in each of the contexts. It helped understanding the process through which pharmaceuticals prompt people in establishing, avoiding or breaking social relationships. These studies, not only helped researchers to gain insight about various issues of acceptance and non-acceptance of pharmaceuticals in different cultures, but, most importantly, it helped understanding the process how western medicines were seen through the local concepts of healing and illness. Furthermore, such undertakings within the sub-field of 'pharmaceutical anthropology' helped understanding ever so overlapping aspects of pharmaceutical business, different organization elements and other correlated factors such as drug coverage, drug utilization, its efficacy, health care costs, and diagnostics of non-compliance along with their consequences on traditional health-care system (Edberg, 2009:337-8; Adams et al., 2001; Whitmarsh, 2009; Biehl, 2007; Singer, 2004).

Pharmaceutical anthropology in context of Indian health-care system: scope and relevance

India was always known for its traditional way of medicinal practices such as *Ayurveda*, *Ūnânî* and *Siddh*. Most of traditional mode of medicines are said to have emerged from entirely different school of philosophy, and constitute different meanings in terms of health care system. *Ayurveda* are said to advance somatic, social, psychological and spiritual wellbeing is associated with the non-violence ascribed to the Buddhist emperor Asoka under whom India was united for the first time in the 1st century B.C, and M. K. Gandhi, the father of the nation (Bode, 2007). *Unani* medicine came from west Asia 800 years ago, while homeopathy, naturopathy and biomedicine entered about 200 years ago from Europe to become part of the medical traditions in this region. But, along with the growing popularity of western medicines the scenario has become much more complex. Today, there are multiple medical systems such as bio-medicine (pharmaceuticals), *Ayurveda*, *Unani*, *Siddha*, homeopathy, naturopathy, yoga along with variety of folk traditions, all of which contribute in providing a vibrant and thriving outlook to the modern day health-care system in India.

Pharmaceutical industry in India today forms a key component of health care industry and plays quite an important role in the economic level as well. Indian Drug Manufacturers' Association (IDMA), in their 39th Annual Publication in 2001 which considered pharmaceutical industry as one of the major economic sectors in terms of the total Indian economy. Indian pharmaceutical market is the 15th largest individual market by sales, and 4th on the basis of volume of product. As many as 17,000 pharmaceutical companies who produce over 40,000 branded formulations, many times more than the rest of the world (Gulhati, 2004:778). During 2000–2001, the estimated value for production of bulk drugs and formulations in India was

approximately Rs 22,187 crores (~\$4.5 billion) out of which Rs. 4344 crores is for bulk drugs and Rs. 17,843 crores for the formulations. Indian pharmaceutical industry is the second-fastest growing industry sector in the country. It has shown a revenue growth of 27.32 per cent (as per the latest data available) to touch Rs 25,196.48 crore (Rs 251.96 billion) in 2006-07. Moreover, Indian pharmaceutical industry has a domestic drug sale of almost \$5 billion; where local companies have developed a considerable service industry for the global pharmaceutical market.

But, the picture was not similar always, especially in the pre-independence and early post-independence period where most of the market share was held by foreign national companies. It was since 70's and 80's Indian pharmaceutical industry started to grow quite rapidly. With the joint effort from both Indian government and independent bodies like the World Health Organization (WHO) and the UNICEF who helped to set up local research institutes like Hindustan Antibiotics, IDPL and others. Moreover, Indian government has started to provide huge fiscal investment for the development of local pharmaceuticals. During the period, Indian government even provided the access to the technologies for production of vital drugs. It led to an unprecedented growth among domestic medicine makers (Sen Gupta, 1996; Joshi, 2003). Meanwhile, Drug Policy, 1978 and Drug Price Control Order (DPCO), 1979 were introduced that further curtailed the market share of the multinationals and build the base for tough competition.

Most of the pharmaceutical companies today are standing in the ground of 'self-destructive loop' (Sen Gupta, 1996). In fact, the "Ranking of Indian Pharmaceutical Companies" (Joshi, 2003:84) quite clearly shows how the major Indian companies are fighting with their multinational counterparts. Therefore, in order to keep up with the overall trend of 'pharmaceuticalization' and 'commodification' of health facilities (Kamat and Nichter, 1998:779 cited Jayaraman, 1986) the marketing strategies of pharmaceutical companies over the years have changed rapidly. Instead of continuously investing upon the research and development of new molecules, in place of re-evaluating the strengths and weaknesses of product segments to increase therapeutic reach, most of companies are now solely emphasizing upon market penetration.

Therefore, there is wide scope for anthropologists to understand the how pharmaceutical industry and modern(western) medical systems arrived and emerged in India, their acculturation into various communities as well as the syncretism and contestations with the indigenous which are quite unique to Indian medical and cultural history (Jain and Jadav, 2009; Sujatha and Abraham, 2009). Furthermore, medical anthropologists can better identify the path-ways through which pharmaceuticals have become essence and embodiment of Indian community. Moreover, by looking into various integral components of present day Indian health care system, which reflects about the process of 'pharmaceuticalization' and 'commodification', especially at both the pharmaceutical industry itself and their marketing practices, studies on pharmaceutical or pharmacy related behaviour can better illuminate the complex process whereby various practices are curved under a broad "nexus" mostly around the innovation, use and sale of western medicines. With its particular emphasis on how pharmaceutical companies try to determine actions of health service, including those of doctors and the health outcomes, such studies can show us the intricate threads of interest with which some of the participant members operate and often capitalize upon one of the basic human need of medication. Moreover, it can illuminate the process how such practices being one of the most common feature of global wave is transforming the perception, attitude and even the health care politics at local level (Lakoff, 2006; Greene, 2007).

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