CHAPTER ONE

# Introduction

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Ayurveda, the indigenous medical system of India, dates back at least 2,000 years in its codified form and has roots that are much deeper still. In the late twentieth and early twenty-first centuries, it is stretching well beyond the boundaries of its homeland. Because it is fast becoming a transnational and multicultural phenomenon, it is time to examine Ayurveda's interface with modernity and the pluralistic approaches and new paradigms it has developed to meet the challenges of its new diasporic presence.

Developments within Ayurveda during its long and varied history, the addition of new theories and practices to the established ones, their interrelations and the interweaving of medical thought with constantly mutating religious, political, and cultural climates, form a rich and complicated pattern of medical and social history. What we intend to present here is an account of recent developments in the long history of Ayurveda, which is to say its development in the face of three major challenges: (1) British colonialism and the dominance of allopathic medicine, (2) the pressures of modernization, and (3) Ayurveda's diaspora into the world beyond the boundaries of South Asia.

We will present the relatively recent history of modern and global Ayurveda from a number of perspectives that sometimes contrast and sometimes complement each other. The terms *modern Ayurveda* and *global Ayurveda* do not denote unified knowledge systems but rather serve as umbrella terms for a number of disciplines based on or concerned with ayurvedic knowledge. These include, for example, various forms of ayurvedic practice, ayurvedic pharmaceutical research, drug development and industrial production, and academic textual research (both for botanical and pharmaceutical research and for a broader understanding of ayurvedic theory).



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"Modern Ayurveda" is here understood to be geographically set in the Indian subcontinent and to commence with the processes of professionalization and institutionalization brought about in India by what has been called the nineteenth-century revivalism of Ayurveda (Leslie 1998; Brass 1972; Jeffery 1988). Modern Ayurveda is characterized by a tendency toward the secularization of ayurvedic knowledge and its adaptation to biomedicine, and at the same time by attempts to formulate a unitary theory based on doctrines found in the classical ayurvedic texts.

"Global Ayurveda," on the other hand, refers to ayurvedic knowledge that has been transmitted to geographically widespread areas outside of India. Here we may differentiate three broad "lineages" of ayurvedic globalization: the first is characterized by a focus on the ayurvedic pharmacopoeia, beginning with the dissemination of ayurvedic botanical and pharmaceutical lore in the sixteenth century. The study of ayurvedic pharmacopoeia has developed into a full-blown scientific discipline as well as into a hugely profitable pharmaceutical industry in a global market. In line with the ideologies of modern Ayurveda, interest groups concerned with ayurvedic pharmacopoeia stress the "scientific" bases of Ayurveda and promote a secularized discipline stripped of its religious and spiritual connotations.

The second lineage of global Ayurveda is identified in the more recent trend of a globally popularized and acculturated Ayurveda, which tends to emphasize and reinterpret, if not reinvent, the philosophical and spiritual aspects of Ayurveda. This type of Ayurveda has been dubbed "New Age Ayurveda" (Zysk 2001; Reddy 2000). Zysk defines its characteristics as follows:

1. attributing a remote age to Ayurveda and making it the source of other medical systems
2. linking Ayurveda closely to Indian spirituality, especially Yoga
3. making Ayurveda the basis of mind-body medicine
4. claiming the "scientific" basis of Ayurveda and its intrinsic safety as a healing modality

Another important characteristic of New Age Ayurveda (which it shares with some forms of modern Ayurveda in urban settings) is a shift in self-representation from reactive medicine that cures ills to preventive medicine that offers a positive lifestyle index.

New Age Ayurveda is particularly prominent in the United States, and increasingly in Northern Europe. Furthermore, it has been re-imported into India in the shape of "wellness" tourism that caters

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both to foreign tourists and urban, middle-class Indians. This has been described by Jean Langford (2002) and is examined further by Manasi Tirodkar in this volume. Thus paradoxically, despite its emphasis on spirituality, New Age Ayurveda has given rise to a new commercialized form of Ayurveda, emphasizing wellness and beauty as fundamental components of good health. Its commercial offerings encompass a range of cosmetic and massage treatments provided in beauty salons and spas, over-the-counter products (mostly cosmetics and nutritional supplements), and do-it-yourself or self-help literature (i.e., guides on beauty treatments, nutrition, and fitness). Selby (2005) describes how Ayurveda, twinned or even merged with yoga into "Ayuryoga," has become a branded commodity in North American spa culture. While the unprotected name "Ayurveda" is used freely in this context, it is not necessarily used to denote a real connection with premodern ayurvedic knowledge but often rather seems to stand for vague notions of "exotic" or "Eastern" self-cultivation. Thus we may find a spa offering a full-day treatment entitled "Ayurvedic Bliss," which in this case means "Luxury Spa Pedicure, Aromatherapy Salt Glow Body, Exfoliation and Hot Stone Back Massage,"[1] treatments that are not found in classical ayurvedic texts. As Sita Reddy (2004) has pointed out, images of the "exotic East" play a crucial role in certain sectors of the marketing of ayurvedic products or treatments.

A third, independent line of global Ayurveda originated in the context of the then-new scholarly discipline of Indic Studies in the early nineteenth century, when Orientalist scholars began to take interest in ayurvedic literature. While the first scholarly documentation on Indian medicine in the form of botanical encyclopedias was not concerned with the conceptual framework of Ayurveda, these scholars were interested in preserving, or even reviving, knowledge of Ayurveda as a historical and philological discipline. Spurred by the notion of a second renaissance inspired by an Indian antiquity, they set out to discover the roots of Indian medicine, printing and translating the medical texts and writing summaries of their contents. The scholars so involved—including Thomas Wise, Franciscus Hessler, Gustave Lietard, Palmyr Cordier, and Julius Jolly—were mostly medical men, trained in Western medical science.[2] Their work, however, seems never to have been directed at making practical use of the knowledge gained from the texts in regard to the more theoretical aspects underlying ayurvedic medicine. However, scholarly editions and translations of Sanskrit medical works have been important contributions to formalized ayurvedic education and research.

