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Review

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The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology. *Sjaak Van Der Geest and Susan Reynolds*, eds. Amsterdam: Het Spinhuis Publishers, 1991. xvi + 450 pp.

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To any anthropological fieldworker in a third world country, it is clear that Western pharmaceuticals are flooding the globe. In city markets, village shops, and from traditional practitioners and street vendors to hospitals—injections, capsules, and tablets are available. In *The Context of Medicines in Developing Countries*, the editors assemble more than 15 articles that provide the reader with a complex understanding of the picture of healing in non-Western societies of the world today. The authors, too numerous to list, do not focus on exotic forms of therapy by indigenous healers or the choices that urban and rural people of the developing world often make between biomedical specialists and traditional healers. Rather, they focus on individual self-care through the use of manufactured medications. This presents a real paradox in that pharmaceuticals are in many ways the hard core of biomedicine. The authors point out how theory becomes individualized when people buy medicines in what they call “pharmaceutical pluralism.”

There are two main sections of the book, which is truly global in perspective, with articles drawn from medical anthropological studies of Latin America, Africa, and Asia. The first part of the book looks at transactions of medicines and deals with pharmaceuticals as commodities that are produced, sold, and consumed. There is excellent data on the role of drug company salesmen, pharmacists, street vendors, and traditional practitioners, describing how drugs are exchanged and used in the third world outside of the control of Western professional

medicine. The second part focuses on the native understanding of Western pharmaceuticals in terms of local concepts of healing—how the foreignness and high-tech modes of packaging and applications are believed to imbue the medicines with special power and efficacy.

It is truly mind boggling to read the statistics. A few companies in the United States, Western Europe, and Japan dominate the world market. There are some 50,00 brand names, which are used to sell 700 generic drugs or chemical agents, and there are 70 different market names for every useful product. Several thousand Asian pharmaceutical companies manufacture thousands of tonics, pills, capsules, salves, powders, teas, and cosmetics. Market distortions are most severe in developing countries where a need for cost-effective therapy is great because economic resources of individuals are more limited.

The emphasis of the book, overall, is less on what people should do than on what they *do* do. The articles dealing with venues in Central and South America, Africa, and Asia show how people choose their medicines, where they get them, and what kind of guidance they seek and receive. The authors inquire into what people think they are doing and the meanings that the different varieties of medicine have for people in various cultures.

They try to ascertain how people perceive the efficacy of imported pharmaceuticals and the differences between them and indigenous medicines. Magical beliefs play an important role here, in that capsules, for example, are often viewed as more powerful than plant materials; they are tightly sealed and very difficult to pry open, thus attesting magically to their power to heal.

The theme of the book is that we must go beyond the biochemistry of the pharmaceuticals themselves to the situations in which they are perceived and applied. Pharmaceutical anthropology, which we could view as

a new subfield in medical anthropology, is concerned with the coexistence of Western and indigenous medicines and with issues of how each affects the perception and use of the other. Pharmaceutical anthropology is differentiated from ethnopharmacology, the latter being concerned with natural biochemical properties and effects of indigenous medicines. Pharmaceutical anthropology is interested in the context of medicines, the constellations of cultural meanings and social relations within which medicines exist in a given time and place.

Many of the papers describe the ways in which Western pharmaceutical medicines are acquired and used for self-care. Thus, how people reflect on their symptoms, how they talk to neighbors and drug vendors, and how they obtain the substances they find appropriate are important to understand. People treat themselves by using substances that they believe have particular effects. This focus on self-medication and the liberation of the individual either from specialized indigenous health care (with its overall empirical focus) and kinship nexus or from biomedical control where the potential danger of the pharmaceutical medicines is controlled by prescriptions are the major themes that author after author addresses in this volume. Pharmaceuticals are special commodities that can always be misused. Throughout Africa, Asia, and Latin America, policy makers are concerned with the way that the dangerous potentiality of drugs can be limited. There are case studies from the Dominican Republic, Mexico, El Salvador, Ethiopia, Cameroon, Indonesia, Mauritius, and Sri Lanka, among others, that describe the contexts in which people obtain drugs and how Western pharmaceuticals are exchanged outside the clinical institutions of Western biomedicine (e.g., doctor's office, hospital, or clinic). Nonetheless, even though drugs are produced and marketed within a capitalistic system, they are not used in purely economic terms. Goods are con-

sumed as signs and symbols since people attribute meaning and value to differences in products and to different ways of utilizing them. As Etkin points out, efficacy is culturally constructed. All over the world, there appears to be an expectation that remote peoples have extraordinary knowledge that can be harnessed for therapy and the value of medicines is no exception.

