AYURVEDA

The modern faces of ‘Vedic’ healing and sacred science

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Introduction

Ayurveda, which means the sacred knowledge (veda) of longevity (āyus), is an Indic medical tradition with a history spanning more than 2,000 years. It is very much a living tradition and is widely practised in contemporary India and Sri Lanka, where it receives recognition and support from the respective governments. Recent decades have seen a growing interest in this tradition beyond South Asia, and the international market for Ayurvedic services and products is fast growing. Ayurveda’s foundational texts situate it in an early Brahmanic socio-religious context and claim for it the status of Vedic (divine, revealed), as opposed to worldly or mundane knowledge. As such, its characteristic features are ‘inerrancy and paramount authority’ (Pollock 1985: 503). In the traditional understanding, this is not speculative knowledge, and it is not provisional in the way that scientific truths are provisional, valid only so long as they have not been shown to be false or incomplete; instead, Ayurveda as contained in the earliest texts is truth. It is this legitimizing claim, especially in relation to its deployment in modernity, that is the central focus of this chapter.

Ayurveda’s encounter with modernity, and particularly with science and biomedicine in the nineteenth and twentieth centuries, led to a radical reinterpretation of this tradition, and an attempt to cast it within a largely secular and scientific medical framework. Despite this, the Vedic motif has persisted to the present and remains central to modern representations of Ayurveda. In the postcolonial Indian context, this motif is inflected with ethno-nationalist and religious sentiment. In transnational Anglophone networks, it is associated with ‘spirituality,’ ‘holism’ and the optimization of human potential. The term ‘Vedic’ as deployed in relation to Ayurveda in modernity shows a remarkable elasticity and stretches to subsume a range of new meanings and connotations as appropriate to different socio-religious contexts. The ‘Vedic’ appellation is deployed both as a basis for securing Ayurveda’s legitimacy and authority in modernity, and as a means to assert its superiority over modern science and biomedicine. It is thus critical to defining Ayurveda’s identity as a valid medical tradition alongside, and in a complex relation of assimilation-cum-resistance vis-à-vis, the hegemonic biomedical system. The discussion to follow starts with an exploration of legitimising claims made on behalf of Ayurveda in its earliest texts before going on to examine the strategic deployment of the term ‘Vedic’ to legitimize and promote this tradition in twentieth and twenty-first century narratives.
Ayurveda in the classical texts

Early knowledge about Ayurveda is contained in ancient Sanskrit texts, the Charaka Samhita (Charaka’s compendium) and Sushruta Samhita (Sushruta’s compendium), both dating back to the latter half of the first millennium CE. These texts lay the foundations of Ayurveda and, along with a third, the Astāṅgasaṃgraha (600 CE), are often described as the ‘great trio’ (brahtr-trayi). Three later texts are described as the ‘little trio’ (laghu-trayi). This categorisation indicates an early attempt to identify and organise the Ayurvedic canon (Benner 2005: 3). The texts provide detailed discussions of (among other things) types of disease, disease causation, methods of diagnosis, remedies, and the curative properties of different herbs and other medicinal substances. They also provide guidelines on daily routines necessary for maintaining good health, and specify the moral attitudes and values that are conducive to healthy and harmonious living.

It is not easy to pick one simple set of ideas as central to Ayurveda, given this tradition’s complex history and its multiple interpretations over the centuries. Nevertheless, the triad comprising humours (doṣa), body tissues (dhātu), and waste products (mala) is often seen as foundational to understandings of health and disease (Wujastyk 2003a: xvii). In Ayurvedic terms health prevails when the three humours in the body (vāta or wind, pitta or bile, and kapha or phlegm), in their interactions with tissues and waste products, are in a state of equilibrium. When this equilibrium is disturbed and the doṣas are aggravated and displaced from their usual locations in the body, normal body functioning is disrupted. This leads to disease. Treatment may entail alterations in diet and lifestyle, and the use of mainly herbal remedies. Traditionally, Ayurvedic therapeutic procedures include enemas, massage, bloodletting, douches, sweating, and surgery.1 Ayurveda has both preventative and remedial aspects. It offers practical advice on most aspects of day-to-day living (Alter 1999) and emphasizes moderation in all one’s activities, desires, and ambitions.

