

Stephan Kloos and Calum Blaikie, eds., (2022) *Asian Medical Industries: Contemporary Perspectives on Traditional Pharmaceuticals*. New York: Routledge. Pp. xii + 352. \$136.00 Hardback, ISBN 9781032110226; \$42.36 Paperback, ISBN 9781032110257; \$42.36 e-book, ISBN 9781003218074.

This publication is the thirteenth volume in the Needham Research Institute Series by Routledge. The series focuses on the study of science, technology, and medicine in East Asia. While a majority of the volumes in the series are China-centered, *Asian Medical Industries* uses a broader lens to examine the contemporary medical industries of several traditional medical systems in various countries throughout Asia, including China, Japan, India, Nepal, and Mongolia. This widening scope is reflective of medicine production throughout the region, where medicines and their material resources transverse national boundaries.

The book is divided into three parts: East Asian, South Asian, and Sowa Rigpa medical industries. Part 1 is evenly divided between the traditional medicine industries of China (two chapters: one on Chinese medicine, the other on Qiang “minority” medicine) and Japan (two chapters). Part 2 includes three chapters on the traditional pharmaceutical industry of Ayurveda in India. Part 3 includes three chapters, one each on the traditional medicine industries of Sowa Rigpa in India, Nepal, and Mongolia. Chapters are by authors with backgrounds in economics, pharmacology, anthropology, history, science and technology studies, geography, and psychology. This breadth of expertise makes for an interesting and insightful exploration of contemporary medical industries. An overall theme and argument of the book is that the industries of Chinese medicine, Ayurveda, Sowa Rigpa, and Kampo have become full-fledged with significant economic, political, social, cultural, and medical power, both nationally and internationally. Lead editor Stephan Kloos identifies an “industrial revolution of Asian medicines” (1) to signify the magnitude of changes that have developed in the contemporary pharmaceutical businesses of traditional medicines in Asia. These industries are not monolithic, however, and the volume explores the intriguing contours of differences between them while identifying some key elements of similarity.

In many ways, the phenomenon discussed in this volume can be understood as an inevitable outcome of what Madhulika Banerjee described with the term “pharmaceutic episteme” in her article “Public Policy and Ayurveda” (*Economic and Political Weekly*, 2002, 1136). Written over twenty years ago, Banerjee’s essay identified an emerging movement toward the increasing pharmaceuticalization of Ayurveda, where the medical epistemologies and practices of Ayurveda have become inconsequential to the production and utilization of the

traditional medicines (as products) themselves. Banerjee notes how this movement was supported by the Indian government (and also civil organizations) in its maneuver to position India as a modern nation-state with significant contributions to science and technology. This motif of state involvement in the development of the medicines industries – especially as part of nation building as well as nation branding (see Kudlu, chap. 5) – runs throughout the entire volume, although the political histories in these various countries are by no means identical. Where *Asian Medical Industries* extends beyond Banerjee's argument is in its ability to bring grounded examples, through ethnographic and archival research, that demonstrate not only a pharmaceutical episteme but also the specific ways that this episteme has intertwined with global movements of capital, natural resource usage, and regulatory regimes, some of which predate modern globalization.

A significant thread throughout most chapters in the volume is that of the pharmaceutical assemblage. Derived from Aihwa Ong and Stephen Collier's edited volume, *Global Assemblages* (2005), the concept of assemblage is articulated by both coeditors in the introductory and concluding chapters of this book, as well as in other publications, such as Kloos's article in *Current Anthropology*, "The Pharmaceutical Assemblage" (2017). As the editors explain, such an approach identifies a fluid and flexible coming-together (assemblage) of materials, peoples, knowledge systems, practices, economies, histories (etc.) as the best conceptual framework for understanding the phenomena described in the pages of this work. An assemblage is a moving structure with distinct elements that reconfigures itself time and again, they contend. This term harkens not just to Ong and Collier's work but, I would argue, also to descriptions of artistic and compositional forms and groupings of artifact deposits, which imbue depth, breadth, and creative interpretation – all appropriate descriptions of topics pursued in this volume. Another noteworthy feature of the volume is its challenge to a simple dichotomy between traditional and modern medicines. This is not only due to an analytical reframing that stems from a long-standing critique of Orientalism but also to the widespread, globalized popularization of Asian medicines and the complexities and interconnectedness of capitalist market systems, international and national regulations of natural resources, regulatory regimes of medicine production, and expanding systems of public health, which push beyond simplistic and reductionistic explanations.

As an anthropologist and scholar of Sowa Rigpa myself, I found this volume refreshing in its ability to bring to light important aspects of the traditional medicines industry that are not elsewhere illuminated: industrial clustering in India (Madhavan and Soman, chap. 6), the coordinated intertwining development

of biomedicine and traditional medicines in Japan (Arai et al. [chap. 3] and Futaya and Blaikie [chap. 4]), and the often intimate links between biomedical research and development and traditional medicine research and development in China (Chee, chap. 1). I learned about the system of *haichi* household medicines in Japan, where medicines were delivered to households in boxes, householders used medicines as needed, and merchants would routinely replenish medicines, charging for those used (Futaya and Blaikie). I found it intriguing that the chapter about Sowa Rigpa in Nepal (Blaikie and Craig, chap. 9), where traditional medicines are not given national-level support, sounded somewhat similar to the regional Sowa Rigpa industry in a peripheral area of southwest China where I have conducted research, but where there *is* significant national-level support. I was fascinated by the different degrees of repression of Sowa Rigpa (as Traditional Mongolian Medicine) in the USSR compared to China, as it relates to medicine-industry development (Kloos, chap. 10). I indulged in ethnographic accounts detailing circulations of *materia medica* (Dejouhanet and M. [chap. 7] and Van der Valk [chap. 8]) and how medicines can be at the center of debates about ethnicity and ethnic industry (Campinas, chap. 2).

My only minor criticism of the volume is centered around the need for slightly more editorial oversight in a few places (including copyediting, where I found several typographical errors). Overall, this is a valuable book for specialists and nonspecialists alike, useful for teaching and research, that tackles important new questions and covers substantial ground in the study of Asian medicines.

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