The book demonstrates how state-level societies in third world countries are unwilling or unable to enforce laws for the sale of prescription medications. There is a commercial pharmaceutical sector of medical care, a parallel system for delivery of medication without the need for governments to underwrite the costs of delivery. Rampant misuse of pharmaceuticals drains resources from the community without the provision of any long-term improvement in living conditions or even the addressing of illness prevention issues.

Some examples are interesting to note. Sri Lanka is the only country in the world with a special Minister for Indigenous Medicines. To survive, traditional practitioners incorporate modern pharmaceuticals into their practice. Sri Lanka tolerates uncontrolled distribution of potent modern pharmaceuticals, and entrepreneurs act as innovative cultural agents. In the Dominican Republic, there are expensive health facilities staffed with physicians at substantial cost to the government. Utilization and quality are low, however, and there is an inadequate supply of medicines. The periodic free distribution of medicines fosters overmedication. In Ethiopia, commercial drug retailers occupy important positions in the city's health care system, and over-the-counter drugs are an acceptable and even a preferred health strategy. In Mexico City, local pharmacists are consulted like physicians, and people expect them to diagnose illness and prescribe treatment. Over-the-counter drugs do not require a physician's prescription, and self-diagnosis and self-medication are the rule, which

poses considerable health hazards. Often inappropriate medicines are suggested, and there are misdiagnoses, overdoses, and out-of-date or dangerous medications.

There is a need to recognize the important role of pharmacists worldwide and to properly train them. Again and again, different authors point out how, in developing countries, such jobs are often filled by untrained occasional workers with little, if any, professional training. Traditional healers also mix over-the-counter medicines with their traditional cures.

In the South Cameroon, patients' scarce money is often spent on useless medicines. There is a need to improve the informal sector, to exclude useless and dangerous medications, and to restrict the import of medicines. The WHO has delineated some 250 essential and relatively cheap medications. From a policy perspective, the monitoring of drug trade would be more feasible, and lay people would learn proper use of the most common medicines more easily if this were done. Nonetheless, there is a tremendous resistance by those with vested interests, such as physicians, pharmacists, and politicians, who often own pharmacies in the third world countries. This is not a popular choice in developing countries.

In the second section of the book, Unschuld illustrates cultural differences in pharmaceuticals by contrasting Greek and Chinese pharmacological systems. He points out that today China's medical pharmaceutical heritage coexists with so-called Western medicine, and there is an attempt to unite the two. Interestingly enough, Unschuld predicts future alienation from traditional roots by the Chinese.

In East Africa, there is a flooding of pharmaceuticals by multinational drug companies who have aggressive marketing strategies. There is an increase in sorcery in African societies as the result of culture change, with more hostility, insecurity, and anxiety. Traditional healers called upon to

deal with this rise in witchcraft accusations see in foreign medicines a symbolically powerful technique available to them.

Findings in this book rang true to my own fieldwork in urban Peruvian Amazonian cities in 1968–69, where pharmacies were ubiquitous, but the ten healers I studied had not, at that time, incorporated any pharmaceutical medicines into their healing practices. Eight years later, in another Amazonian city, one healer had not only widely done so, but had begun to mix and combine plants and pharmaceuticals in the treatment of a wide variety of natural and supernatural ailments. Just as MTV is finding its way into every nook and cranny of the third world and, with it, Westernization, pharmaceutical invasions are altering the basic fabric of traditional healing.

This book is a first step in alerting medical anthropologists to the impact of such pharmaceuticals. There is even a third area of study that needs to be delineated—the combination of plants and pharmaceuticals by empirically focused traditional healers.

The editors, Van der Geest and Whyte, are to be commended for this excellent volume. It belongs in the libraries of all medical anthropologists interested in the fast pace of culture change around the world. It raises many more questions than it answers, however. Unfortunately, the high price for the cloth volume is well beyond the reach of most scholars, and I only learned about this cost factor as I attempted to order it as a second textbook for my medical anthropology course. Quel damage! Nonetheless, this book is a landmark volume and one that demands attention.

Expected Miracles: Surgeons at Work.
Joan Cassell. Philadelphia: Temple University Press, 1991. xxviii + 281 pp.