Indological textual research continues up to the present. From about the mid-1960s onward, the education and practice of Ayurveda as well as its political and social frameworks were studied from the

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perspective of medical anthropology, a new academic discipline pioneered by Charles Leslie and others. Academic work on Ayurveda has had some influence on the public perception of Ayurveda, due to literary output, on the one hand, and to its contribution to television or other media productions, on the other. However, scholarly publications on Ayurveda reach only a limited number of readers, much less than comparable publications from New Age and other public-oriented sectors. Television documentaries, popular periodical literature, and most Web sites can only provide reduced versions of scholarly research, as any production is necessarily guided by commercial considerations (i.e., broadcasting slots and viewing figures). It is interesting to note, for example, that parallel to rising interest in plastic surgery in the United States and Northern Europe, with serial documentaries or reality shows on modern plastic surgery regularly broadcast on television, a number of documentaries on ancient Indian surgery have been produced in recent years, presenting topics such as "the ancient Indian nose job."

Finally, Ayurveda has become the subject of interdisciplinary ethnopharmacological studies. Ethnopharmacology, a discipline that became prominent in the 1980s, aims to integrate the hard sciences (e.g., pharmacology or medicine) and the humanities (i.e., anthropology and other ethnographically based disciplines) in order to document and improve traditional pharmacopoeias.[3] Ethnopharmacological studies on Ayurveda ideally combine the various strands of modern and global Ayurveda. The work of the Foundation for the Revitalization of Local Health Traditions (FRLHT), as described by Payyappallimana Unnikrishnan in this volume, is an example of ethnopharmacological research within India.

## THE ORIGINS AND HISTORY OF AYURVEDA

The term *Ayurveda* means "knowledge (*veda*) of longevity (*āyus*)," but it is often translated as "science of longevity" or "science of life," denoting an entire empirical system of healing. Ayurveda has antecedents in the medicine found in much earlier periods in India, and in texts as far back as the Atharva-Veda of around 1000 BCE (Zysk 1996; Bahulkar 1994). However, systematic medical theory began to be formulated only around the time of the Buddha (ca. 400 BCE). It is in early Buddhist texts that we first find explicit statements that disease arises from an imbalance of humoral substances, an idea that would become a cornerstone in Indian medical theory (Zysk 2000; Scharfe 1999; also see the various interpretations of humoral theory discussed in several chapters in this volume). Similarities with Greek humoral theory, and the fact that there is mention of Indian plants in Greek

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medical literature, suggest some form of exchange between Greek and Indian medicine at least at the level of pharmacopoeia. The exact nature of the contact between Indian and Greek medicine is, however, unclear and remains a subject of speculation, as there is no mention in either Greek or Sanskrit medical literature of contact or exchange with physicians from the other culture.

The first mention of Ayurveda as the name for the science of medicine occurs in the *Mahābhārata* (12.28.44, 12.328.9, 12.330.22), India's great epic, composed over a period of three to five centuries, most likely terminating in around the third century CE. The *Mahābhārata* also knows medicine as a science constituted of eight parts (*cikitsāyām aṣṭāṅgāyām*, 2.50.80 [Wujastyk 2003b: 394]), the same number that is found in the early ayurvedic compendia. These early texts, dated to the early centuries of the Common Era, are the *Caraka-Saṃhitā* (the compilation of Caraka) and the *Suśruta-Saṃhitā* (the compilation of Suśruta). These two texts, which contain a vast amount of information on areas of medical science, from diagnostics to clinical practice to pharmacopoeia, are generally followed today. They represent two of the three texts counted in the *bṛhat-trayī*, the "great-three" ayurvedic texts, the third being the *Aṣṭāṅgahṛdaya-Saṃhitā* (the "compilation of the heart of the eight limbs" of medical practice) composed by Vāgbhaṭa in the early seventh century.[4]

It is essential when thinking about Ayurveda to recognize that in India ancient knowledge is often regarded with great reverence. This does not mean—to take Ayurveda as an example—that all practitioners regard the recommendations or diagnoses in these ancient texts as more authoritative than recently discovered knowledge. While many of the recommendations of these ancient texts are in fact still followed to good effect thousands of years after their composition, the "tradition" of Ayurveda has remained dynamic for this entire period. New texts were continually being composed, new paradigms were explored, and influences from many other areas of Indian discourse were introduced into Ayurveda. Indeed, the practice of Ayurveda has been criticized unjustly by certain historians and members of competing medical systems for its rigorous adherence to antiquated prescriptions and paradigms. These critics are not aware of the vitality in the history of Ayurveda, largely because nearly all the textuality from about 900–1900 CE remains unknown and unstudied by a larger public.

Another criticism, emerging largely from within India, is that Ayurveda suffered a decline during the period of Mughal dominance, from the fourteenth to eighteenth centuries. Thanks now to the pioneering efforts of Jan Meulenbeld, whose five-volume *History of Indian Medical Literature* was completed in 2002, it is possible to effectively counter these criticisms. A current project focusing on Sanskrit knowledge

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systems on the eve of colonialism aims to shed further light on this gap in ayurvedic history,[5] and preliminary conclusions confirm that "production in no way diminished in the sixteenth, seventeenth and eighteenth centuries, which spawned rich and vitally important medical treatises of all kinds" (Wujastyk 2005b). While modern Ayurveda does in some respects resemble the Ayurveda found in the *bṛhat-trayī*, which is to say in the first half of the first millennium CE, in many ways it does not, and most of this is the result of internal developments and refinements in medical knowledge, a changing ecology, and the influence of ever-changing indigenous religious and cultural forms.

