

**Packaging Knowledge:
Tracing the Commoditisation of Traditional
Chinese Medicine and Ayurveda in Globalised
Markets**

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Abstract

The recent COVID-19 pandemic has exposed the fragility of public health systems all around the world. The failure of public health system on curative front has exhibited that there is a need of integrating diverse medical systems and practices into the mainstream public health systems to make them holistic. This could be effected by including systems both care and prevention in the public health systems for better management of situations like the pandemic. Traditional medicines in this context become important, because generally it is perceived as more holistic than biomedicine. The future of traditional medical systems in the Post-COVID world depends on its performance at global pharmaceutical market.

The paper tries to explain the trajectory of commoditisation of Traditional Chinese Medicine and Ayurveda in the globalised markets. In order to do so, this paper is divided into three sections. The first section aims to analyse the commoditisation of Ayurveda and TCM concerning or in the context of the post-liberalisation developments in the field of traditional medicine. The specific focus of this section will be on the market and the manufacturers of traditional medicine, mainly two most prominent companies of Ayurveda and TCM respectively, Dabur India and Beijing Tong Ren Tang. The second section argues policy formulations have a significant influence on the commoditisation process. Policies on traditional medicine in India and China are analysed to demonstrate how it works both as a facilitator and hindrance to commoditisation. The final section suggests that, of the many factors that influence the revival of traditional medicine in both India and China, this section will focus on two critical factors behind the revival of traditional medicine in India and China. Through the case study of Patanjali Ayurved, one of fastest-growing Ayurvedic company FMCG in India, and its discourse of "swadeshi", this section analyses the influence of right-wing nationalism on the revival of traditional medicine in India. In China, on the other hand, the aspiration of global dominance is an essential factor behind the revival of TCM, by positioning TCM in the developed world as an ideal alternative to biomedicine.

Key Words: Traditional Chinese Medicine (TCM), Ayurveda, Commoditisation, Biomedicine, Market, Globalisation.

Introduction

“How ghee, turmeric and *aloe vera* became India’s new instruments of soft power”, was the title of an article published by *The Washington Post* in 2018. (Doshi 2018) The article epitomises the heave in the global consumption of 'traditional and alternative medicines'. The gross market size of Ayurveda sector was estimated at \$ 4.4 billion by the end of 2018 by Confederation of Indian Industry (CII). (Economic Times 2018) However, Ayurveda is not the only and indeed not the dominant industry in the global traditional medicine sector. Traditional Chinese medicine (TCM) right now holds and dominates the traditional medicine industry, and undoubtedly dominates the global traditional medicine market. TCM has become a global industry with the gross market of \$ 130 billion in 2016 (Smiley 2020), moreover, 15 percent (\$ 526 million) of China’s TCM exports went to only the US in 2016. (Matsangou 2019) The resurgence of traditional medicine is endorsed by the national governments as well as the market. Nevertheless, this is not a sudden boost in the sector, but the outcome of systemic developments of standardisation, scientisation, professionalisation, commercialisation and commoditisation of traditional medicine. (Banerjee 2009)

Both Ayurveda and TCM are products of thousands of years of dynamic traditions and practices. These two medical systems existed with a diverse range of practices and healing systems. However, both the medical systems went through a series of encounters with modernity, colonialism, biomedicine, positivist science and with the modern market and political economy, which resulted into a change in orientation of these medical systems. Nowadays, both Ayurveda and TCM products are available at local medical or grocery shops as fast-moving consumer goods (FMCG). Instead of traditional practitioners, you can find ayurvedic or TCM doctors wearing white coat in a fancy modern clinic. Modern biomedicine standards and randomised control clinical trials prove the worth of these medical systems. Apart from the scientisation of traditional medicine, the incorporation of traditional medicine into the modern markets are complex negotiations and interplay between modern political economy on the one hand and the traditional medical systems on the other. The consequence of these negotiations is the Commoditisation of traditional medical systems according to the logic of the market.

Now the question, what is the Commoditisation of traditional medicine? What are the processes of bringing the traditional medical product into the modern market? Several authors define commodity and the process of commoditisation. However, Arjun Appadurai offers a compelling argument about the commodity and Commoditisation in the volume *The Social Life of Things*. Appadurai in this volume presents the politics of “value” of “things” and argues that value is social, cultural and temporal. (Appadurai 1986: 15) The temporality of the thing, the place and time determine the value of thing. (Ibid.) So, the “commodity situation” is defined as “situation in which its exchangeability (past, present or future) for some other thing is socially relevant feature”. (Ibid.: 13) Thus, Appadurai points out thus:

“Commoditisation lies at the complex intersection of temporal, cultural, and social factors. To the degree that some things in a society are frequently to be found in the commodity phase, to fit the requirements of commodity candidacy, and to appear in a commodity context, they are its quintessential commodities. To the degree that many or most things in a society sometimes meet these criteria, the society may be said to be highly commoditised”. (Appadurai 1986: 15)

In classical Marxist literature, the commodity and commercialisation aspect are often ignored or not dealt as much as it should be. However, there are a number of scholars who are engaging with this aspect. Slavoj Zizek, in his work argues that the act of commodity exchange in the market is itself abstract which implies “double abstraction”, abstraction from the “changeable character of commodity during exchange” and abstraction from the “concrete character of the commodity”. (Zizek 2008:10) So, in this way commodity as a “form” is abstract even from its use and exchange value which is based on its socially necessary labour time. Thus, value of commodity through commoditisation does not depend on the production only, but there is more than that. Daniel Miller takes this analysis a step ahead and analyses the consumption aspect. (Miller 1995) He argues that consumption complements the production as much as it influences the creation of new products. (Miller 1995) So, he instead of taking consumers and the site of consumption as passive subjects or sites, take them as active subjects and site, which in a way influence both the site of production as well the process of commoditization.

For this paper, we can take 'commoditisation' as a process of the multifaceted juncture of different factors, as Appadurai puts it, temporal, cultural and social factors. (Appadurai 1986) The sites of commoditisation are multiple such as, sites of production, consumption and even politics, around which the whole commoditisation and the process of value generation takes place. These different sites certainly affect the process of commoditisation in their distinctive way. The commoditisation of 'traditional systems', they respond to these changes and sometimes adapt in very diverse and creative ways. Hence, we should not take these traditional systems as passive victims of commoditisation; instead, they are active participants of the commoditisation process and so, the authority and autonomy of these traditional systems do matter in the process of commoditisation. For example, Ayurveda as a system, instead of being a passive recipient of commoditisation, adapted and responded in multiple ways. Traditional Ayurveda practitioners adapted and now represents themselves as biomedicine doctors, Ayurvedic manufacturers come up with new products made from the same classical ingredients. Hence, the commoditisation of traditional medicine is a complex interplay of multiple “*Ps*”: policy, production, positioning, packaging, pricing, product profiling and promoting.