The ancient texts, especially the two earliest compendia, reflect the religious, moral, ethical, as well as literary and aesthetic sensibilities of the early Brahmanic world with its emphasis on ritual purity, social order and harmony with the cosmos. The early Ayurvedic texts claim that the knowledge they contain developed directly from the Atharva Veda, a collection of hymns and material in prose detailing rituals for such things as cures, fertility, healthy cattle, abundant crops, and victory over enemies. This claim has been contested by scholars on the grounds that there are marked conceptual and epistemological differences between the material of the Atharva Veda and the bulk of the literature in the early Ayurvedic compilations (Chattopadhyaya 1979; Wujastyk 2003a, 2003b; Zysk 1991).

There is some evidence to suggest that Ayurveda may in fact have developed outside Vedic society, among bands of ascetics who were indifferent, even antagonistic, to Vedic ritual orthodoxy. Buddhist ascetic groups in particular would seem to have offered a hospitable environment for the practice and development of the healing arts based on empirico-rational methods. The vast storehouse of medical knowledge that developed among these ascetic groups may well have been the source of what we now know as Ayurveda, designated as such after appropriation and assimilation by the Vedic Brahmans, possibly around the fourth or fifth centuries of the common era, when Buddhism was declining in India and there was a resurgence of Brahmanism (Zysk 1991).

Brahmanism and early Ayurveda

Ayurveda’s appropriation by Vedic Brahmans would appear to have resulted in the superimposition of a Brahmanic religious veneer over what was already a well-established medical
system. The early texts claim that the first specialist in medical knowledge was none other than the Hindu creator god, Brahma, and that Ayurvedic knowledge was passed down from the gods to a line of semi-divine sages who transmitted it to humankind. There is, in this understanding, no scope for improving upon this knowledge, since this knowledge was perfect when first revealed. This truth can get corrupted over time, but there is scope for recovering its purity by returning to the original revelation. All this must not be taken to mean that there has never been any innovation, new discovery, or originality in Ayurveda’s history. There has, but these novel elements are seldom seen as such; they are understood simply as the recovery, or rediscovery, of knowledge already contained in the earliest sources.

Ayurveda as presented in the earliest canonical texts is deeply infused with Brahmanic cultural preoccupations, values and religious themes. The Ayurvedic cosmology is based on the philosophical traditions of Samkhya-Yoga and Nyaya-Vaisesika (Larson 1993; Comba 2001). The texts acknowledge the four goals of life or purusārtha considered legitimate in Vedic society, those of dharma (righteous and dutiful conduct), artha (material wellbeing), kāma (sexual gratification) and mokṣa (liberation from the cycle of rebirths). Good health is seen as indispensable for achieving these goals. Dharma is a prevailing concern in the classical texts, and this concern manifests in different ways in discussions of disease and its treatment.

The classification of Vedic society into four categories of people (varṇa) is acknowledged in certain passages of the Charaka Samhita. Physicians are instructed to serve in the spirit of their particular varṇa-dharma. Ayurveda is to be practised as a favour by Brahmans (the Vedic ritual specialists), as a means of protecting the vulnerable by Kshatriyas (warriors and the kingly class), as a trade by Vaishyas (merchants and artisans), and as a service by Shudras (the servants of society). The practice of medicine in accordance with varṇa rules is thus part of dharmic living (Wujastyk 2012b: 153–154).

Conceptions of health and wellbeing

The early texts celebrate health as denoting much more than the absence of disease; they are centrally concerned with cultivating the body and the self, or attending to ātmahita (literally ‘that which is favourable to oneself’). To enhance one’s wellbeing is to be able to attend to one’s dharma, which in turn leads to the good life for the individual as well as society as a whole (Cerulli 2012). In their recommendations on how to strive for health and wellbeing, the texts set out a whole series of prescriptions on daily routine, personal hygiene, and rejuvenation. They carefully delineate methods and processes for the regulated management of almost every aspect of everyday life (Alter 1999).