## ENCOUNTERS AND EDUCATION

The history of global Ayurveda begins with the encounter between Indian and European practitioners of medicine through the spice trade.[6] These encounters were largely limited to the pharmaceutical and botanical sciences in the pursuit of two main objects: to provide the traders (and later the colonialists) with medical care adapted to the needs of their new situation, and to make commercial use of the newly acquired medical knowledge through the trading of Indian medical drugs. Indian medical knowledge had long before spread beyond India through the dissemination of texts and through oral transmission, but the export of Indian medicines (with a basic knowledge of their traditional use) had never before been organized—and *documented*—on such a large scale as part of commercial enterprise. The strong contemporary emphasis on ayurvedic pharmacology can trace its roots to these encounters, though its ideological background and scientific methodology emerged from later developments in both European medicine and British colonial politics in the nineteenth and twentieth centuries (see Bala 1991, especially pp. 48–57).

In the first third of the nineteenth century, British health and education policy in India began to emphasize support for the new medical knowledge and methodology that was then emerging in Europe. This resulted in the patronage of new medical colleges and hospitals and ultimately produced a number of practitioners with a medical reputation superior to that of traditional practitioners. The direct effects of British policy on indigenous medicine, however, date to a later period, when Indians were admitted to the biomedical colleges, and health services were extended to the Indian public. To meet the competition of the new system and to show the value of their science, traditional practitioners needed to articulate the theoretical foundations of their medical system and to establish their professional identity. In the case of Ayurveda this meant the birth of a new era, the beginnings of modern Ayurveda, as ayurvedic practitioners had never

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before organized themselves into one uniform body. The traditional education system—one that still can be found in practice in India today—had been that of pupilage, that is, a teacher passing his knowledge down to one or several pupils, often from father to son or uncle to nephew. This would lead to the formation of medical lineages or schools with individual emphases on specific teachings. One step toward a modernized Ayurveda therefore was a break with the educational tradition of pupilage and a compensatory movement toward an expanded college system. This proved to be the only way to keep up with the growing number of graduates and license holders that the modern medical colleges were producing. Another step was to present Ayurveda, at political and ideological levels, as a unified medical system that would then shape the curricula of the colleges. This proved to be one of the greatest challenges to modern Ayurveda. Modern Ayurvedists needed not only to overcome sectarian and regional differences (including language barriers and diverging religious identities) in search of a uniform identity but were also confronted with new educational methods and technologies for diagnosis and research introduced to India by the British. The dominant form of ayurvedic education that developed from this background at the end of the nineteenth century was an integrated or a concurrent education system, which included both Ayurveda and modern medical subjects in varying proportions. A brief passage from one of the model papers (see Table 1.1) for ayurvedic competitive examinations may give a glimpse of what knowledge such an education might provide.

Table 1.1. Questions 28–33 in Model Paper IV (Rao 1994)

Which of the following Srotas is not mentioned by Susruta
A. Asthivaha srotas
B. Majjavaha srotas
C. Both
D. None of the above

Vedhini is a variety of
A. Kala
B. Twak
C. Dhamani
D. Sira

The extra asaya present in the female
A. Mutrasaya
B. Garbahasaya
C. Raktasaya
D. All the above

Islets of langhter hons [sic] present in
A. Parotid gland
B. Liver
C. Kidney
D. Pancreas

Maximillary nerve is the branch of
A. Trigeminal nerve
B. Glasso pharyngeal [sic] nerve
C. Vagus nerve
D. None of the above

Function of the Risorius muscle
A. Blinking
B. Facial expression
C. Dancing
D. None of these

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The basic education in modern biomedicine, as exemplified in the exam questions, was meant to enable students to play a role in public health programs. However, the debate on the educational system of Ayurveda (and of the other Indian systems of medicine) and its implementation into public health schemes is far from resolved, even today. The complicated history of government debate over the role of Ayurveda in national health schemes is discussed by Dominik Wujastyk in this volume.

The "biomedicalization" of Ayurveda is, however, not only a phenomenon that occurs within government institutions but also reaches into private practice, as Manasi Tirodkar shows in this volume.

Modern Ayurveda thus comes into being as a reaction to the introduction and patronage of a new medical system by the British colonialists. Ayurveda, not homogenous in itself to begin with, had always coexisted and even competed for patronage with other types of medicine. However, this was perhaps the first time that such a sharp distinction was made between one way of practicing medicine and another, one being given clear precedence over the other. The distinction made, however, was not one between modern medicine and Ayurveda: the British contrasted modern medicine (presumed to be a monolithic body of knowledge) with Indian indigenous medicine in general. Today, the Indian government distinguishes Ayurveda, Unani, and Siddha as separate medical systems and also acknowledges folk medical traditions as part of Indian medical heritage. While the distinction into separate medical systems is to some extent justified by identifiable textual traditions, the reality of medical practice does not necessarily fall in line with it. Nineteenth- and twentieth-century documents offer evidence that the boundaries between the different indigenous medical systems were far more fluid than they are represented today, and that the insistence on differences developed parallel to growing nationalism in India. The links between nationalism and the differentiation of the indigenous medical systems are addressed in this volume by Rachel Berger and Richard S. Weiss.[7]

Ayurvedic modernization and professionalization are thus marked by the ideological and formal separation of Ayurveda from other medical traditions. The establishment of the All-India Ayurveda Mahasammelan (Ayurvedic Congress) in 1907 was a landmark in this respect, though it originally understood itself as the representative body of all practitioners of indigenous medicine, including Unani and Siddha. The Bombay Medical Practitioners' Act of 1938, which established the first separate register for practitioners of Indian systems of medicine, was the first formal recognition of Ayurveda by the government of India. After Independence, further important formal structures were set up with the Central Institute of Research in Indigenous

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Systems of Medicine in 1956, followed by the Central Council for Ayurvedic Research in 1959, the Central Council of Indian Medicine in 1971, and the Central Council for Research in Ayurveda and Siddha in 1978. In 1982, the Central Council of Indian Medicine issued the first comprehensive regulations regarding standards of professional conduct and etiquette and a code of ethics for practitioners of Indian medicine (see Benner 2005). In 1995, a Department of Indian Systems of Medicine was established, with a permanent secretary within the Indian Ministry of Health and Family Welfare. To date, there are more than 200,000 registered traditional medical practitioners in India and over 100 government-approved, degree-granting colleges of ayurvedic education.

