**Class Note**

**4TH SEMESTER 2020 (M.Sc. Anthropology)**

Course Code: ANT 403B

Course Name: Medical Anthropology

Topic: **PHARMACEUTICAL ANTHROPOLOGY** ( 29.5)

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“Pharmaceutical anthropology” portrayed pharmaceuticals as cultural objects with distinct social, commercial and political values in addition to their medical qualities. Geest (1988) has identified five main themes of Pharmaceutical Anthropology. These do not refer to well-defined and separate fields of study, but rather indicate prominent themes in pharmaceutical anthropology that are closely interrelated and overlap one another considerably. The five themes to be discussed here are: (1) production and marketing; (2) prescription; (3) distribution; (4) use; and (5) efficacy.

The idea that some medicines have an intrinsic power is widespread. Nevertheless, different cultures may have a distinct conception of the nature of that power. The notions of potency of a medicine and the expectations about its functioning are culturally defined and may vary greatly from one culture to another. Without the adequate accompanying knowledge, the borrowing of and self-medication with medicines from other cultures may be harmful. Western pharmaceuticals are often integrated not only into indigenous healing processes but into cultural belief systems as well. They are viewed through local concepts of healing and are often attributed special power and efficacy because they come from far away, arrive in modern packages, and are applied by nontraditional means, such as injections and capsules. They sometimes even become indigenized; they are used in a given community as if they were authentic local products. In such cases, the effects of Western pharmaceuticals are described with traditional concepts of efficacy. In certain cultures, for example, diseases as well as medicines are classified as "cold" or "hot." A cold medicine is viewed as appropriate to treat a hot disease and vice versa. Indigenized medicines are used in culture-specific way, such as powdered and sprinkled on wounds or dissolved in herbal teas. They are sold in small neighborhood stores; they are given local names or, conversely, their

names are given to traditional medicines. This process of indigenization is called *cultural* *reinterpretation.* Cultural reinterpretation of Western medicines can be found in several countries. In the Philippines, Diatabs (loperamide hydrocloride) and Polymagma (attapulgite), two types of anti-diarrheals, have been on the market

there for decades and they are very popular. They are sold in small stores and are very well known. The Philippines consider them good for hardening and giving shape to stools. These are the same properties that they attribute to fruits such as star-apple and guava, with which they traditionally treat diarrhea. In Cameroon, tetracycline capsules are easily available in markets, small shops, and from peddlers. This antibiotic is used in a widespread fashion, as it is believed to be efficient for the treatment of any disease. It has become so popular that it has been given the local name of *folkolo,* which means "wound healer," probably because of the common practice of sprinkling the content of the capsules into a wound. In Brazil, the antibiotic *Terramicina* (Terramycin, oxytetracycline) is widely available at a low cost, and it has been on the market for many years. This medieine has also been indigenized. It is viewed as an intestinal stabilizer and its popular use is a single dose for intestinal ailments. It is also very appreciated for the treatment of wounds. People do not only take it orally to prevent infection, but, as the traditional method of herbal treatments dictates, they mix the contents of the capsule together with pork fat and apply it locally. This antibiotic is so popular that Brazilians have given the name of *terramicina de mato* ("herbal Terramycin") to a local herbal medicineused traditionally for the same purpose.Traditional healers may also prescribeWestern pharmaceuticals. In Ecuador, it wasobserved that while treating a man sufferingfrom *llaqui,* a culturally bound syndrome similarto depression and anxiety, a Quichuahealer prescribed him a liter of lemonade inwhich several aspirin tablets (around ten 300mgtablets) were dissolved. The patient had todrink it at once, entirely. No studies have yetbeen done to verify whether it is a commonpractice. In Sri Lanka, Ayurvedic healers frequentlyprescribe Western pharmaceuticals.They say they do so because patients insist on

receiving the most potent medicines. Westerners as well borrow medicines from

cultures all around the world without the proper traditional knowledge and subsequently misuse them. Kava-kava has been used traditionally by Pacific Islanders for centuries. They take it as a tranquilizing tea, in low concentration. In the last few years, it has become very popular in the United States and Canada. It can be said that it has been indigenized to the Western world. Because it is a plant, people view it as a natural and harmless tranquilizer. Suiting cultural preferences, the kava-kava is sold in capsules of increasing dosage. Misuse and overuse have led to several cases of hepatic intoxication, and recently the government of Canada

has banned this product.

Refs.

1.Lise Bouchard, ‘Pharmaceutical Anthropology’,2005

2. S. Van der Geest, ‘Pharmaceutical Anthropology: Perspectives for Research and Application’, 1988