

Historicizing brand value: A comparison of Mongolian and Tibetan medicine

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Keywords:

Mongolian medicine, Tibetan medicine, brand value, national identity

Introduction:Over the past 20-30 years, Asian medical traditions have undergone an unprecedented industrial revolution. The Sowa Rigpa industry, mainly represented by Tibetan and Mongolian medicine, grew tenfold since 2000 and had a total sales value of 677.5 million USD in 2017. Yet this growth was uneven, as Mongolian and Tibetan medicine have unequal market size, status, and development.

Tasks:This paper briefly examines the reasons for such differences between Mongolian and Tibetan medicine.

Materials and Methods:Comprehensive quantitative and qualitative data have been gathered on Mongolian and Tibetan medicine between 2014 and 2019, which document significant differences in each tradition's development. A long-term critical historical analysis of Mongolia and Tibet, and Mongolian and Tibetan medicine, is used to explain these differences.

Results:Tibetan medicine's market value in Asia is about three times bigger than that of Mongolian medicine, and a similar 3-1 ratio can be observed in terms of hospital/clinic numbers and medicine prices in China. Within the field of Mongolian medicine, China dominates in terms of market size and development. Mongolia has modest numbers, while it remains statistically insignificant in Buryatia, Kalmykia and Tuva. It is argued that one important reason for these differences is the differential brand value of Mongolian/Tibetan medicine in the different regions. The brand value, in turn, needs to be explained historically. A brief examination of the different historical trajectories of Tibet and the Mongolian regions, and of Sowa Rigpa's spread and development there, reveals two main factors for contemporary differences in brand value: 1) the historical depth and strength of the connection between medicine and national identity, and 2) the symbolic value of the respective national identities itself. Both factors are strongest in the case of Tibet and Tibetan medicine, weaker in the case of Mongolian medicine in Inner Mongolia, still weaker in Mongolia, and almost non-existent in ethnically Mongol regions of the Russian Federation.

Conclusion:The two described factors can at least partly explain regional differences in contemporary brand values of Sowa Rigpa medicine. By historicizing both factors, it becomes possible to trace the development of national identity from a political idea into a commercial brand, and the partial transformation of medical traditions from health care resources into economic assets. This paper has shown that differences in brand value do not reflect differences in the actual quality of a medical tradition, and concludes that the worth of a medical tradition can never be reduced to its commercial value, but always remains connected to its ability to help the sick.