The purpose of this paper is to explain, what the trajectory of commoditisation of Ayurveda and TCM in the globalised markets is? This paper is divided into three sections. The first section aims to analyse the commoditisation of Ayurveda and TCM concerning or in the context of the post-liberalisation developments in the field of traditional medicine. The specific focus of this section will be on the market and the manufacturers of traditional medicine, mainly two most prominent companies of Ayurveda and TCM respectively, Dabur India and Beijing Tong Ren Tang. The second section argues policy formulations have a significant influence on the commoditisation process. Policies on traditional medicine in India and China are analysed to demonstrate how it works both as a facilitator and hindrance to commoditisation. The final section suggests that, behind the revival of traditional medicine in both India and China, and even globally there are multiple factors, including the increasing demand for the herbal products globally. Of the many factors that influence the revival of traditional medicine in both India and China, this section will focus on two critical factors behind the revival of traditional medicine in India and China. Through the case study of Patanjali Ayurved, one of fastest-growing Ayurvedic company FMCG in India, and its discourse of “*swadeshi*”, this section analyses the influence of right-wing nationalism on the revival of traditional medicine in India. In China, on the other

hand, the aspiration of global dominance is an essential factor behind the revival of TCM, by positioning TCM in the developed world as an ideal alternative to biomedicine.

Post - Liberalisation Developments in the Field of Traditional Medicine Industry in India and China

Products like Dabur Chyawanaprash, Tiger Balm or Rooh Afza are not new to the market or the people. These products existed way before globalisation. Thus, what makes the commoditisation of the traditional medicine in globalisation distinct from the earlier time? What marks the distinction is transition of traditional medicine from the category of 'medicine' to 'consumer products', mass consumption of these products as over the counter (OTC) products bypassing the traditional practitioners and straight to the consumer, packaging most of the traditional medicine formulas as FMCG products, the professionalisation of the traditional medicine industry with modern organisational arrangement and integration into the market with clear separation of labour, aggressive marketing and promotion through multiple sources and rapid expansion of traditional medicine market both locally and globally with high compound annual growth rate (CAGR) of the traditional medicine manufacturers and traditional medicine industry at large. Maarten Bode, in his work, argues that the commoditisation of traditional Indian medicine has been at "the expense of the production of traditional formulas". (Bode 2008: 72) Most of the brands sell their products directly to the consumer by which the patient-practitioner relation is hampered, and because most of the products are OTC products, the knowledge of people trained in traditional diagnosis system is not used. (Ibid.) Consequently, the authority over the traditional medicine is not in the hand of the traditional practitioner, but prominent manufacturers, drug controlling agencies and government and international non-governmental organisations. Out of the control of the traditional practitioner, the production today is done in the "hyper modernised factories" which are entirely mechanised and most of the time production process is hidden. (Harilal 2009: 45) The production and success of products like Dabur Chyawanaprash is the classic example of how traditional medical formulas commoditised in the market, by making it a product of mass consumption. (Bode 2008: 99) Chyawanaprash was repackaged multiple times. In the 1940s it was sold to hakims and lay consumers in small quantities as an immunity booster, now it is produced and sold in large quantities with the backing of big TV commercials and

legitimised on scientific grounds. (Ibid.) With the rebranding of the Chyawanaprash, the sales figures soared. In 1991 the sale of Dabur Chyawanaprash was US\$ 5.2 million, and in 2002 it went up to US\$ 42 million. (Mukherjee 2002: 38) This example epitomises the process of commoditisation of classic medical formulas. Figure 1 illustrates the types of ayurvedic products available in the market nowadays. Though, this kind of classification is fluid because a product could be OTC and classical medicine at the same time.

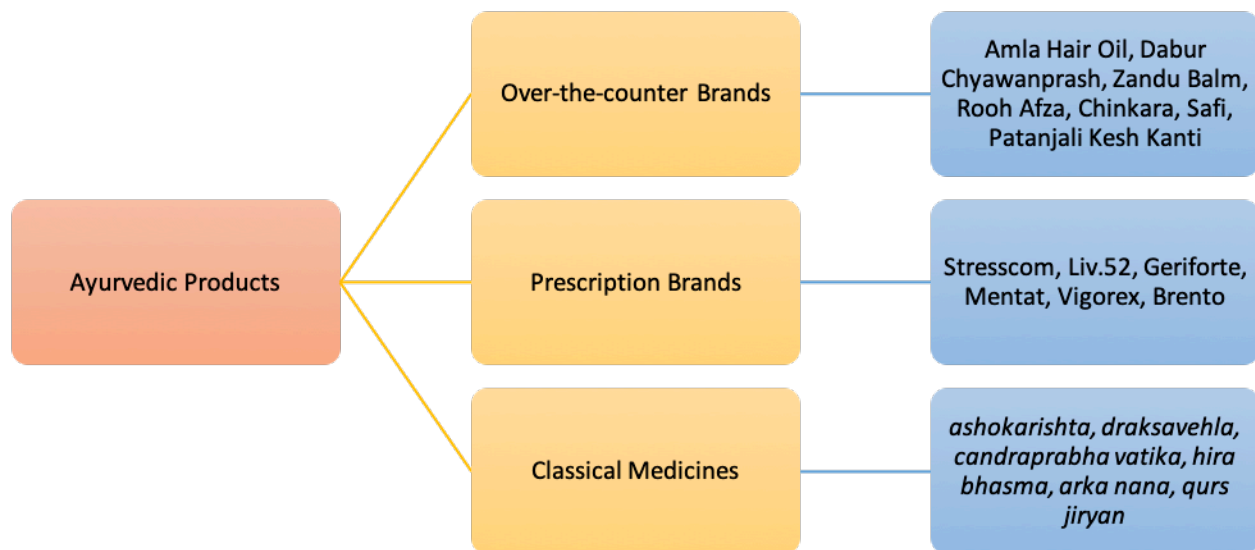


Figure 1. Types of Ayurvedic Products; Source: Bode, Maarten, 2008. Taking Traditional Knowledge to the Market: The Modern Image of the Ayurvedic and Unani Industry, 1980-2000. Hyderabad: Orient Longman Private Limited, 86.