The texts also specify the moral attitudes and values that are conducive to healthy and harmonious living. In Charaka’s compendium, for instance, there are clear injunctions that a good and healthy life (here and in the hereafter) requires that the individual must suppress the urge towards ‘impetuous and dishonourable deeds of mind, speech or body’ (Wujastyk 2003a: 17). Medical stories in the texts suggest that the state of being unwell is tied to states of being in the world, and the quality of suffering has not just bodily but also socio-moral causes. People are struck by disease because they behave in certain ways or harbour attitudes that lead them to pursue unhealthy goals or foster unhealthy relationships. ‘The ways a person attends to his or her dharma, the medical narratives of Ayurveda suggest, in due course bear directly on a person’s present lifetime, the atman’s journey through samsara, and the forms a person’s future lives will take’ (Cerulli 2012: 31). Alongside its somatic aspects, the body in Ayurveda thus also has a crucial moral significance; it provides the physical vehicle for the realisation of moral goals.
The early Ayurvedic texts include actions in past lives as a category of medical aetiology. Thus, the fruition in this life of bad karma in previous lives can cause suffering in the form of disease. Another potential cause of illness is demonic interference and possession. Such possession, often seen as a punishment for bad deeds, is believed to particularly affect women and children. The texts refer to astrological calculations that can reveal inauspicious planetary configurations and malefic planetary influences, which too are potential causes of disease and suffering. Remedial action may require rites and rituals for planetary propitiation (Dominik Wujastyk 1999). The Charaka Samhita also recognises the use of sorcery, spells, and amulets for healing. This forms part of the category of therapy based on recourse to divine entities which includes, among other things, the recitation of mantras, the use of amulets, ritual observances, the offering of gifts and burnt offerings, sacrifice to the gods, prostration before them, seeking their blessings, and going on pilgrimage.

The texts make no distinction between the ‘religious’ and ‘secular’ domains of life. This is an important point. Western scholarship on the early Ayurvedic texts in much of the twentieth century has tended to posit an opposition between those parts of the texts that are evidently based on empirico-rational principles and those seemingly based on religious belief, claiming that Vedic religious influences impeded this tradition’s logical development, causing it to stagnate and decline. This ‘science versus religion’ paradigm, as Engler (2003) notes, says less about Ayurveda, and more about the particular location of modern (or modernist) academia in a particular nexus of ideology and power rooted in scientism. This kind of approach is not particularly helpful. We may do better justice to early textual Ayurveda by acknowledging, as Zimmerman (1987) does, that the apparently ‘secular’ elements in these texts are deeply impregnated with religious vocabulary, and that the real and the imagined, the mundane and the mythological, the secular and the religious, all appear inextricably intertwined in the early Ayurvedic literature.

**Ayurveda, science, and biomedicine**

Textual production carried on over the centuries, with authors attempting to reinterpret and rework the canonical material, often in different vernacular languages. Over time, different schools of Ayurvedic practice and different regional traditions developed in the Indian subcontinent. Alongside the classical and textual versions of this tradition, a range of folk healing practices flourished. What we have in all of this is not a ‘system’ that is perfectly united doctrinally, but rather a tradition that encompasses a multiplicity of theories and practices. From the thirteenth century onwards, Ayurveda was influenced by Unani (the Indian version of Greco-Islamic medicine with roots in Galenic traditions; see Alavi, this volume). The humoral pathologies of both Ayurveda and Unani share much in common. Some of the key elements in Ayurvedic practice, such as the use of pulse diagnosis that is today seen as a measure of an Ayurvedic physician’s diagnostic skill, in fact owe their existence to the valuable exchange between Unani physicians and Ayurvedic practitioners (Leslie 1976: 356–357).

The development that has had the most profound and lasting impact on Ayurveda is the introduction of Western biomedicine to the Indian subcontinent by the British during the colonial period. In response to the growing hegemony of biomedicine and the perceived decline of Ayurveda, indigenous practitioners rallied together to try to revive this tradition at the close of the nineteenth century. Through much of the twentieth century these revivalists promoted Ayurveda on the grounds of its presumed ‘Indianness’ (and therefore cultural authenticity) and its sacred and Vedic provenance, contrasting this with the ‘foreignness’ of biomedicine. Paradoxically, however, they simultaneously borrowed heavily from the biomedical model in...
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their revivalist strategies. Their efforts to standardise, professionalise and rationalise Ayurveda entailed rewriting Ayurvedic texts in the fashion of modern biomedical texts, restructuring Ayurveda’s institutions and establishments in accordance with the organizational structures of biomedicine, and transforming its processes of training and methods of practice to match the hegemonic biomedical model.

Ayurveda’s growing engagement with the discourse and practice of science and biomedicine would seem to suggest that this tradition underwent a process of secularisation in the course of its ‘revival’ in the twentieth century. This is no doubt true to some extent. And yet the Vedic world depicted in the classical texts continued to exert a grip on the imagination of the revivalists. Even though they were deeply impressed by the accomplishments of modern science, they also believed literally in the sacred authority of the early texts (Leslie 1976: 364). As a result, their assertions of Ayurveda’s legitimacy in modernity relied on both its Vedic status and its presumed scientific underpinnings. The revivalists relied on the Orientalist claim that Indian civilisation (and traditions like Ayurveda) had attained dizzying heights of achievement in the ‘classical’ (Vedic) age, before subsequently falling into decline. Interpreting the early period of achievement in terms of a prevailing scientific spirit, they claimed that Ayurveda was the first and most ancient science. In this view, the theories and paradigms of science and biomedicine were already anticipated in Ayurveda’s ancient and divinely revealed body of knowledge. The revivalists believed that as modern science eliminated its mistakes and misconceptions, and progressively uncovered ‘ultimate’ and ‘absolute’ truth, it would move closer to the complete and perfect truths already contained in the canonical Ayurvedic texts. Ayurveda was thus at once divinely revealed and scientific, religious and secular. Science would not compromise the authority of divine revelation but would instead further validate it.

