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notions of health and disease. Therefore, advertisements for Indian indigenous pharmaceuticals will also provide a window on how the Indian public looks upon these phenomena. Before I start my analyses of soliciting texts with three examples taken from promotional materials of Dabur, Hamdard and Zandu, I briefly discuss which kind of consumers these advertisements want to attract. This discussion is only tentative because manufacturers and not consumers are the object of my study.¹⁰⁴

4.1 Advertisements, Consumerism and the Middle Classes¹⁰⁵

In May 1998 India Today, a prominent Indian weekly with 15.9 million readers, contained an advertising special on Ayurvedic medicines. It included five pages with advertisements and small articles about three companies. Allen Laboratories presented its capsules for fighting dandruff, hair loss and premature greying by toning up the stomach and liver. Baidyanath, a large North Indian company established in 1918, selected five products out of its range of five hundred: two *rasayanas* (tonics, vitalisers), a medicinal tooth powder, a digestive, and a medicine for the treatment of dysmenorrhoea. Dabur restricted itself to a food supplement and Pudín Hara, a digestive already mentioned in their therapeutic index of 1930. Most Ayurvedic and Unani medicines don't find their way to patients and consumers through the prescriptions of traditional healers. I estimate that at the moment eighty to ninety percent of Ayurvedic and Unani pharmaceuticals are directly sold to consumers by retailers such as chemists, small grocers as well as supermarkets and beauty parlours. This reality differs from the image of the scholarly traditional healer who prescribed medicines after carefully having examined his patients. Self-medication seems to be the rule for most Indian indigenous pharmaceuticals. One of the reasons is the fact that a large majority of the students who finish their education at one of the colleges of Ayurveda or Unani *tibb* start to practice western medicine. Rather than promoting the cause of traditional medicine by offering teaching facilities and stimulating confidence in Indian medicine the more than 'hundred badly funded Ayurvedic and Unani colleges' have mainly functioned as 'backdoors', i.e. backdoor entrances, to the practice of western medicine for those who failed to get access to western medical training (interview with the director of a large Indian NGO, Bangalore 1997 January 5; see also Leslie 1992: 184). The larger part of the training in these 'traditional colleges' is usually in western medicine and allied modern sciences. Following graduation students will make use mainly of western disease categories and medical prescriptions. Therefore, the practice of institutionally trained Ayurvedic and Unani physicians often does not differ from that of biomedically trained physicians.¹⁰⁶ Indeed, the prestige of modern medicine as well as the lack of proper training in traditional medicine has deprived the traditional pharmaceutical industry of physicians for the prescription of their products.¹⁰⁷ Another reason for the dominance of over-the-counter marketing is the large number of medicines for common diseases like cough and body aches, as well as tonics and cosmetics in the product range of most companies. At least from a modern perspective one could argue that for these products a prescription is not needed.