The formalization and legal integration of Ayurveda in the twentieth century was complemented by what is described as its "pharmaceuticalization" by Madhulika Banerjee in this volume. Although, as Banerjee points out, this process has to some extent reduced Ayurveda to a mere supplier of pharmaceutical products, it has, on the other hand, contributed to its popularization: the growing ayurvedic pharmaceutical industry made ayurvedic medicine more accessible through its over-the-counter products and gave Ayurveda more presence in the public mind through advertising (see also Bode 2004 on Unani and Ayurveda industries). Other factors that were significant in the shaping of modern Ayurveda and its popularization were the introduction of the mass print press, along with growing literacy, the vernacularization of medical texts, and the growth of a new type of literature dealing with health issues. The new medical "self-help" literature not only brought specialist knowledge into Indian homes but also tackled a number of delicate issues that had not been publicly addressed before (see Alter in this volume). Ayurvedic self-help literature also became a domain in which women could participate and discuss women's health—and herein lies perhaps one of the most significant changes to Ayurveda in the twentieth century: the active participation of women in medicine as authors and as physicians.

## GLOBAL AYURVEDA: THE DISEMBEDDING OF AN EXPERT SYSTEM

Ayurveda was first introduced to Europe and North America in the late 1970s and early 1980s, a period during which its formal regulatory structures and standards of education were being established and consolidated in India on a national level. Some of the challenges with which the pioneers of Ayurveda in the West were faced, in the context of setting up structures for ayurvedic practice and education, echo developments in India, while others are specific to the new cultural

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environment. The different approaches to these challenges are addressed in several chapters in this volume. Mike Saks gives an account of how Asian medicines have become part of Western medical pluralism as complementary and alternative medicine (CAM). Ananda Samir Chopra's description of his practice at a hospital in Kassel, Germany, provides a vivid depiction of the relationship of a modern practice with its Indian antecedents. Sebastian Pole, one of two founders of Pukka Herbs (a UK-based company that supplies organic medicinal herbs), writes about his experiences with the growing, harvesting, and marketing of ayurvedic herbal products. Chapters by Cynthia Ann Humes and Françoise Jeannotat discuss Maharishi Ayur-Ved(a) (MAV), a unique form of Ayurveda spawned by Maharishi Mahesh Yogi and his Transcendental Meditation (TM) movement. Suzanne Newcombe discusses a lawsuit involving two British MAV doctors in the early 1990s. Manasi Tirodkar discusses the practice of Ayurveda at a modern clinic in Pune, India, with its rising middle-class clientele and its issues in negotiating a place in the modern medical marketplace. Robert E. Svoboda, one of the most popular writers and lecturers on Ayurveda in the West, and Claudia Welch, an accomplished practitioner of both Ayurveda and Traditional Chinese Medicine (TCM), discuss some of the forces that have shaped contemporary Ayurveda in the United States. Both Svoboda, who was the first Westerner to be fully trained and licensed by an Indian college of Ayurveda (Tilak Ayurveda College, Pune, 1980), and Welch take India as their starting point in casting light on how global Ayurveda has emerged from local forces in India.

One of the most salient features of Ayurveda in the West is that it does not form part of the medical mainstream, nor does it participate in most of its formal structures. This has implications both for its legal status and its public acceptance. One of the most formidable problems here is that the predominant model of ayurvedic training in the West is lineage-based pupilage. As different lineages may offer quite different perspectives on ayurvedic theory and practice, and are resistant to standardization, they effectively disqualify themselves from entering the medical establishment, which requires strict standardization of practice and education. As Welch points out, several competing lineages have developed in the West, in which the teacher, rather than the teaching, is often paramount. Sometimes these lineages are headed by licensed ayurvedic physicians from India, such as Vasant Lad at the Ayurvedic Institute in Albuquerque, New Mexico. Sometimes, however, they are headed by individuals who are not accredited and do not have comparable theoretical or clinical experience. Overt competition with other schools seems to be the norm, as new ayurvedic lineages often construct their authority on Ayurveda with assertions of the superiority and exclusivity of their teachings. Many of the ayurvedic institutions teach

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topics historically regarded as peripheral to Ayurveda, creating a situation ironically like the Indian ayurvedic colleges that Svoboda criticizes for brazenly loading their ayurvedic syllabi with classes in allopathy. In the West, however, it is not allopathy that has tiptoed into the syllabus. Rather, it is Indian astrology (*jyotiṣa*) and yoga, the latter usually personalized to match the school of yoga practiced by local teachers (such as "Ayuryoga" at the Ayurvedic Institute).