Both India and China went through the process of “open-door policy” or “liberalisation”, and integrating their local markets with the global market. However, the paths of “globalisation” in these two countries were different. China adopted an open-door policy by late ‘1970s’, though India entered the global market much later, lately by ‘1990s’. Moreover, both India and China share some common trends regarding the impact of liberalisation on traditional medicine, despite of being significantly different in terms of their performance in the global market. “There was a rise of new pharmaceutical manufacturers in traditional Chinese medicine and even international players entered into the TCM manufacturing in China, creating new products and brands”. (Islam

2017: 100) Further, “the indigenous pharmaceutical industry also went through a process of modernisation and innovation and cater various new products including drugs, health products, diet supplements, beauty products and cosmetics”. (Ibid.) Ayurvedic manufacturing industry went through the same process in the post-liberalisation phase with a significant rise in the last three decades, producing and patenting Ayurvedic products for mass consumption. (Ibid.: 102) Moreover, these manufacturers are involved in aggressive campaigning as western pharmaceuticals companies are. (Islam 2010: 781) Often manufacturers adopt ‘ethical promotion’¹ of traditional medicine in which manufacturers offer incentives to the practitioners and doctors to prescribe their products, much like biomedicine manufacturers do. (Nichter 1996: 292-93) Production, consumption and expansion of traditional medicine are much more rapid in the 21st century than ever before. CAGR of both TCM and Ayurveda is high compare to other industries, and the trade not only locally but globally increasing. Figure 2 shows the trade data of Ayurveda, and it is evident that the traditional medicine trade is becoming noteworthy in global market and India is in a trade surplus of Ayurveda significantly.

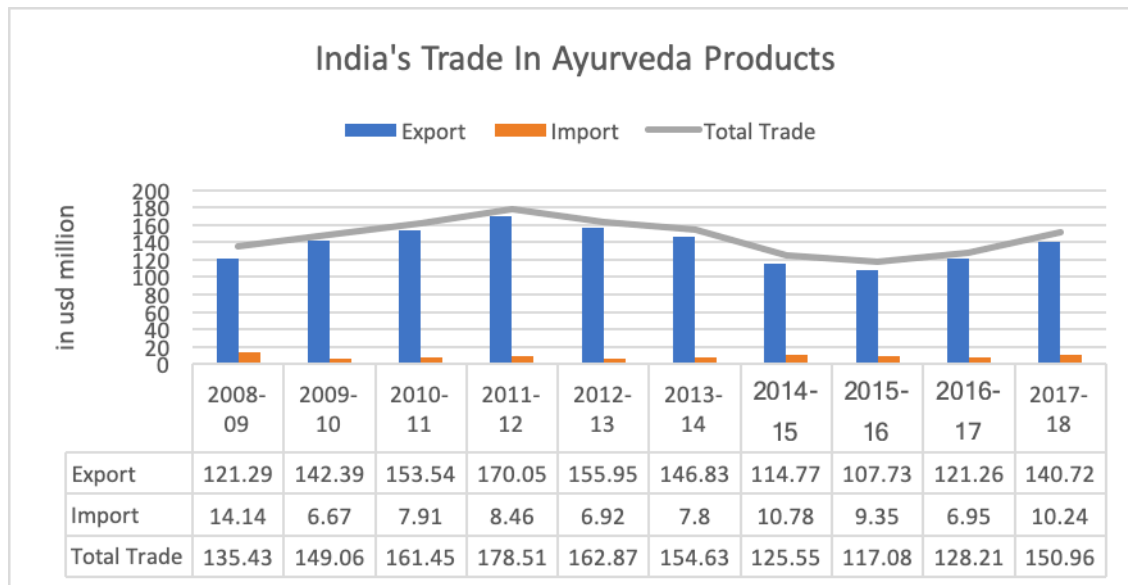


Figure 2. India's Trade-in Ayurveda Products; Source: Confederation of Indian Industry, 2018. Ayurveda Industry: Market Size, Strength and Way Forward, 2018. New Delhi: Confederation of Indian Industry.

¹ Ethical pharmaceutical promotion encompasses advertising and sales material related to particular products, and maybe distributed to patient through advertising campaigns or to healthcare professionals by pharmaceutical representative.

There are some common trends between Ayurveda and TCM industry in the post open door period² that lead to the extensive commoditisation of traditional medicine as consumer goods. The intersection of these different factors could be attributed to the rapid expansion of the traditional medicine market in the era of globalisation (see figure 3). We will analyse these trends through a specific focus on two biggest Ayurvedic and TCM companies that are Dabur India and Beijing Tong Ren Tang and their post globalisation experiences.



Figure 3. Common Trends Ayurvedic and TCM Industry in the Post Liberalization Period; Source: The table is prepared by the author

Dabur was established in the year 1884 by Dr S.K Burman as a small pharmacy, and it set up a first small-scale manufacturing plant in 1896, and it is now one of the biggest FMCG company with annual revenue over US\$ 1.22 billion.³ It is now one of the most trusted brands in India and a leading manufacturer of Ayurveda. Beijing Tong Ren Tang was founded in 1669 and have been designed to remedies to the imperial palace of Qing Dynasty for nearly 300 years is now

² In 1978 the Chinese state adopted a new policy which people have referred to as the “open door policy.” This policy altered China’s development strategy from one based on self-sufficiency to one of the active participation in the world market.

³ Retrieved from the following link <https://www.ibef.org/industry/fmcg/showcase> and accessed on April 28, 2020.

leading TCM firm with more than 2500 clinics and stores worldwide.⁴ These two manufacturers are not new to the market, but they expanded in rapid speed after the 1980s and 90s, after the liberalisation in their respective countries. Their trade and revenues are significantly increasing in this decade. Figure 4 and 5 show the financial status of both firms in recent years. By these numbers, it is evident that the traditional medicine market is expanding and demand for the Ayurveda and TCM is increasing in markets, particularly for branded and herbal FMCG products.