Modern institutionalized Ayurveda

It is noteworthy that despite the efforts of the revivalists, the medical system that has consistently received the bulk of governmental support and financial backing in post-colonial India has been Western biomedicine. It is only as late as 1970 that the Indian government for the first time accorded official recognition to Ayurveda as a national system of medicine, to be regulated and administered by the Central Council for Indian Medicine. An important step towards modernising Ayurveda was to develop an expanded college system that enabled mass training. This meant a break from the tradition of pupillage (a teacher passing his knowledge down to pupils, often within a family line, leading to the formation of medical lineages or schools). One of the biggest challenges in this respect was the disagreement between Ayurveda advocates on the content of the curriculum for training and the qualifications necessary for professional status (Brass 1972). In 1977, the Central Council of Indian Medicine formalised a curriculum that was to be adopted by all accredited Ayurvedic educational institutions. Those candidates who successfully completed the five-and-a-half-year training programme would be awarded the degree of Bachelor of Ayurvedic Medicine and Surgery (BAMS). The curriculum not only matches the biomedical framework in the organisation of its syllabus but also incorporates significant elements of instruction in biomedicine, particularly in such areas as human anatomy and physiology (Langford 2002: 115–116), without, however, any systematic effort to establish possible areas of compatibility between the two approaches. The moral, metaphysical, magical, and ritual elements of the classical texts have largely been eliminated from this redesigned, modernized Ayurveda. There is minimal reliance on Sanskrit training, which means that the literary aesthetic and worldview of the classical works is closed off to modern students, most of whom are products of a Westernized system of school education.
Practitioners typically offer their services in modern clinics and hospitals, focusing mainly on remedial medicine. Medicines (previously customised remedies prepared in the homes of patients or the kitchen of the physician) are now mass-produced as standardized therapeutic remedies by pharmaceutical companies (Banerjee 2009; Bode 2008). This professionalized Ayurveda is thus largely confined within modern institutions, and its products and services follow the logic of the market. This is not to say, however, that Ayurvedic practice across India has now become formalized into a ‘system’; studies show that practice varies across different regions with local versions often retaining their own distinct identity and discrete history. Ayurvedic practice also continues to incorporate a range of other healing traditions including for instance yoga, naturopathy, folk traditions, and ‘New Age’ psycho-spirituality.

Ayurveda, spirituality, and Hindu nationalism

The assimilation of biomedicine into the professionalised version of Ayurvedic training and practice is accompanied by a discourse of resistance to biomedicine’s hegemony and the moral condemnation of its methods, products, and services. Popular narratives contrast Ayurveda’s ancient and ‘sacred’ origins with biomedicine’s relatively recent and mundane history. Ayurveda is represented as a natural, ethical, and humane tradition, and Ayurvedic products as wholesome and nourishing, returning the individual to a state of natural balance. Biomedicine and biomedical products are criticized for fostering drug dependence, for their adverse side effects, and for undermining the body’s natural ability to restore balance and health. Biomedicine is critiqued for merely relieving the symptoms of disease and not tackling its root causes; Ayurveda is valorised as working from ‘deep within’ to restore health naturally and holistically (Langford 2002; Bode 2008).

Ayurvedic practitioners, moreover, are often portrayed as spiritually enlightened wise men and women who practise their craft in a selfless and ethical manner in the interests of promoting individual as well as collective harmony and wellbeing. They are contrasted with their biomedical counterparts, who are portrayed as greedy and exploitative. Implicit in these assertions is a critique of capitalism, Western-style modernization, and the attendant processes of commercialization and commodification. Ayurveda, though itself modernized and commercialized in every sense, comes to be represented as an antidote against these proclaimed ‘ills,’ and as symbolic of a superior form of modernity marked by bioethics, moral restraint, moderation in all things, and spirituality (Langford 2002).