## FOUR PARADIGMS OF GLOBAL AYURVEDA

A brief examination of four paradigms of global Ayurveda should help set the stage for much of the material presented in the book. These are (1) New Age Ayurveda, (2) Ayurveda as mind-body medicine, (3) Maharishi Ayur-Ved, and (4) traditional Ayurveda in an urban world. The four paradigms partake in varying degrees of scientific fidelity, cultural accommodation, discourses of holism, and Hindu (or Vedic) practices. All of these paradigms embody lineage-based Ayurveda to one extent or another, though only one of them (the third) argues for its exclusivity and designs its practices in order to preserve this perceived exclusivity in the ayurvedic marketplace. The first paradigm—New Age Ayurveda—more openly than the others embraces an array of practices often labeled "New Age." It also is more preventative in its orientation than the others, though all of them emphasize that adopting an "ayurvedic lifestyle" will strengthen the immune system and help prevent disease. This has become an important discourse marker in modern and global Ayurveda. As it has become eclipsed by allopathic medicine, Ayurveda has increasingly identified itself as a kind of preventive medicine; indeed, it has become as much a positive lifestyle index as a system for curing illness.

The second paradigm—Ayurveda as mind-body medicine—is the most thorough in its attempt to translate the Indian discourse of Ayurveda into a Western one. The third—Maharishi Ayur-Ved—is the most strident in its assertions of its superiority to other forms of Ayurveda, yet it has increasingly moved away from the norms of Ayurveda as expressed in the canonical texts and the modalities of its clinical practice. The fourth paradigm—traditional Ayurveda in an urban world—is closest to a recognizable medical practice based on scientific and practice-based norms. Perhaps more accurately they are exemplars rather than paradigms, because they are representations of certain kinds of Ayurveda. Yet each of them abides in a paradigmatic approach to Ayurveda in its modernization.

The four paradigms are not closed categories; they are in many ways interconnected, as advocates of one paradigm often are teachers

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or students of practitioners of another paradigm. We must emphasize that these paradigms represent not just differences in style but in substance as well. By substance we mean that there may be substantial differences in the training and background of the practitioners, many of whom have undergone other kinds of bodywork training such as massage or nonbiomedical healing such as Reiki, and who bring elements of Ayurveda into an already flourishing practice. Among them, MAV is probably the most idiosyncratic, but it is paradigmatic because a number of other lineage-based ayurvedic teachers and institutions also assert the superiority and exclusivity of their teachings. Among the shared features of many of these groups and institutes is a view of the deep history of Ayurveda. It is axiomatic to find statements in nearly all institutional, lineage, and popular presentations of Ayurveda that it is 5,000 years old, with some claiming that it is 8,000 years old, that it is a direct descendant of the medicine of the *Atharva-Veda*, that it was always allied with Tantra, and that the increasingly popular diagnosis by pulse (*nāḍīvijñāna*), which is not mentioned in any classical text, is an ancient ayurvedic practice.[9]

### The New Age paradigm

Consider, in this context, the following advertisement, titled "Introduction to Ayurveda and Panchakarma," which one of the editors came across while shopping in a health food store in the fall of 2005 in a small state in the American Northeast. The advertisement read, in part:

> This one-day workshop will give you an introduction to Ayurveda and Panchakarma. Originating in India, more than 5,000 years ago, Ayurveda, a sister-science to Yoga, is one of the oldest systems of health care in the world. It is an art of daily living that allows us to understand our unique nature and constitution, so we can prevent health disorders, correct present imbalances and maintain a high quality, long life. Panchakarma is a therapeutic Ayurvedic cleansing process that takes one on a deep, rejuvenating journey. It has been used in India for thousands of years to detoxify on a cellular level by cleansing deep seated toxins from the body. Panchakarma purifies at the physical, mental and emotional levels.

After listing the topics to be covered in the workshop, the practitioner lists her credentials: five years studying and working with a well-known Indian ayurvedic physician in America, completion of a yoga teacher training course in India, and licensing by a Swedish massage

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therapist in New York. The fee for the workshop was ninety-five dollars, which included a light vegetarian lunch. She "feels extremely blessed," she says toward the end of the advertisement, "to spread the knowledge of this beautiful science—Ayurveda."

This advertisement contains most of the discourse markers of the present state of Ayurveda in the West, particularly in the United States. The workshop was targeted at health food buyers, many of whom have an interest in complementary and alternative medicine, who distrust the impersonal and expensive mainstream allopathic medical system, and who search for alternative paradigms for living their lives. Such persons may read Eastern spiritual or New Age literature and may engage in practices taught by the purveyors of this literature, or otherwise consume its products in the form of short courses or products, including edible or nutritional substances, or dietary regimes. In other words, the advertisement is for consumers and practitioners of lifestyle paradigms generally considered "alternative," and is selling, in no small measure, not only the healing of physical diseases but a healing experience that is embedded in an ontological and epistemological paradigm that views itself as salvific.

### Ayurveda as Mind-body Medicine

A second paradigm of modernization and adaptation is expressed in the writing of well-known ayurvedic practitioner John Douillard,[10] a doctor of chiropractic (DC) who also holds a PhD from the Open International Institute for Complementary Medicine in Sri Lanka.[11] His greatest claim to fame is not as a chiropractor or an ayurvedic practitioner but as a sports medicine doctor.[12] Nevertheless, ayurvedic categories appear to be among his basic explanatory tools. What is evident from Dr. Douillard's thorough and well-designed Web site is that basic approaches and definitions within Ayurveda are being reconsidered. This begins at the very outset. The site is introduced with the statement "Ayurveda is a universal system of health care that belongs to every culture." This serves notice that Dr. Douillard's Ayurveda will carve out a discursive and practical identity distinct from Ayurveda's cultural moorings in India, with an eye to its acceptance by the West. Dr. Douillard's ayurvedic educational offerings are limited to massage, in which he has apparently received training.

