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SOCIOLOGICAL AND ANTHROPOLOGICAL STUDIES ON PHARMACEUTICALS IN THE INDIAN CONTEXT: SOME OBSERVATIONS

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ABSTRACT

The emergence of sociological and anthropological interest in the concerns of the pharmaceutical industry is a fairly recent phenomenon. For the most part, the engagements of these scholars in India have focused on traditional medicine and its encounter with biomedicine. Ethnographic studies of pharmaceutical firms and studies dwelling on pharmaceuticalization-related concerns are needed in order to understand the complex alliances between different sets of actors, including firms, clinicians and regulatory bodies in the contemporary context in India.

Keywords: pharmaceuticals; sociological, pharmaceuticalization, biomedicine

INTRODUCTION

Sociological or anthropological engagements with pharmaceuticals, particularly the industry, in the Indian context, have by and large been conspicuous by their absence. With a couple of exceptions, they have generally focused on the realm of traditional medicine and its encounter with biomedicine. In this regard, the present paper attempts to outline a few such studies in order to understand the key issues raised in these enquiries.

STUDIES IN THE INDIAN CONTEXT

One of the earliest socio-philosophical works in this regard (Nandy and Vishvanathan 1990) attempted to describe three modes of dissent from modern medical philosophy in India, each of which had simultaneously attempted to understand modern medicine and to cope with the typical clinical, social and philosophical problems, the attendant mode of healing introduced into the world of applied knowledge. From the irrationality as defiance stance of the theosophists to the culture as resistance of Gandhi to the theory of the exogenous of Sivamurthi, the paper had attempted to argue that "*these 'demented' and 'other-wordly' sages had diagnosed the crisis of modern medicine with greater clinical and philosophical perspicacity than did 'normal' scientists*". The significance of this work lies in the authors' examination of modern medicine as creating a 'shadow patient', which involved the "*reconstruction of the patient and his suffering into a set of variables and readings as in a laboratory process*". The authors' examination of how modern medicine has led to depersonalization of the patient by giving emphasis to the laboratory reality of the person in preference to his personal and clinical realities is of course a well-established thesis in sociological studies of medicalization in the West.

Other studies (Sujatha and Abraham 2009, Sujatha 2003) have focused on the worrisome aspects of medical pluralism in terms of the dilemmas of incorporating indigenous systems of medicine into a centralized health infrastructure, the expansion of these systems through the pharmaceutical industry for health products, massage centres and spas, the negotiations between the practitioners of different co-existing systems of medicine and the debates on notions of efficacy among these different systems. In this context, Minocha's (1980) study, though carried out more than two decades earlier in comparison to these above-mentioned works, merits mention since it offers a different view of medical pluralism. Her study attempted to critique the "adaptability of traditional medicine" and highlighted how traditional practitioners were medicating their clients with allopathic formulations, who consumed them like traditional remedies, unaware of their side effects. A related study (Abraham 2009), deploying the

framework of medicine as culture and focusing on the indigenous medicine of Ayurveda, deals with the cultural construction of "Kerala Ayurveda" and its reproduction simultaneously as culture and as medicine in cosmopolitan Mumbai.

Naraindas's work (2006:2658-69), had examined the '*interplay between biomedical and other medical traditions*' in terms of notions about evidence and efficacy and observed how '*objective tests and measures in biomedicine are accepted as the only legitimate evidence of cure but these do not concur with the premises laid down by these other traditions or with patients' subjective perceptions of well being*'. His contention was that a cognitive shift in terms of what constitutes as 'evidence' is vital to the practice of these other medical traditions.

In the context of our inquiry into the Indian pharmaceutical industry, Banerjee's (2004:89-94) work is a significant contribution among these few studies. Her article '*examines some of the sites of contestation that mark the encounter of Ayurveda with globalization, making it a marginal player in the medical market*'. She argues that with the enormous pressure being exerted by the dominant establishment, including the pharmaceuticals industry, '*alternative medical systems have been confined to marketing alternative products*' and that the real challenge for Ayurveda in the global economy lies in '*defining the parameters and terms of those parts of knowledge system that are considered adaptable to the market*'. She highlights how '*in the scramble to protect markets and knowledge regimes, it needs to be understood that there is a deeper colonization being played out in the edging out of alternative world views inherent in these medical systems.*' In a related and earlier work, (2002: 435-467), she problematizes this encounter between Ayurveda and the market through an analysis of decisions regarding the product profiling, positioning and packaging of Ayurvedic medicines by its leading manufacturer, Dabur. Her analysis views '*these seemingly mundane decisions as the expressions of a deep operation of power, mediated through culture*'. The article attempts to move beyond '*the simplistic picture of the rise of modern biomedicine at the inevitable and onward march of rationality, or that of Ayurveda as the helpless victim of modernity*' and argues that the multiple strategies adopted by the Ayurvedic pharmaceutical companies, in response to the changing conditions of the market, can be viewed in larger terms '*as its response to the changing nature of the field of power. This identifies the 'moment of confrontation',* the *'moment of withdrawal' and* the *'moment of diversion' as some of the strategic responses*.' Banerjee's analysis, in demonstrating how these strategies opened up the modern market for Ayurvedic medicines, also dwells on the consequences of these strategies in terms of the reconfiguration of these medicines in the mould of allopathic medicines and their resultant disconnect with the knowledge systems within which they had emerged.