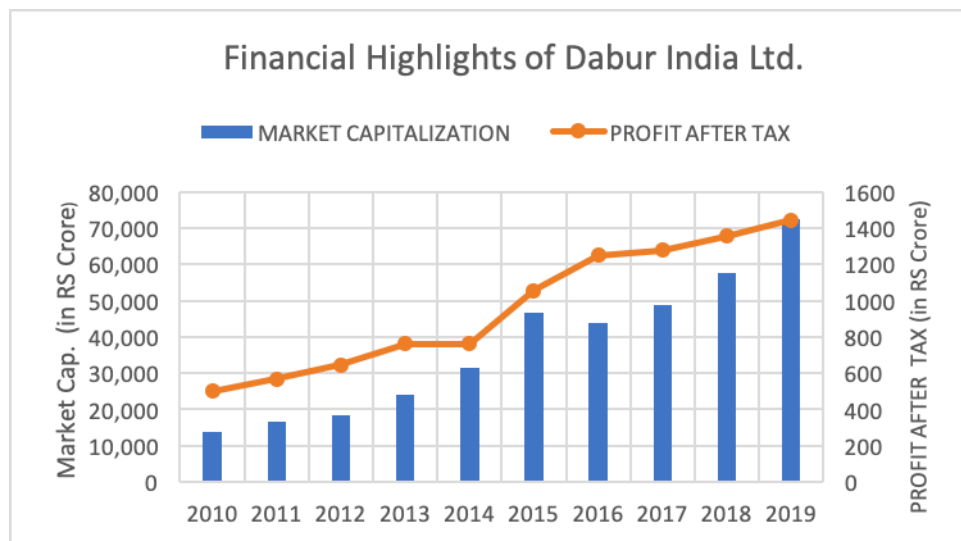


Figure 4. Dabur Financial Highlights; Source: Dabur India Annual Report 2018-19.

⁴ Retrieved from the following link <https://beijingtrt.ca/> and accessed on April 28, 2020.

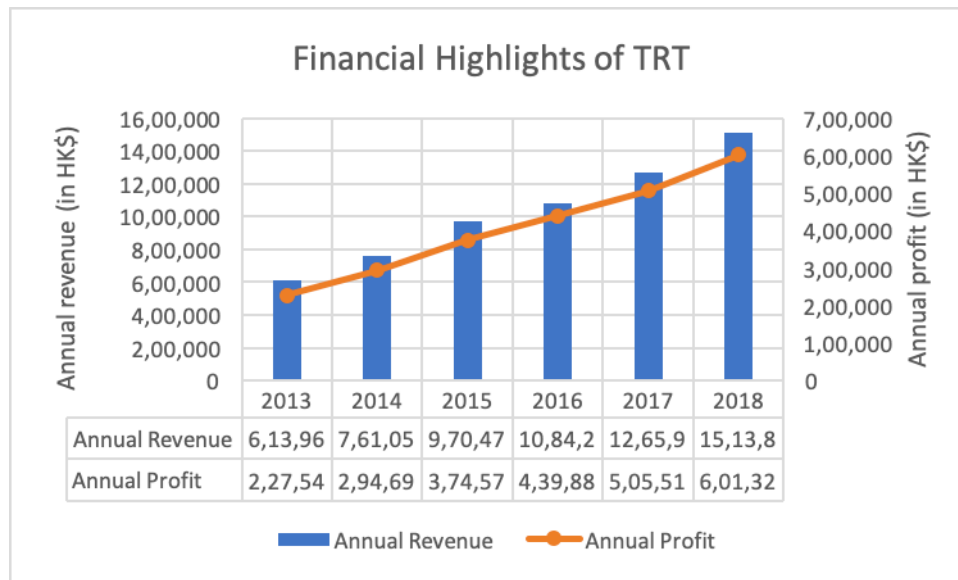


Figure 5 Beijing Tong Ren Tang Financial Highlights; Source: Beijing Tong Ren Tang Annual Report 2018.

One of the significant changes that are brought about by globalisation is the rise of an aspirant middle class in both India and China. The middle class, which is a consumer of most of the FMCG products, has money in hand to buy product. They were influenced by fancy advertisements and choosing organic and herbal medicinal products. Expansion of Ayurveda and TCM was affected by the increasing demand in the middle class for these products. As a result, large traditional pharmaceuticals companies are moving towards catering these demands by creating new products and brands. (Islam 2017: 105) "The urban middle class has become most important consumer group for large manufacturers such as Dabur, Zandu and Hamdard". (Bode 2008: 220) Bode argues that ayurvedic manufacturers hardly make medicines for the diseases that affect the poor. (Ibid.) Most of the TCM and Ayurvedic products are not affordable for the poor and remain popular products.

Another factor that is common between Ayurvedic and TCM industry is creating new products and brands, and profiling some of the old traditional formulas into modern and fancy packaged products. Product profiling becomes very important in the market, especially when it comes to traditional medicine which determines whether a product will be consumed or not. Banerjee, in her work, states four strategies of product profiling in the context of Ayurveda. First, when the manufacturer produces very good quality ayurvedic products but packages them in a contemporary way. Second, by casting old formulations into modern forms like tablet, capsules

or hair oil and cream in the cosmetic industry. Third, when new formulations are created based on old wisdom. Final, by creating new categories of products based on old wisdom about nutrients. (Banerjee 2009: 170) Since the last two decades, both Dabur and Beijing Tong Ren Tang are producing and creating multiple healthcare products and drugs. (Islam 2017: 105) Beijing Tang Ren Tong produces five kinds of products with 22 different kinds of formulas.⁵ These five categories are medicines, healthcare foods, foods, cosmetics and prepared slices of traditional Chinese herbs. (Islam 2017: 105) Formulas, manufactured by Tang Ren Tong include capsules, syrups, tablets, medical wines, honeyed pills, powders and many more. (Ibid.) The firm produces more than a thousand products and Angunguhwanghwan, Tongren Niu Huang Qingxin Wan, Tongren Da Huoluo Wan, Tongren Wuji Baifeng Wan, Zixue are among the most popular products.⁶ Dabur like Tong Ren Tang has launched new products in the market. Dabur also produces in different categories (see figure 6), and Dabur Amla Hair Oil, Chyawanaprash, Dabur Honey, Fem, Hajmola, Real juices are among the top brands.⁷ Experience of these two firms shows that creating of new products and product profiling of old formulas helped them intensively in expanding their business.