Promotional literature on Ayurveda taps into the idea, in circulation since the closing decades of the nineteenth century, of India as a land of spirituality. Popular accounts of Ayurveda depict India as a land of traditional wisdom, mystical and esoteric insight, and spiritual prowess. Promoters and practitioners ‘employ potent neo-Orientalisms, promoting Ayurveda as spiritually attuned, anti-materialist, and non-violent, in contrast to biomedicine’ (Langford 2002: 17). India’s so-called spirituality in these popular discourses is contrasted with what is stereotypically portrayed as the ‘shallowness’ and ‘fragility’ of the ‘materialistic’ West (Langford, this volume). They are, in essence, accounts of ‘Indiaanness’ and are trenchantly nationalistic.

The ‘India’ in these accounts is not a diverse and inclusive cultural entity; instead, it is defined (often implicitly) in terms of an exclusively Hindu identity. Promotional discourse on Ayurveda as an authentic Indian cultural product is rooted in Hindu mythology (Bode 2008: 178–179). Among the iconic features of this discourse are veneration of mythical semi-divine sages, a range of Hindu gods, the Himalayas (as sacred mountains, home to the great god Shiva...
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and also the source of potent medicinal herbs); and Hindu śāstra (sacred texts, believed to contain absolute truth). Promotional narratives typically portray ‘foreign’ influences in India (under Muslim rulers and British colonisers) as having been deleterious to Ayurveda’s development. In their anti-Muslim and anti-Western rhetoric, these narratives resonate with the discourse of Hindu nationalism in India, whose resurgence since the 1980s climaxed in 2019 with the election to power of the Hindu nationalist Bharatiya Janata Party (BJP) for a second successive term to head India’s central government.

Ayurveda also finds a prominent place in the discourse and practice of popular gurus in India, and a range of guru-led organizations provide Ayurvedic products and services. A particularly noteworthy promoter of Ayurveda in contemporary India is the yoga guru Ramdev, who portrays himself as an ascetic or yogi, and has a significant television presence through his daily broadcasts on health and fitness on the Aastha television channel, one of the many ‘spiritual channels’ available on Indian television networks. He is known for his vastly popular yoga shivir or fitness camps, which attract thousands; these camps seek to train people en masse in the techniques and benefits of yoga. His organization runs a ‘Patanjali Ayurved’ hospital and a ‘Divya Yog’ pharmacy, both of which form part of his supremely ambitious plans to restore health, strength and cultural pride to Indians understood to be led astray by the forces of globalization and Westernization.7

Ramdev claims that his fitness programme enables individuals to control their bodies, prevent disease, and nurture spiritual wellbeing. Modern science has pride of place in this vision, with the Ayurveda hospital boasting not one but multiple research wings, and the organisation stating that its foremost objective is to create a disease-free world ‘through a scientific approach to Yoga and Ayurveda.’8 His promotional discourse reproduces all the neo-Orientalist themes discussed so far (Ayurveda’s Vedic and sacred origins, its pride of place as an indigenous tradition, its spiritual and scientific basis) and is strongly Hindu nationalist as well as anti-Western in its tone. It also has a strong ‘biomoral’ underpinning—here the body becomes a tool for moral and spiritual striving, and Indian consumers are exhorted to fulfil their moral obligation to the nation and to their forebears (the Vedic sages) by consuming only that which is Swadeshi (native or indigenous; Khalikova 2017).

Meanwhile, towards the end of the 1990s, the Indian government recognised the potential of Ayurvedic tourism in India, and undertook to encourage hoteliers to offer facilities for Ayurveda and yoga, and develop resorts offering treatment in these traditions in collaboration with state tourism authorities (Islam 2012: 226). This new development served as a major impetus not just for the hospitality industry but also for Ayurvedic drug manufacturers, soon generating potential for export even as overseas interest in Ayurveda grew (Banerjee 2009). There has, over the years, been a mushrooming of Ayurvedic resorts and spas in different locations in India, particularly in coastal areas of scenic beauty. These resorts deploy aggressive marketing campaigns to attract health tourists, both from within India and overseas. Most visitors seek treatments that promise such results as rejuvenation, stress relief, beauty enhancement, and weight loss (Cyranski 2016). Treatment packages typically include yoga and meditation sessions, Ayurvedic oil and massage therapies, sweat baths, counselling on diet and lifestyle, and even discourses on ‘Indian spirituality.’ Ayurvedic therapies in these contexts are publicised as natural, green, non-invasive, and gentle. Practitioners describe the treatments in terms of their powerful ‘psychotherapeutic’ effect especially when addressing Western clients, many of whom seek out Ayurveda to satisfy their ‘consumerist longing for ethnospiritual renewal’ (Langford, this volume, and 2002: 269).
Ayurveda in the Anglophone mind-body-spirit milieu

Ayurveda came to the attention of Western (mainly American and European) audiences from the 1980s onwards, and has come to occupy a significant place in transnational Anglophone holistic health networks alongside other systems of ‘Complementary and Alternative Medicine.’ The number of promoters and practitioners of Ayurveda in the West has grown since the 1980s. Ayurveda’s development in Europe and America has seen its uptake by non-Asian practitioners and clients. Its appeal and popularity therefore extend well beyond immigrant South Asian populations.