Another important empirical study (Harilal 2009), reflecting on the prolonged history of standardization and professionalization that transformed aspects of the Ayurvedic tradition, examines the challenges faced by the Ayurvedic medicine manufacturing sector. Given that within the tradition, medical ingredients are sourced from herbal, mineral and metal substances that cannot be industrially manufactured, the study underscores the economic relevance of Ayurvedic knowledge and how modern firms have amassed it in a competitive environment.

The relevance of these above-mentioned studies to our understanding of the Indian pharmaceutical industry lies in the fact that the manufacture and marketing of Ayurvedic products also constitutes a part and parcel of the pharmaceutical scenario in India. Though the Ayurvedic manufacturing industry exhibits some differences from the general pharmaceutical industry in India with regard to features such as sources of knowledge, nature and process of drug discovery, scientific applications, fragmentation of markets, consumer categories and pricing, it also exhibits some similarities with the pharmaceutical sector with regard to aspects such as product innovation, marketing strategies, institutional development and networking.[1]

Sundar Rajan's work (2002)[2] constitutes an exception to this general sociological preoccupation with traditional systems of medicine in India and is perhaps the most significant study in the context of our present discussion. His work attempts to analytically map the techno- scientific regime of biotechnology in the context of drug development, in a political economic regime that is marked by the increasing prevalence of such research in corporate locales, is driven by corporate agendas and practices and therefore has tremendous implications for the life sciences. Sundar Rajan adopts the methodological strategy of multi-sited ethnography, involving a range of actors such as academic scientists and industrial scientists, venture capitalists, entrepreneurs and policy makers, to understand the nature of such 'biocapital' and the negotiations of these actors with these emergent technologies and political economies. Drawing upon Marxian and Foucauldian perspectives of life, labour and and value and upon the traditions of STS studies, his thesis "*intervenes in social theoretical debates not simply around the nature and production of knowledge and value, but also around the place of larger belief systems – relating to religion, nature and ethics- in such productive enterprises*". It also "*simultaneously intervenes in conceptual debates within cultural anthropology regarding methodological questions that surround the undertaking of comparative ethnographic projects of powerful sites of knowledge production and value generation in a globalized world*."

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[1] Greene 2007 as cited by *ibid* : 45
[2] Phd dissertation, Science, Technology and Society Program, Massachusetts Institute of Technology, United States.

With respect to marketing of pharmaceutical products, one of the major studies dealing with the Indian situation is that of Kamat and Nichter (1998: 779-94). The empirical study, involving an ethnographic description of pharmacies and pharmaceutical-related behavior behaviour in Mumbai, in highlighting the context in which pharmacy attendants engage in "prescribing medicines" to the public, demonstrates how reciprocal relationships between pharmacy owners, medicine wholesalers, and pharmaceutical sales representatives influenced the actions of pharmacy staff. The study also looks into the role of the medicine marketing and distribution system in fostering prescription practice, pharmacy counter pushing and self medication. In documenting the profit motives of different players located on the drug sales continuum, the authors argue for a closer scrutiny of the economic rationale and symbiotic relations that exist between doctors, medical representatives, medicine wholesalers and retailers by the proponents of "rational drug use".

Recently, studies conducted under the 'Tracing Pharmaceuticals in South Asia: Regulation, Distribution and Consumption' project[3], deploying methodological techniques such as anthropological field work with archival and interview-based research, have attempted to examine the conditions that make possible the continuing inappropriate use of medicines in South Asia. The project, based on the premise that phenomena such as pharmaceutical products must be understood as parts of global assemblages which have significant cultural and symbolic meanings, highlights the understanding of the processes that lead to iatrogenic disorders[4] and attempts to offer an improved understanding of policy in this field. In this context, a study by Ecks and Basu (2009:46-86), which emanated from this project, examines the use of antidepressants in India. Drawing upon ethnographic investigations in India and through the example of fluoxetine (Prozac), the authors argue that the spread of anti-depressants in India is 'unlicensed' by Euro-American corporations in at least three ways: drug marketing is driven by Indian generic producers, fluoxetine is prescribed by practitioners who have no license to do so and knowledge of fluoxetine is spread through the unlicensed 'floating' prescriptions that patients take from one prescriber to another. Another very useful and related study (Bhrlikova et al 2007) primarily outlines the role of regulation and its enforcement in Nepal, with respect to the regulatory requirements pertaining to Good Manufacturing Practices (GMP), the guidelines governing the production, distribution and supply of a drug. The authors' findings indicate that domestic producers find the increasingly stringent GMP standards a major obstacle in the production of affordable drugs with respect to the domestic market.

CONCLUDING OBSERVATIONS

While there are a significant number of studies dealing with issues related to medicalization and pharmaceuticalization in the West, these have only recently begun to stimulate the interest of sociologists and anthropologists in India. Moreover, with the exception of a few studies, ethnographic studies on pharmaceutical firms in India have largely been conspicuous by their absence. Such studies would no doubt be useful in terms of bringing out the complex alliances between R&D scientists in industry, clinicians, medical practitioners and regulatory bodies, in the broader context of social construction of medicines and illness in India.

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[3] A project (2006-09) funded by the Economic and Social Research Commission (ESRC) and DFID, United Kingdom, carried out by researchers in Nepal at Martin Chautari and in India at the Centre for Health and Social Justice, in collaboration with the University of Edinburgh.

[4] Those induced unintentionally by a physician's diagnosis.

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