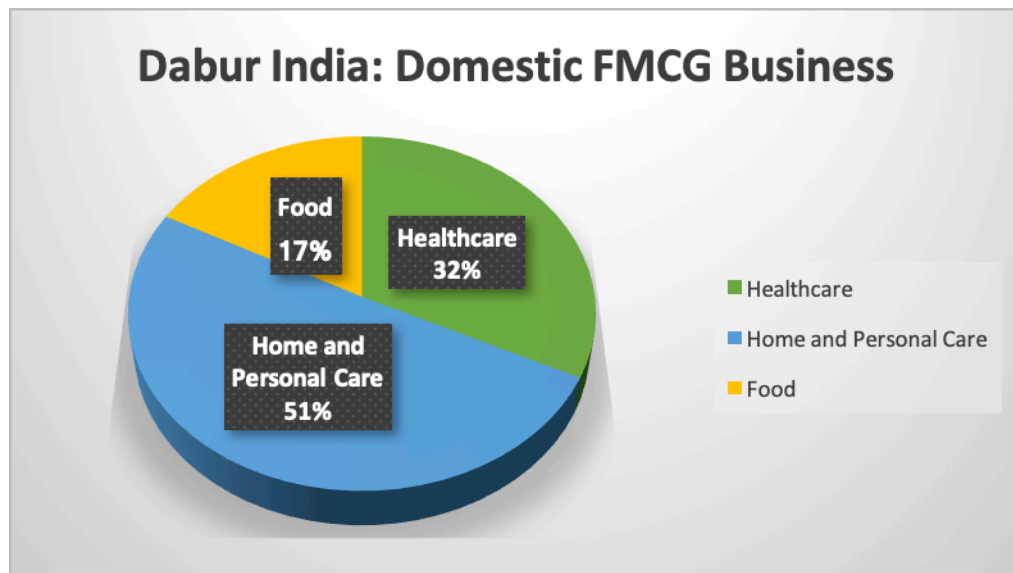


Figure 6 Dabur India: Domestic FMCG Business; Source: Dabur India Annual Report 2018-19.

⁵ Retrieved from the following link <https://beijingtrt.ca/> and accessed on April 28, 2020.

⁶ Retrieved from the following link <https://beijingtrt.ca/> and accessed on April 28, 2020.

⁷ Retrieved from the following link <https://www.dabur.com/> and accessed on April 28, 2020.

Business diversification and creating subsidiary companies, mass marketing, drug standardisation, expansion of health services and entering global markets are some other common processes in Ayurvedic and TCM industry which intensify commoditisation of traditional medicine products. Both Dabur and Tong Ren Tang created many sister companies such as Beijing Tongrentang Technologies Co. Ltd., Beijing Tongrentang Health-Pharmaceutical Co. Ltd., Beijing Tongrentang Chinese Medicine Co. Ltd, Dabur Foods, Dabur Nepal, Dabur Pharma etc. which lead to more expansion of the industry.(Islam 2017: 109) Drug standardisation becomes essential when the production is at such a large scale. In this post-liberalisation period, both Ayurveda and TCM are subjected to the scrutiny of authorities and scientist which are in a way promoting more and more standardisation of these medical systems. Mass marketing becomes a vital tool to create mass demand for these products. Companies adopt different techniques of mass marketing including TV commercials, social media and so on. Bode argues that "colourful packaging, catchy slogans and gift-with-purchase deals are used to attract customers by Indian traditional medicine industry". (Bode 2008: 63) There is also an expansion of Ayurveda and TCM market globally. Nowadays, these traditional pharmaceutical companies are entering and expanding in the global markets. Figure 7 and 8 exemplify this trend. Finally, we can say that there are some common trends in the traditional medicine industry in both India and China, that intensify the Commoditisation and expansion of traditional medicine.

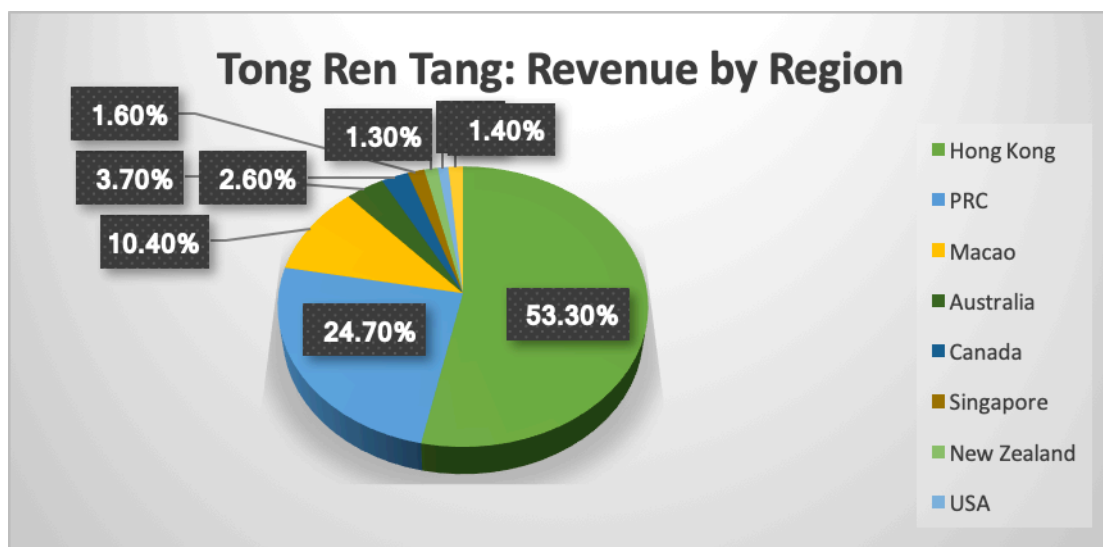


Figure 7 Tong Ren Tang: Revenue by Region; Source: Beijing Tong Ren Tang Annual Report 2018.

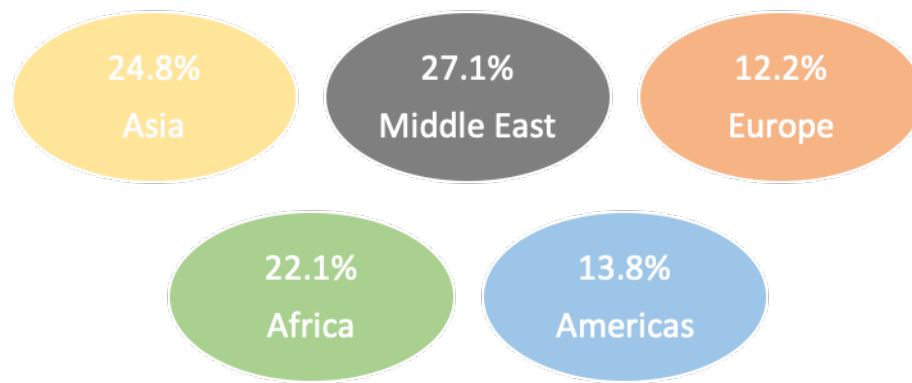


Figure 8 Dabur Overseas Business; Source: Dabur India Annual Report 2018-19.