There is a great diversity of Ayurvedic practice in this milieu, making any kind of generalisation problematic. As in modern South Asian tourist-centred contexts, here too one of the more visible manifestations of Ayurveda is the Ayurvedic spa or retreat promising soothing treatments often in scenic environments. Treatment programmes promise detoxification, the calming of aggravated doṣas, rest and relaxation, and revitalised bodies and minds. The main form of treatment is panchakarma, often described as a process of detoxification, and divested of its more rigorous and demanding elements like emesis and purgation (see Langford, this volume). Treatment, usually in the form of soothing massages and oil applications, is presented as gentle, natural and green, highlighting what Zimmerman (1992) describes metaphorically as Ayurveda’s ‘flower power.’ Practitioners often combine their Ayurvedic ministrations with a range of other therapies.

Whereas in India (and Sri Lanka) Ayurveda is a state-recognised system of medicine with standardized training programmes and eligibility criteria for practitioners, this is not the case in most Euro-American contexts. Instead, a range of establishments, big and small, advertise a bewildering variety of courses, very few of which are formalized and accredited by government-approved institutions. In the absence of regulation, it is often difficult to differentiate between practitioners in terms of their levels of qualifications and expertise. Most government bodies tend to perceive traditions like Ayurveda with considerable distrust, not least on the grounds that they are not based on recognisably scientific principles. In some contexts, stringent laws curtailing access to Ayurvedic pharmaceutical products further constrain practice. The result is that Ayurveda often takes the form not so much of remedial medicine but of wellness therapy (though there are significant exceptions), and practitioners take the role of therapists and counsellors, rather than doctors or physicians.

Scholars have noted that practitioners in Euro-American ‘alternative’ and ‘holistic’ health networks tend to place a high value on spiritual ‘seekership.’ This is certainly true of Ayurveda practitioners, many of whom describe their interest in Ayurveda as stemming from an interest in Indian spirituality. Spiritual seeking here is often an inward-focused quest—the aim is self-empowerment through self-understanding and the optimization of one’s human potential. As I have noted elsewhere (Warrier 2018), the holistic health sector in the West reflects the influence of popular psychology and therapy culture (Illouz 2008). Health-seeking behaviour tends to be based on the belief that individual responsibility, self-reliance, moral strength, and voluntarism can lead one to happiness, prosperity, health, and wellbeing.

Ayurvedic counsellors and guides seek to empower the client towards this end by enabling self-understanding in terms of one’s humoural constitution. They typically administer a questionnaire for determining whether the client is predominantly a vāta, kapha, or pitta ‘type’ (or a type based on a combination of humours). Doṣa-typing becomes a tool for self-examination and self-development (Warrier 2018). The doṣas are no longer simply indices of health and disease (as in the traditional Ayurvedic understanding) but markers of a fixed set of bodily and temperamental traits somewhat reminiscent of the personality types developed by
psychologists (like, for instance, the Myers Briggs Type Indicator). Ayurveda, true to the ethos in the holistic health sector, is now about ‘self-description, self-reification, and self-enframing’ (Langford 2002: 59). The ultimate aim is self-development to one’s fullest human potential through elaborate dosha-based self-cultivation and self-nurture.

References to the Vedic legacy remain central to popular discourse on Ayurveda in Anglo-American networks of holistic health. Here too there is an emphasis on this tradition’s ancient, Indian provenance and on its presumed ‘spiritual’ and ‘scientific’ basis. However, the narrative is, for most part, not nationalistic in orientation; instead there is a universalization of the Vedas in general (and of Ayurveda in particular) to denote an ancient wisdom that points beyond modern science and biomedicine to a deeper and more profound realm of healing that can benefit all humanity.

