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# Editorial: Asian medical industries: beyond tradition, beyond medicine, beyond Asia

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## Editorial on the Research Topic

[Asian medical industries: beyond tradition, beyond medicine, beyond Asia](#)

Over recent decades, the landscape of “Asian traditional medicines” has undergone significant transformation. Interlinked processes of industrialization, commodification, and market expansion have contributed to the emergence of innovative and profit-driven industries producing a broad range of commodities and therapies for sale to domestic and overseas consumers. Encompassing everything from classical medicines and reformulated drugs to herbal supplements, lifestyle items, and wellness solutions, many of these products continue to invoke Asian medical knowledge and the holism associated with “tradition,” yet cannot accurately be classified as “traditional” or even “medical” (Khalikova, 2020).

Asian health industries are playing increasingly prominent roles in national healthcare systems, economies, and politics, most notably in India and China. Many have also become decidedly transnational in scope and function, sourcing raw materials, organizing production, developing markets, and exporting products outside their countries of origin. These industries are thus moving beyond tradition, beyond medicine, and beyond Asia, generating new sociocultural, political, and economic dynamics which demand careful analysis.

The current Research Topic explores illustrative aspects of what, we propose, resembles an industrial revolution in Asian medical traditions. Building on the edited volume *Asian Medical Industries* (Kloos and Blaikie, 2022) and a panel at the Tenth *International Congress of Traditional Asian Medicine* held in Taipei in 2024, it assembles original research from a range of perspectives and locations (India, Mongolia, Kenya, Latvia, and Switzerland). Four case studies and a policy brief examine Asian health industries as empirical phenomena, shedding light on the multiple logics, knowledge forms, and material flows that intersect as their products are sourced, invented, reformulated, branded, regulated, mass-produced, traded, and consumed. The contributions map new frontiers of engagement between contemporary healthcare practices, socioeconomic processes, and (geo)political strategies both within Asia and worldwide, while collectively encouraging a critical reappraisal of “traditional Asian medicine” as an analytical category.

Despite sharing many similarities, the historical trajectories and growth rates of Asian health industries are by no means uniform. Traditional Chinese Medicine (TCM) and Ayurveda developed large and lucrative domestic industrial sectors during the last

century, and both have been practiced in the West since the 1960s, or earlier still if we count their use by diasporic populations (Wujastyk and Smith, 2008; Zhan, 2009). Other medical systems lack such global connections and their industries remain in nascent stages of development, yet all are propelled by shared visions of greater recognition, market shares, and profits. While much industrial activity continues to be directed at domestic markets, the emergence of multinational Asian health industries represents a novel and unprecedented phenomenon. Many of these industries are forging new transnational circuits and proactively extending their influence across borders, diversifying product ranges and adapting formulations to suit foreign consumers and more stringent regulatory regimes.

A central theme across all the contributions is the aspirational dimension of these industries. As Asian health traditions extend beyond their former boundaries, new aspirations simultaneously drive, and are driven by, their evolving industrial and marketing activities. Indeed, perhaps more than corporations and factories, what holds the assemblage of Asian health industries (Kloos, 2017) together are its aspirations: the promise of profits, the dream of development, and the lure of greater political and cultural capital. As Kudlu elaborates in her article, such aspirations are in many ways continuous with earlier technoscientific imaginaries (Marcus, 1995; Jasanoff and Kim, 2015), yet they also differ from them in significant ways. Although many Asian medical traditions have had long and complicated relationships with science, we may critically ask, as Kudlu does, whether and how market concerns today inform, undermine, or override demands for scientific legitimization. Similarly, the contributions by Hedwig Waters and Herbert Schwabl raise questions as to how central technology and raw materials are to Asian health industries compared to, for instance, policy agendas and regulatory regimes. Meier zu Biesen and Mundelius and Sprisevska, for their part, explore the roles that other forms of value and meaning (symbolic, cultural, social, ethical, etc.) play alongside more obvious economic and political aspirations.

We suggest that aspirations constitute a crucial but so far underexplored dimension of Asian health industries, as well as a productive theoretical intervention that bridges multiple perspectives and disciplines. On a more empirical level, a focus on aspirations also provides a good approach to the uneven and patchy development of Asian health industries across the region, and even within countries or medical traditions. Where stock market registered multinational corporations coexist with rudimentary cottage industries, it is aspirations that provide a common logic, making them understandable as part of the same phenomenon. Finally, paying attention to aspirations rearticulates questions of power and agency by asking how multiple or even conflicting agendas are negotiated by different stakeholders.

All five contributions address the aspirational dimensions, expanded scope and new stakes that animate Asian health industries today. For example, in her authoritative and sweeping analysis of Indian political imaginaries regarding Ayurveda, Kudlu explores the ironies and consequences of their misalignment with Ayurveda's industrial interests, even as both aspire to

market growth beyond Asia. Following Ayurveda's journey to East Africa, Meier zu Biesen offers fascinating insights into how this move across the Indian Ocean and into the non-communicable disease sector also entails a discursive shift from medicines as curative agents to therapies linked to particular lifestyles and situated conceptions of wellbeing. Mundelius and Sprisevska take the case of a Latvian company reformulating and reinventing Tibetan health products for the European market to show how globalizing and industrial aspirations often involve not only a push beyond Asia, but also beyond traditional epistemological and material anchor points. In his policy brief, Schwabl cautions against the "rigidity trap" inherent in European regulatory demands for standardized pharmacopeias, which run counter not only to Tibetan medical traditions but also to contemporary concerns about adaptability and sustainability. Finally, looking at the medicinal plant trade in Mongolia, Waters diagnoses similar clashes between regulatory, conservation, and economic interests as "aspirational laws" increasingly produce and distort the reality they purport to regulate. Here, the TCM industry's voracious demand for raw materials to fuel its growth beyond tradition, medicine, and Asia thwarts Mongolia's aspirations to nurture its own herbal products industry.

Each of these articles make important contributions to scholarship and policymaking in their own right. Together, they help us better understand the complex dynamics that are shaping contemporary Asian health industries and the aspirations that are driving them forward, while forcing us to think beyond familiar, but no longer valid, analytical categories. Thus, they direct our attention to the wider implications of the evolution and expansion of these industries, both in terms of their material foundations and their political dimensions.

One set of pressing questions concern sustainability. What do rising production volumes mean for the (still mostly wildcrafted) medicinal plants these industries rely on (Mishra et al., 2024; Smith-Hall et al., 2025), and how do they influence conservation and cultivation efforts? Resources once limited to Asian medicines are now widely used in biomedical, wellness, and cosmetic products globally, while animal parts are increasingly popular ingredients in the TCM industry (Chee, 2021), further raising the stakes around Asia's medicinal resources. Consequently, we urgently need a more accurate picture of the status and outlook for Asia's medicinal raw materials and to build dynamic understandings of the intersection of industrial demand patterns, environmental legislation, local economies, and aspirations from individual to national scales.

Asian health industries, finally, are not only sociocultural, economic and material phenomena, but are also important elements in China and India's growing influence within the WHO and the wider field of Global Health. Indeed, this marks a distinct move toward more heterodox and diverse approaches to the world's healthcare challenges, while also making visible ongoing tectonic shifts in national, regional, and global politics. The centrality of Asian health industries as both bellwether and harbinger of large-scale healthcare, environmental, economic, and political changes make them complex but highly rewarding objects of further investigation.

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## Conflict of interest

The author(s) declared that this work was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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