His approach operates in distinct opposition to certain other Western ayurvedic facilities, including the well-known institutes in Albuquerque, Dr. Vasant Lad's Ayurvedic Institute, and Dr. Sunil Joshi's Vinayak Institute, both vigorous if competing clinics and schools with facilities in India (Pune and Nagpur, respectively) for medical apprenticeships and advanced training. Dr. Douillard's site contains

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the following statement regarding the pharmacology of Ayurveda: "If adaptogenic herbs are botanical substances that help the body adapt to physiological and psychological stress, then Ayurveda is truly a system of adaptogenic medicine. Ayurveda identifies the cause of disease as the separation of mind, body and consciousness, due to the degenerative effects of mental, emotional and physical stress. This ancient premise for Ayurveda has been recently validated as researchers have identified stress as the cause of eighty percent of all disease" (http://www.lifespa.com/article.asp?art_id=23 ). Dr. Douillard does not attempt to provide a source of this statement in any ayurvedic text or lineage of ayurvedic practice. It is, however, quite consistent with the mind-body medicine espoused by well-known endocrinologist Dr. Deepak Chopra (for whom Dr. Douillard once worked) and Maharishi Ayur-Ved (where both Dr. Chopra and Dr. Douillard began their ayurvedic "careers" in the 1980s). Elsewhere, Douillard's Web site employs characteristic metaphors of detoxification.

Dr. Douillard thus represents a somewhat different school of thought about Ayurveda and a different sense of the way in which Ayurveda must be acculturated in the West than that represented in the health food store advertisement. While Dr. Douillard shares this concept with the health food store advertisement, he takes that idea in a different direction, toward a demystified engagement with Dr. Chopra's mind-body medicine. In this way, Dr. Douillard's paradigm illustrates the contestation within Ayurveda over basic approaches and definitions.

### Maharishi Ayur-Ved

A third approach is embodied by Maharishi Ayur-Ved, which, as mentioned above, is discussed at length by Humes, Jeannotat, and Newcombe in this volume. MAV has now emerged as a single unit in a larger healing system with other ascendant modalities. These are the daily practice of TM, and, for the last few years, Maharishi Vedic Sound Therapy. One of the authors of this Introduction visited the main facility for Maharishi Ayurveda, more properly for "Maharishi Vedic Medicine," in Fairfield, Iowa, in July 2004, for an orientation to their clinical practices and a tour of the facility, called "The Raj: America's Premier Ayurveda Health Center."

The current treatment processes in Maharishi Vedic Medicine appear to take their inspiration from the work in the early 1990s of Tony Nader, an M.D. who also received a Ph.D. in neuroscience from MIT and who has dedicated himself to the TM movement since at least the early 1970s. His work that has provided this inspiration is the book *Human Physiology: Expression of Veda and the Vedic Literature*.[13] Nader's book is derived first from Maharishi's earlier ideas about the

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correlation of sound, physiology, and the Vedas; second, from Nader's study of brain physiology and structural aspects of Vedic and associated orthodox Hindu literature; and third, from a little-known (and wholly unattributed) book published in Bombay in 1931 by V. G. Rele called *Vedic Gods as Figures of Biology*. This book, in the scientific spirit of the time, tried to correlate brain structures with Vedic cosmogonic ideas and deities. For example, the Aśvins "appear to be the projections of efferent fibres on the interior surface of the medulla oblongata" (42) and Viṣṇu, known primarily for his three strides that take in the entire universe, "is comparable to the spinal cord which is long and supports the earthly matter" and the nerves that emerge from the vertebrae, which "cover and bind the whole earth together and all that is in earth and heaven" (71). Rele's book is part of a scientistic tradition going back to the nineteenth century of projecting contemporary anatomical categories onto premodern Indian concepts. Similar efforts are described by G. Jan Meulenbeld in this volume, using the example of the ancient Indian concept "*ojas*."

Nader updates Rele's "Vedic Science" considerably. His premise is that "human physiology (including the DNA at its core) has the same structure and function as the holistic- self-sufficient, self-referential reality expressed in the Ṛk [*sic*] Veda. The specialized components, organs, and organ systems of the human physiology, including all the various parts of the nervous system, match the 37 branches of the Vedic literature one to one, both in structure and in function" (vii). For example, Nader equates the sensory systems with the *Sāmaveda*, the hypothalamus with *vyākaraṇa*, pituitary gland with *nirukta*, the cerebellum with Vaiśeṣika, mesodermal tissues and organs with the *Caraka-Saṃhitā*, and voluntary motor and sensory projections with the *Mahābhārata*. As was Rele's volume, more than six decades earlier, Nader's book is dense with charts and detailed drawings of parts of the brain and nervous system. MAV practitioners need to know this, because the current practice at the Raj (and presumably other MAV facilities) is to evaluate the physical condition of the patient and determine which part of the brain or nervous system is associated with the afflicted body part. The nature of the affliction is in part discovered by resorting to ayurvedic analyses of *doṣa* imbalance, preferably through pulse diagnosis. The patient is then administered Maharishi Vedic Vibration Technology℠, about which the administrators are secretive. It appears, however, that once the source of the affliction is isolated in the brain or nervous system, mantras either from the Vedic or other orthodox texts associated with it are recited by Indian clinicians while they blow on or touch the afflicted body part.[14] This practice is clearly preferred at the Raj, though other ayurvedic therapies, including panchakarma, are also administered.