Policy Formulations on Traditional Medicines in India and China

Policy formulations play an essential role in deciding the path of traditional knowledge in modern societies, especially when it comes to traditional medicine. Whether policy enables commoditisation of traditional medicine or becomes baffled by the process, depends on the policies that are formulated and politics around the policies. As explained earlier, this paper argues that the commoditisation is a process of intersection between different domains, and one of the critical domains is "state policy", which affects and is affected by the market and economy. There is a considerable amount of emphasis that has been given by both the Indian and Chinese state on the promotion of traditional medicine in recent years. However, sometimes the emphasis that states are giving on traditional medicine is contrary to the traditional medical system. For example, in the Indian case, Banerjee in her work argues that the state policy on the revival and regulations on Ayurveda has been governed by the "pharmaceutic episteme", which focus on retaining the usefulness of Ayurveda as a supplier of pharmaceuticals ignoring the broader worldview on body, health and disease. (Banerjee 2002: 1136-46) So, all the policies and government response to the Ayurveda confine to this episteme, focusing on medicine aspect of Ayurveda and ignoring the other aspects. (Ibid.) In the Chinese case, Unschuld argues that the new law on Chinese medicine, on the one hand, focuses "on giving TCM a bigger role in the health system" and enable more integration of TCM with biomedicine. (Unschuld 2018: 146)

However, the reason behind the increasing popularity of TCM as an alternative to biomedicine is the essence of Chinese medicine, that is a non-commercial aspect of TCM and interrelatedness of all phenomenon, which is different from the biomedicine.⁸ (Ibid.:152) Thus, by integrating Chinese medicine with biomedicine, the Chinese state is focusing on is hampering the TCM. Figure 9 shows trend towards increasing use of TCM in public healthcare system. This trend is outcome of Chinese state's efforts of integration and expansion of TCM into the mainstream healthcare system.

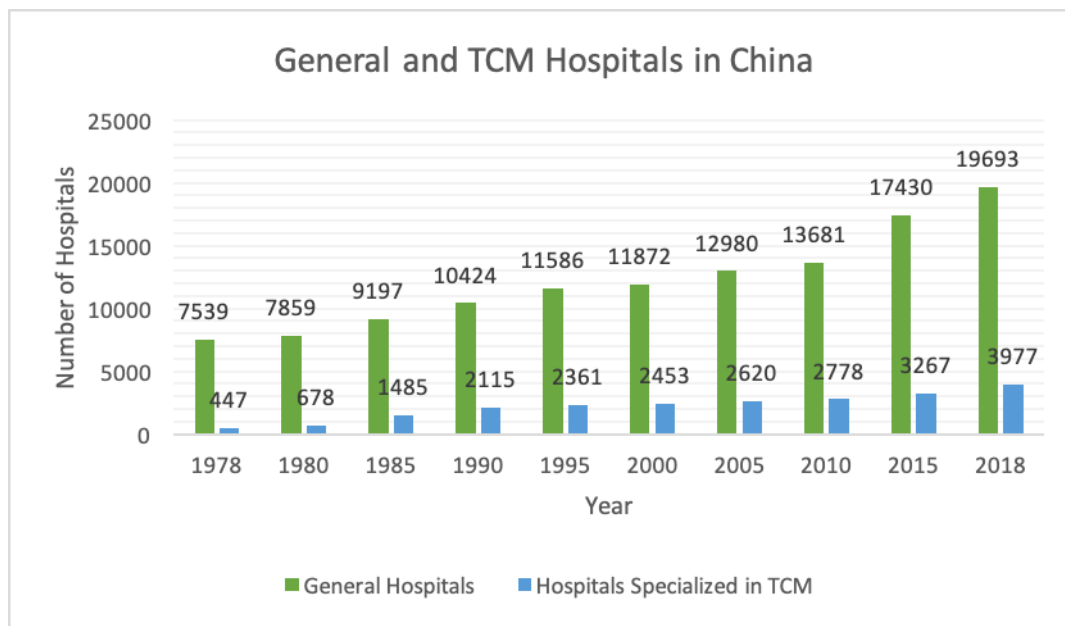


Figure 9. General and TCM Hospitals in China; Source: National Bureau of Statistics of China, 2019. China Statistical Yearbook, 2019. Beijing: China Statistics Press.

Policy formulations on traditional medicine are not new in India and China. For example, policy on TCM became important in China during Mao's rule as there was an attempt to integrate TCM with biomedicine. Similarly, in India to trace the policy formulations on Ayurveda, one has to go back to the analysis of the colonial state and the post-colonial development state. (Banerjee

⁸ The worldview and epistemology of traditional Chinese medicine is altogether different from biomedicine. Western medicine or biomedicine understand body and disease narrowly, as it tries to diagnose diseases locally without the idea of interconnectedness. Whereas, TCM is projected as more holistic medical system understanding different part of the body as not isolated to each other, but related and affecting each other. Concepts such as 'Qi' and blood relation, "Yin-Yang" and "Five phases of natural being" in TCM which understand body differently altogether, gives an alternative to the biomedicine globally.

2009) For this paper, it becomes essential to analyse some of the significant policies recently on traditional medicine in India and China.

One of the significant policies on the indigenous medicine in India in this century was National Policy on Indian Systems of Medicine and Homeopathy 2002. The focus of this policy was to encourage the development of Ayurveda and other indigenous medical systems and these medical systems substantial role in public health. (Department of Indian Systems of Medicine & Homeopathy, 2002) National Ayush Mission (NAM) and National Health Policy (NHP) 2017, are two policies which become essential in understanding policy formulation on Ayurveda by the Indian state. Figure 10 shows some of the key features and objectives of NAM and NHP.