**Meditation and consciousness-based medicine**

Maharishi Mahesh Yogi, the founder of the Transcendental Meditation movement, was one of the pioneers to bring Ayurveda to the attention of a Western audience. He placed the Vedas at the heart of his spiritual and healing agenda. Claiming that the Vedas had been misinterpreted over the ages, and that this had led to the world’s spiritual degeneration, he defined his spiritual mission in terms of saving Vedic traditions from further decline, restoring their true meaning, and making them readily available to all humanity. He also sought to build a bridge between the Vedas and modern science in order to formulate ‘an integral science of life, combining the latest discoveries in modern physics with the timeless wisdom of the Veda’ (Jeannotat 2008: 290). His version of Ayurveda, trademarked as ‘Maharishi Ayurveda’ was his attempt to ‘revive’ this tradition and restore it to completeness; it combines dosha-based diagnosis, remedies based on the ingestion of herbal preparations, and (the Maharishi’s version of) panchakarma with treatment modalities which do not conventionally form part of the Ayurvedic repertoire. These include, apart from, Transcendental Meditation, also health practices based on healing sounds, music therapy, and aromatherapy. According to one of its advocates, Maharishi Ayurveda is ‘consciousness-based medicine’; it deals with ‘the full range of the patient’s life—the body, mind, behaviour, environment, and most importantly, the patient’s consciousness, his or her “innermost life”’ (Sharma 1996: 243).

Deepak Chopra, Mahesh Yogi’s one-time protégé and best-selling author of numerous publications on health and wellbeing, also places the Vedas and consciousness right at the heart of his understanding of Ayurveda. The term ‘Veda’ in his view refers not a particular tradition or a corpus of texts but to the experience of awakened/altered consciousness.

When it [the mind] is thinking, it is all activity; when it stops thinking, it returns to its source in silence. Only then, when the mind touches pure awareness, will the real storehouse of Veda be located. The experience of Veda therefore is not ancient or even particularly Indian. It is universal and can be had at any moment by any person.

(Chopra 1990: 174)

Based on this universalized and decontextualized understanding of the Vedas, Chopra reinterprets Ayurveda as a system ‘for curing delusions, for stripping away the convincing quality of disease, and enabling a healthier reality to take its place’ (Chopra 1990: 189). Ayurveda is now mind-body medicine, and mind-power is accorded primacy over the body in approaches to health and disease (Warrier 2018, 2019). Chopra sees an affirmative attitude, mental courage, faith and optimism as indispensable to fighting disease and maintaining good health.
Victimhood and negative emotions, he notes, impede health. ‘Life,’ he writes, ‘is a field of unlimited possibilities’ (Chopra 1990: 212). We all ‘have the power to make reality’ (ibid., 219). This, he claims, is the essence of the Vedas.

Chopra was a biomedical doctor in the US specializing in endocrinology before he turned his attention to Ayurveda. In his writing, he explains at considerable length the limitations of the biomedical system and advocates a form of ‘integrated health care.’ The Chopra Center website describes Ayurveda as a ‘powerful system of personalized healthcare, offering a whole person approach to wellness that incorporates mind, body and spirit.’ 12 One of the most controversial aspects of Chopra’s work is his attempt to explain his version of Ayurveda (which he refers to as ‘quantum healing’) in terms of quantum physics. He uses a range of concepts borrowed from quantum theory in some of his expositions on the mind-body relationship, perhaps in a bid to claim scientific legitimacy for his theories. This has undermined his credibility to some extent; scientists have publicly accused him of distorting and misrepresenting quantum theory and of misleading the public.

Some of the more popular Anglophone promoters and practitioners of Ayurveda in Western holistic health networks (including Chopra and Mahesh Yogi) weave aspects of Ayurvedic healing together with elements from other traditions deemed ‘Vedic’ in order to develop a grand armamentarium of Vedic healing approaches and tools. Most popular works on Ayurveda incorporate a discussion of postural and/or meditational yoga, treating these as deeply interlinked ‘Vedic’ traditions.13 Well-known US-based advocates of Ayurveda such as Vasant Lad, Robert Svoboda, and David Frawley innovatively conceptualise Ayurveda, yoga, and tantra as together forming a ‘Vedic’ triad dealing with interconnections between body, mind, and spirit.14 Writers like Frawley and Lad often also draw into their discussion such practices as astrological prediction, the use of gems and precious stones for health and wellbeing, mantra chanting, and even the worship of deities, all of which are recommended as ancient ‘Vedic’ healing practices that, in combination with Ayurveda, can be harnessed for the wellbeing of mind, body, and spirit in the modern world. Describing Ayurveda as ‘Vedic’ rather than ‘Hindu’ enables these authors to side-step the negative meanings (dogmatism, authoritarianism) that participants in the holistic health milieu associate with ‘religion,’ while still hinting at the ancient and exotic. Given the fuzziness in popular understanding of what the term ‘Vedic’ might in fact mean, promoters and practitioners of Ayurveda are able to offer often novel and creative solutions to perceived modern-day problems while claiming for these solutions the legitimacy of timeless tradition.