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MAV literature contains some of the key terms of lineages that argue for their exclusivity, including "complete and authentic," which is pitted against all others, whose traditions and knowledge are "incomplete and diluted." Further, as a "revival of the authentic knowledge and practice," others are disbarred from legitimacy. One can argue that such claims to exclusivity were rarely present in the early Vedic and ayurvedic literature and go against a tradition of text and practice in which eclecticism and borrowing were the norm. In this way, MAV has isolated itself from other modern ayurvedic institutions, at least in the United States. Two other factors also have contributed to the current status of MAV. First, it has raised its prices stratospherically for both treatment and medicine. This has placed it out of reach to all but the most committed and enthusiastic (and wealthy) followers of the TM movement. Second, it has become stridently opposed to allopathic medicine. In the early decades of MAV, consistent with Maharishi's early advocacy of expressing his ideas in terms of Western science, one of the requirements for becoming an ayurvedic practitioner at an MAV clinic was that the practitioner had to first hold the M.D. degree. Not incidentally, this partially protected the TM movement from lawsuits (but see Newcombe in this volume). In 2005, however, all of the Western allopathic doctors who had received extensive ayurvedic training were dismissed from their positions and replaced with Indian ayurvedic practitioners. This is consistent with Maharishi's general movement away from an integrationist position in recent years, his increasingly venomous and discordant campaign against democracy as a viable form of government, and his embrace of the idea of the ultimate value of all things ancient in India. As such, MAV, which was so influential in bringing Ayurveda to public awareness in the 1980s and early 1990s, has practically disappeared from the map of global Ayurveda in the middle of the first decade of the twenty-first century.

## Traditional Ayurveda in an Urban World

A fourth paradigm is modern practice in India, such as that described by Tirodkar in Pune. Before describing this, we should cite a statistic provided by Praful Patel, that 20 percent of BAMS (Bachelor of Ayurvedic Medicine and Surgery) graduates take hospital jobs, 10 percent go into private practice of Ayurveda, and 70 percent practice allopathic medicine.[15] This bears out the observations of Svoboda and Welch, who have had experience in the Ayurveda colleges in India. Though trained ayurvedic physicians who emigrate or travel in the West are trained in the same schools as those who not very surreptitiously practice allopathy, they are generally more committed to

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Ayurveda (though see Svoboda on this) and thus find themselves preaching to a choir that has grown to distrust Western medicine, medical practice, and medical institutions. In opposition to this, they valorize the noninvasive diagnostic techniques of Ayurveda, the medicines themselves, which admittedly are often slower acting but have few if any negative side effects, and the individual attention of physicians who treat the body as a whole unit rather than looking at parts of it in isolation.

With this in mind, Tirodkar examines a modern medical practice in Pune. She divides contemporary ayurvedic practice into four areas of her own, rather different from the categories we are using here, though no less valid. These are "traditional," "modern," "commercial," and "self-help." She provides vivid descriptions of "urban traditional practitioners" who are modernizing their practices (as they are modernizing their lives) in order to compete with the now-dominant allopathic model. Examples of this in the urban West are Dr. Ananda Samir Chopra's practice in Kassel, Germany, and Dr. Vasant Lad's practice in Albuquerque, New Mexico. These two practices, however, differ from each other significantly. Many of these differences are due to the regulatory mechanisms in Germany and the United States. The topic of regulatory mechanisms—or their absence—in India and the West is a big one, and it is addressed here (in the chapters by Dominik Wujastyk, Mike Saks, and Sebastian Pole). Dr. Chopra's success derives in great measure from his ability to accommodate to the Western allopathic institutional model. Indeed, he practices in a hospital that also has a Department of Internal Medicine/Naturopathy, a Department of Oncology, and a Department of Psychosomatic Medicine. This is hardly possible in the United States. Regardless of this, it is clear from his chapter here that he resorts to both ayurvedic and allopathic descriptions.

## AYURVEDIC LITERATURE IN THE WEST

In recent years, popular writing on Ayurveda has increasingly appeared in print and on the Internet. In comparison, a small amount is forthcoming from scholars and scientific researchers in technical publications.[16]

The contemporary literature of Ayurveda is an area of particular contestation. Ayurvedic literature written for a general audience usually contains a good deal of contextual information. This includes the lineage provenance of the authors, a feature that to a great extent is tied in with a targeted readership. For example, an author will typically consider it important to the reader of a book on Ayurveda to establish that he or she studied in the MAV system, or under Vasant Lad, Robert Svoboda, David Frawley, and others.

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Many authors could be credited, at least in part, with the spread of Ayurveda outside its homeland in India.[17] It is beyond the scope of this Introduction to discuss and critique all the media through which this spread has occurred over the past three decades, but a few of the more notable trends and books should be mentioned. We can divide the material into three major categories. The first includes books that introduce the basic principles of Ayurveda to a largely Western, nonmedically trained readership. The second consists of authors who apply basic ayurvedic information to specific topics. The third consists of books intended for a more serious readership, including students of Ayurveda, scholars, and casual readers who are interested in deeper levels of ayurvedic knowledge.

The four names that dominate the first category, at least in the United States, are Vasant Lad, Robert Svoboda, Deepak Chopra, and David Frawley. Lad and Svoboda hold BAMS degrees from the Tilak Ayurveda College in Pune, Chopra is an M.D. endocrinologist, and Frawley has both studied with Lad in Albuquerque and Dr. B. L. Vashta of Mumbai and obtained a Doctor of Oriental Medicine degree through a correspondence course from the International Institute of Chinese Medicine, Santa Fe, New Mexico. Each has authored multiple books introducing Ayurveda to Western audiences.