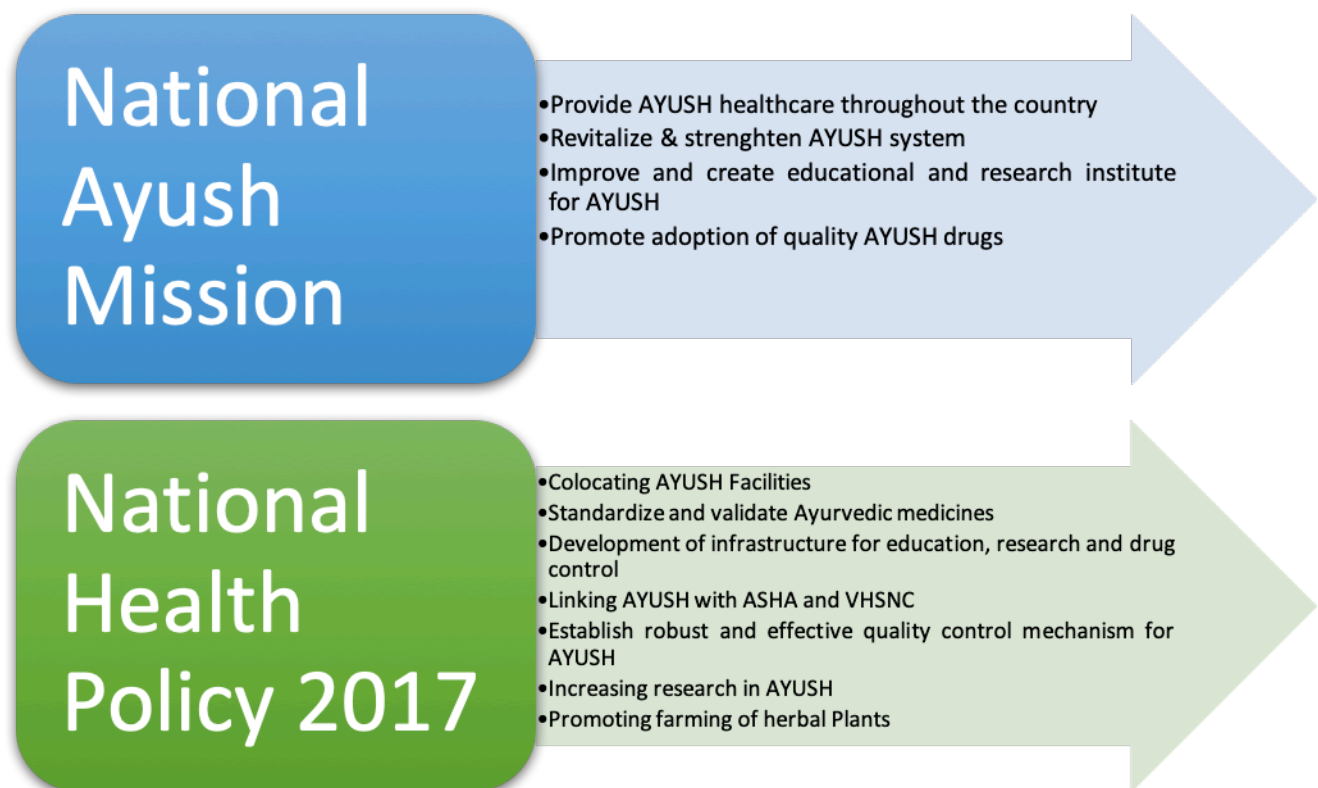


Figure 10 Key Objectives of NAM and NHP

Source: Ministry of Health and Family Welfare, 2014. National Ayush Mission: Framework for Implementation. New Delhi: Ministry of Health and Family Welfare. & Ministry of Health and Family Welfare, 2017. National Health Policy 2017. New Delhi: Ministry of Health and Family Welfare.

On the face of these objectives, it looks satisfactory and comprehensive enough for reviving Ayurveda and other traditional medicines in India. However, there are some deep policy gaps

and flows in these policies. For example, both of these policies focus on the revival of traditional medicine; however, at the same time prioritise the standardisation of these traditional medicines. Furthermore, the emphasis is given on research and drug control but the research and drug standards are mostly are of biomedicine. Standardisation and evaluating traditional medicine on the biomedicine standards are problematic because it tends to ignore the pluralistic nature of traditional medicine, although NHP emphasises on plurality. As mentioned earlier, such policies are governed by the "pharmaceutic episteme" which ignores a broader worldview of these traditional medicines. (Banerjee 2002: 1136) Thus, the revival of traditional medicine remains a particular task because it selectively chose practices, drugs and herbs that suit the biomedicine standards and modern public healthcare system.

TCM Law 2017	Encourage Development of TCM
	More role to TCM in public health system
	Examination for TCM practitioner
	Make easier to open individual clinic
	Control over TCM ads and products
	Quality control of raw material and drugs

Figure 11 Features of TCM Law 2017; Source: Juan, Shan, 2017. TCM law promotes traditional health practice, China Daily, 1 January⁹

Noble Prize in 2015 for medicine was awarded to Tu Youyou for her contribution of making the drug for malaria cure from TCM formulas. In the background of this development, China passed its first law on TCM in December 2016, and it came into effect in July 2017. (Juan 2017) It is

⁹ Available at: https://www.chinadaily.com.cn/kindle/2017-01/01/content_27835446.htm (accessed 29 April, 2020).

vital to analyse the implication of this law to the TCM and TCM industry at large. It is not that China did not have any policy on TCM before this. During Mao's reign Chinese state focused on the development and integration of TCM into mainstream healthcare system. Furthermore, the “Beijing Declaration on TCM” in 2007 epitomises enthusiasm of the Chinese state to promote TCM globally and legitimise it on the grounds of biomedicine. The declaration says that "TCM is a form of medicine fully grounded in modern biological science" and "the future of TCM lies in molecular biology". (Unschuld, 2018: 146) It ignores the nature of "holistic" and plural nature of TCM by locating in modern biological science. The new law of TCM in 2017 aims "to give TCM a bigger role in the medical system". (Ibid) Unschuld (2018: 148) argues that the new TCM law follows the same line as it was at the time of Mao. It makes the development of TCM depend on the “modern physiological, pathological and biochemical sciences”. (Ibid) Finally, Unschuld (2018: 151) problematizes the new TCM law on the ground that this law target on the scientific analysis of TCM recipes which is nearly impossible and even if it is done, the popularity of TCM medicine is because people are looking for the alternative of commercial, scientific, modern medicine circumscribed by biochemistry and biophysics and making TCM on the same ground becomes problematic.

Comparing Revivalism: Nationalism and Global Aspiration

The sales revenue of Patanjali Ayurved in 2016 was 11,526 crores, with the annual sales growth of 111.2%. (Mitra 2018) Ayurvedic Industry is growing with very high CAGR, and people are consuming ayurvedic FMCG more than ever before. At the global level, there is a high demand for traditional medicine products, especially the demand for Chinese medicine and therapies. What is the reason behind this revival of traditional medicine? Is it only the commoditisation of traditional medicine? This section argues that there is a revival of traditional medicine in both India and China, as well as globally. The reason behind this revival in India is a trend toward right-wing nationalism that advocates, promote and glorify Ayurveda. In China, one of the reasons behind revival is much more than expanding the TCM market at the local level. As soft power, TCM leads Chinese aspirations of Global expansion and dominance. It is essential to point out that for this paper, the analysis is constrained with two prominent factors in both the countries. It is not to argue that there are no other factors involved in this revivalism.