Concluding remarks
As noted at the outset, the description of Ayurveda as a sacred and ‘Vedic’ tradition has had resounding significance throughout Ayurveda’s development in modernity, both in its home context and overseas. The term ‘Vedic’ has been attributed different meanings and has served multiple agendas over the ages. At a fundamental level, the ‘Vedic’ appellation points to Ayurveda’s origins in antiquity as a sacred and divinely revealed tradition, comprising truths that are valid for all time. The early description of this body of knowledge as ‘Vedic’ may point to its appropriation and legitimization by Brahmanic society in the fourth or fifth centuries CE. In the twentieth and twenty-first centuries, advocates and promoters of Ayurveda have continued to deploy the term ‘Vedic’ in their efforts to legitimise this tradition in a modern context of biomedical hegemony, using it as a means to simultaneously assimilate as well as resist biomedical’s international dominance.
In India, legitimizing claims for modernized Ayurveda as a ‘Vedic’ tradition feed into assertions of Hindu-centred cultural pride and religious nationalism. In Anglophone networks of holistic health, the ‘Vedic’ takes on aspects of contemporary therapy culture and popular psychology, and becomes transformed into a universal resource for self-knowledge, personal growth, health-optimization, and self-actualization. In all of this, entrepreneurs and promoters seek to develop a sense of modern Ayurveda’s continuity with an imagined Vedic past though such continuity has in fact long been broken, and Ayurveda today is largely disembedded from its traditional contexts. They seek to develop new ‘chains of memory’ (Hervieu-Léger 2000) by inventing a ‘Vedic’ assemblage of tips and techniques for health and wellbeing—multiple, fragmentary, diffuse, and disassociated though these may be—which promise some kind of symbolic and practical ‘recharging’ of shared understandings of Ayurveda in the present. Claiming to command fresh insights into ‘authentic’ Ayurveda, these entrepreneurs bring (their multiple versions of) Vedic ‘truth,’ filtered through a contemporary lens, to national and global audiences hungry for practical guidance and spiritual wisdom on healthy and holistic living.

Notes

1 Introductory overviews of the Ayurvedic understanding of the body and bodily processes, disease and its treatment are available in the writings of Dominik Wujastyk (1993, 2003a, 2003b) and Benner (2005).

2 In the traditional Indian understanding, these are characteristic features of the entire corpus of texts and body of knowledge classified under the categories veda and shāstra (Pollock 1985).

3 Meulenbeld (1999–2002) provides a comprehensive overview of this literature.

4 Claims about Ayurveda’s indigeneity are somewhat compromised when we consider that historically Ayurveda’s development took place not just in parts of what is now India, but also in Pakistan, Afghanistan, Nepal, Bangladesh, and Sri Lanka, through the extensive exchange of ideas and information, resulting in significant overlap between key concepts in Ayurveda and those in various other Asian medical systems (Alter 2005: ‘Introduction’).

5 A new Department of Indian Systems of Medicine was set up in 1995, subsequently renamed the Department of AYUSH (an acronym for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) in 2003. In November 2014, a separate Ministry of AYUSH was set up; this meant a separate budget and an elevation in status for these traditions, though still not on a par with biomedicine.

6 For insights into the range of such permutations and combinations see, for instance, Langford 2002; Nichter 1980, 1981; Nordstrom 1988, 1989; Sax and Nair 2014.

7 Recent studies of this guru include Chakrabarti 2012; Chakraborty 2007; Gupta and Copeman 2019; Khalikova 2017; Sarbacker 2013.


9 Naraindas (2011) provides one of the few available ethnographies of an Ayurvedic ‘spa’ located in a European context. His study offers interesting insights into the ‘poly-therapeutics’ of a German practitioner who uses an array of diagnostic approaches and treatment methods to address the diverse problems presented by his patients.


11 Academic discussions of Maharishi Ayurveda are available in Humes 2008; Jeannotat 2008; Newcombe 2008; Reddy 2000.


13 Frawley 2002: 5; Lad 2004: 113. For recent scholarship examining the yoga-Ayurveda connection see Birch 2018; Dominik Wujastyk 2012a; Wujastyk et al. 2017.

**Bibliography**