Perhaps the first non-academic book to introduce Ayurveda to the West was Lad's *Ayurveda: The Science of Self-Healing* (1984). Though Lad has authored a number of books, this one gained such popularity that it has been translated into more than a dozen languages and has been distributed in at least twenty countries. Lad was trained in India both traditionally (by his gurus, Hambir Baba and Vimalandanda) and formally, receiving, in addition to a BAMS degree, an MASc (Master of Ayurvedic Science) degree from the Tilak Ayurveda College. He is thus qualified according to Indian government standards, but he also locates himself in a traditional lineage. In this book, Lad shows his dedication to traditional Ayurveda, but he also demonstrates some of his acumen at expanding or acculturating the repertoire of Ayurveda. For example, he includes iridology among ayurvedic diagnostic techniques. Though this is not mentioned in any ayurvedic text of any period, he stoutly defends it as a practice that fits ayurvedic thinking: it is natural and noninvasive, and it reflects the whole or macrocosm in the part or microcosm. In this way he reads the history of Ayurveda as one of innovation and empiricism rather than one of strict adherence to the first millennium CE classical texts.

Almost as popular as Lad's book is Svoboda's *Prakriti: Your Ayurvedic Constitution*. Translated into about a dozen languages, it was first published in 1988 and continues to sell steadily. It introduces readers to ayurvedic principles in an authoritative yet engaging man-

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ner. Like Lad, Svoboda's authority is based on both formal and traditional education in India. His other major introductory book, *Ayurveda: Life, Health, and Longevity* (1992), also has been well received in the community of practitioners. It is a straightforward account that limits itself to discussion of Ayurveda from within the boundaries of ayurvedic concepts, without reaching for Western or allopathic parallels in order to frame or acculturate the topic.

While Lad's and Svoboda's books have been popular with more serious students of Ayurveda, Deepak Chopra's books introducing Ayurveda to the West have been runaway best-sellers. Chopra has achieved considerable fame by appealing to large general audiences, to people who are not necessarily comfortable with or interested in Sanskrit vocabulary or technical ayurvedic terminology but who are attracted by "quality of life" issues and the idea that a few basic ayurvedic concepts can enhance their lives. Thus he avoids the pitfalls of New Age discourse, ayurvedic concepts beyond the most basic ones, and the technical language of biomedicine. In articulating accessible concepts of mind-body medicine, Chopra has attempted to create a bridge between Ayurveda and Western biomedicine. He has generated considerable interest in Ayurveda in spite of the fact that he is not trained in it, except to the extent that he was influenced by the *vaidyas* associated with Maharishi Mahesh Yogi in the mid- to late 1980s, when Chopra was a close disciple of the Maharishi. Indeed, his books reflect his lack of formal training in ayurvedic medicine within India, that he is trained in Western medicine (he is an M.D.), and that he is more concerned with drawing overarching conceptual connections between medical systems than he is with entering into the details of diagnostics and treatment modalities. Chopra's books have not proven to be as compelling for serious students of Ayurveda, and indeed they are not part of the syllabus of any Ayurveda college or institute. Other books present ayurvedic principles in a much deeper and more text-referenced way. Nevertheless, Chopra's personal insights on how Ayurveda relates to Western science and his manner of integrating these insights with a spiritual, feel-good format remain appealing to a wide audience and are not irrelevant to the present orientation of serious ayurvedic education in the West.

David Frawley, who has adopted the name Vamadeva Shastri, is the founder of the American Institute of Vedic Studies[18] and a prolific author of books on "Vedic" subjects, including various aspects of Ayurveda. Although his books cannot qualify as university-level scholarship, they have been influential in many ayurvedic institutions in America. Though largely an autodidact, for a period of about ten years he regularly visited and studied under Dr. B. L. Vashta of Mumbai. His books have reached a large number of students eager for secrets

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to be revealed by following deep, underlying threads present in Ayurveda. Part of Frawley's ayurvedic approach is to relate Ayurveda to Indian astrology, Hindu practice, and Vedānta. Though much of Frawley's writing is set within a context of an overwhelming concern with proving the deep antiquity (and therefore, in his view, superiority) of Vedic and Hindu history, methodological positions with which professional historians and Sanskrit scholars take serious issue, Frawley has gained considerable respect in popular ayurvedic circles. Throughout his books he offers thoughtful perspectives, though it is not often clear whether he is writing from his own intuition or from authoritative sources, because he almost never acknowledges his sources. Frawley's most popular books on Ayurveda have sold more than 50,000 copies and the more specialized ones less than 5,000 copies.

Although these authors are unquestionably the most influential in the introduction of Ayurveda to the anglophone West, they are not the only ones to have written on Ayurveda for either the popular or the specialized marketplace. The 1990s brought a wave of authors, each of whom introduced the basics of Ayurveda in formats that appealed to various tastes and proclivities, and that generally presented traditional, basic information mixed with the discourse of other modalities. These authors fall into the second of the three categories enumerated earlier, books that address specific topics. Among the most visible of the authors who fall into this category is Maya Tiwari, whose *Ayurveda: A Life of Balance* (1994) addresses diet in a comprehensive manner.[19] Tiwari has adopted another name, Sri Swamini Mayatitananda, since this book was written. She is now, according to her Web site, "a preeminent spiritual Mother who emanates silence and wisdom. A world renowned spiritual teacher, she has helped transform thousands of lives with her healing presence. Affectionately called Mother, she fills a significant void in the world culture as nurturer, healer, educator—transforming disease and despair into health and inner harmony. Mother belongs to India's prestigious Vedic lineage—Veda Vyasa" (http://www.wisearth.org/).[20]

A few other books in this category capitalize on the romance of both India and alternative therapies. The comparatively burgeoning genre of ayurvedic cookbooks usually begins with an assessment of what is digestible, and thus maximally efficient to physical maintenance, according to Ayurveda. Foods are broken down according to how they influence the three humors, *vāta*, *pitta*, and *kapha*, and how they build up the digestive *agni*, or fire. In nearly all cases the end result is rather toned-down Indian food, most of it regional Indian cuisines recast as "ayurvedic." Two of the common features of the general introductory books on Ayurveda, including Chopra's *Perfect Health*, Douillard's *Mind, Body, and Sport*, and many of the others, are,

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