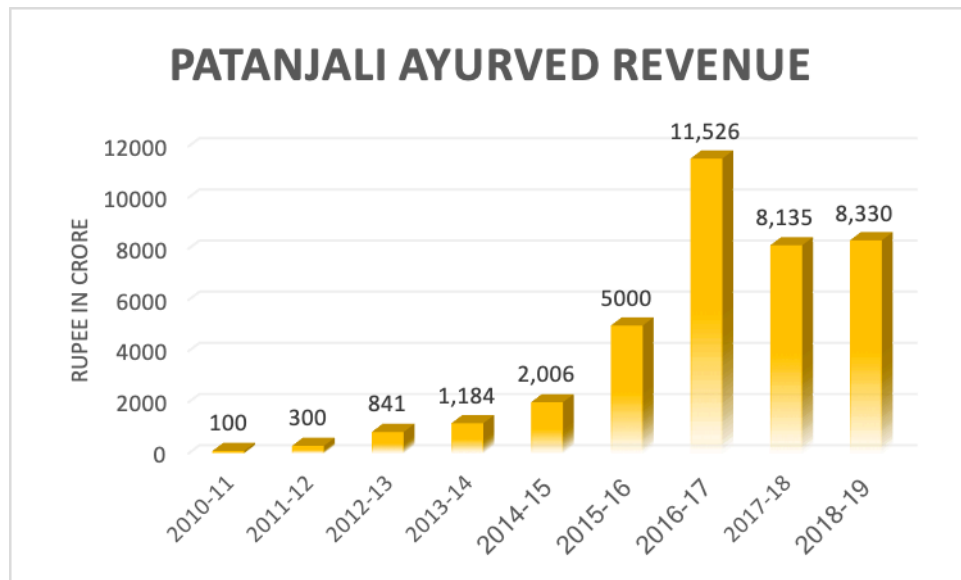


Figure 12. Patanjali Ayurved Revenue; Source: <https://www.patanjaliayurved.net/>

The story of Patanjali Ayurved, an ayurvedic firm with the star face of a monk, exemplifies Indian story of ayurvedic revivalism linking it with economic nationalism (swadeshi). Figure 12 shows the unprecedented increase in the revenue of the firm, highest revenue in 2016 when the company started aggressive marketing against other brands, sometimes with misleading claims (PTI 2016), and by linking their products with national glory. Patanjali with their marketing techniques, try to create an image of their product as nationalist, and buying their products is a contribution to nature (see figure 13). The first also build nationalistic discourse by using Indian national freedom movement and freedom fighters (see figure 13). Meera Nanda argues that rising Hindu nationalism is not letting any institution or sphere untouched, "god-men" are now claiming economy with their herbal and food products. (Nanda, 2009) Baba Ramdev as a face of Patanjali exemplifies this trajectory. Not only in north India but a firm like Patanjali is also leading the face of homogenization in the northeast region, particularly in Nagaland, the strategy is a significant departure from the aggressive Hindutva strategy. (Longkumer 2018) Banerjee argues that BJP sympathiser, while advocating Ayurveda and its close link with the Hindu way of life, tend to ignore the syncretic nature of traditional medicine. (Banerjee 2009: 114) Patanjali's rapid expansion in BJP regime looks like doing the same thing, and by linking it with Swadeshi (see figure 13).



Figure 13. Advertisement for Patanjali Ayurved; Source: Patanjali Ayurved

Unschuld (2018: 130) in his work argues that “TCM in the West has become, in many ways, a belief system deriving legitimacy from several different modes of exegesis, and entirely divorced from the reality of its historical past”. He analyses the internet description of Ayurveda in the west and shows that how TCM is being projected with unrealistic and ideal characteristics. (Unschuld 2018: 118-22) It is not only the product of western discovery of TCM or manufacturers marketing, but also the Chinese state, which is working hard to promote TCM globally. This becomes clear by President Xi Jinping speech in 2018, where he devoted a substantial part of his speech on TCM and its expansion. (Matsangou 2019) There are a number of reasons behind China's TCM push globally. First and foremost, the reason being the financial incentive of TCM, that China can gain from TCM export. Furthermore, China is following the policy of expansion globally and aspiring for a dominant global superpower; this could be done by placing TCM as a remedy of modern health problems. Lastly, China is also expanding its powers in developing countries and especially in Africa. Africa, in this case, becomes an ideal

place for TCM, because of the lack of biomedicine healthcare services, and TCM could take the place of expensive western medicine. (Ibid) These efforts in TCM's case are producing excellent results for China, as TCM would be included in WHO's 11th International Statistical Classification of Diseases and Related Health Problems. (Ibid)

The recent COVID-19 pandemic has exposed the fragility of public health systems all around the world. The failure of public health system on curative front has exhibited that there is a need of integrating diverse medical systems and practices into the mainstream public health systems to make them holistic. This could be effected by including systems both care and prevention in the public health systems for better management of situations like the pandemic. Traditional medicines in this context become important, because generally it is perceived as more holistic than biomedicine. The future of traditional medical systems in the Post-COVID world depends on its performance at global pharmaceutical market.

Conclusion

It is not possible to give a singular and straightforward explanation of the process of commoditisation of traditional medicine in the era of globalised markets. This paper has looked at the Ayurveda and TCM through the lens of commoditisation in the context of post globalisation developments in the industry. The paper does not claim one comprehensive answer to the question that was asked initially; what was the trajectory of commoditisation of Ayurveda and TCM in the globalised markets? Indian and Chinese markets are undoubtedly globalised today, and globalisation generally is marked by the extensive commercialisation, commoditisation and consumerism in the societies. However, does that mean globalisation brings a homogenous impact on the traditional knowledge systems? The answer that this paper offer is, globalisation does not have homogenous impact on traditional knowledge system. The traditional knowledge systems such as, traditional medicines are influenced by the different dimensions in the society such as market or state policy which determines the impact of globalisation on the knowledge system. Furthermore, this paper shows that the commoditisation of traditional medicine is not a simple process, but an intersection of multiple factors affecting each other. However, both Ayurveda and TCM are not passive recipients of changes that are

brought by the globalisation, but they adapt and respond in multiple ways. Additionally, there have been some common factors between Ayurveda and TCM industries, such as mass production and marketing. Politics become essential to understand this process comprehensively of commoditisation, not only looking through the government policies but also the politics around the emphasis on the revival of these traditional medicine systems. Understanding the process of commoditisation involves an analysis of all these factors and their encounter with each other.

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