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Seekership, Spirituality and Self-Discovery: Ayurveda Trainees in Britain

Maya Warrior

Abstract

This paper examines the backgrounds and motivations of persons trained or training as Ayurvedic practitioners at two London-based institutions offering Ayurveda programmes at undergraduate and postgraduate levels. It draws upon in-depth interviews with individuals at various stages of their training and practice in order to examine the paths that bring them to Ayurveda, their motivations for undergoing training, and the ways in which they apply their knowledge of Ayurveda during and after their training period. The findings here corroborate what other scholars have demonstrated in the case of Asian traditions like Yoga and Ayurveda in the West; these traditions have inevitably undergone shifts in meaning by virtue of their assimilation into the Western, in this case British, holistic health milieu. Most significant in Ayurveda's case is the shift away from a preoccupation with remedial medicine (the bedrock of mainstream Ayurveda in modern South Asia), to a focus on self-knowledge and self-empowerment as a path to 'holistic healing' (understood to address mental and spiritual, not just physical, wellbeing). Even though the Ayurvedic curriculum transmitted at the educational institutions in London is based largely on that taught at Ayurveda colleges in India, the completely different orientations and dispositions of students in Britain (as compared to their South Asian counterparts) ensures that the Ayurveda they go on to apply and practise is radically different – this is 'spiritualised' Ayurveda, in radical contrast to the 'biomedicalised' version obtaining in modern mainstream South Asian contexts.

Keywords

Ayurveda; New Age; subjectivisation; spiritualisation; biomedicalisation; seekership; healing; holism; self-discovery; authenticity

Over the last century, Ayurveda has undergone transformation as a result of its engagement with modernity in its multiple forms. Whereas in South Asia this engagement -- during and after the colonial period -- has resulted in the revision of mainstream Ayurveda to fit scientific and biomedical paradigms, in the contemporary Western context, it has led to the recasting of this tradition in what I refer to as a 'spiritualised' mould. Some scholars refer to the spiritualised form of Ayurveda in the West as 'New Age' Ayurveda, since it displays many of the features associated with what are loosely classed as 'New Age' phenomena.¹ Ayurveda in its spiritualised form is very much a product of what Heelas and Woodhead *et al.* describe as the subjective turn in Western societies – a move away from submission to

¹See for instance ; ,; ,; , identify four paradigms of global Ayurveda, one of which is New Age Ayurveda; however a further two of the four paradigms they set out ('Ayurveda as mind-body medicine', and 'Maharishi Ayurved') share, in large part, what are usually identified as 'New Age' characteristics.

external religious authority towards reliance on personal experience and experimentation in matters relating to faith, the realm of the sacred, as well as morality and visions of the good life.² The subjective turn, as these authors note, is particularly evident in Britain's holistic health milieu where practitioners trained in a range of so-called complementary and alternative medical (CAM) traditions from different parts of the world offer healing and therapy in ways that are understood to be 'holistic' – addressing the mind, body and spirit of their clients. Ayurveda, a relatively new entrant to Britain's thriving health sector, has gained increasing recognition within this holistic milieu since the 1980s, and particularly in the opening years of the new millennium³.

Studies on New Age Ayurveda have to date tended to focus on well-established practitioners and promoters of Ayurveda in the West, and particularly on the popular writing authored by these individuals. There have been no studies examining students' engagement with Ayurvedic training programmes offered in North American and European institutions, and the ways in which they go on to practise Ayurveda after course completion. This paper will address these issues by drawing primarily upon in-depth interviews conducted with individuals trained or training at two institutions in Britain offering Ayurveda courses; these are the Ayurvedic University of Europe, and Middlesex University, both based in London⁴. In what follows, I will first provide a brief overview of Ayurvedic training in the Indian context before going on to explore the situation in the UK. By examining students' motivations for enrolling on the Ayurveda programmes in London, the routes that lead them to these courses, the sources of authority they rely on, and the Ayurvedic healing these new generations of experts subsequently practise, this paper will offer insights into some of the factors shaping Ayurveda in Britain.

Mainstream Ayurveda in contemporary India

Ayurveda in contemporary India, though it is central to the provision of health services nationwide, reflects the hegemony of biomedicine in the subcontinent, and the Indian government's deep commitment to biomedical institutions and practices. The government has various acts and councils in place to regulate and control the practice of Ayurveda, provide professional training, and standardise education and qualifications. Ayurvedic institutions and colleges in India are based on the institutional and organisational model provided by biomedicine. Ayurveda's professional associations, its medical journals and popular tracts, its colleges and hospitals, and its pharmaceutical companies are all today thoroughly biomedicalised.⁵

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³Cf who argues on the basis of her recent socio-historical study that the development of yoga in Britain does not provide support for Heelas and Woodhead's conception of a subjective turn in British popular culture.

⁴This study is part of a larger research project, funded by a Wellcome Trust project grant, exploring Ayurveda in contemporary Britain. Among the primary resources used are (besides interviews with students), also interviews with course providers and practitioners; participant-observation at seminars, CPD events, workshops and retreats focusing on different aspects of Ayurveda; promotional websites and popular books on Ayurveda; and policy documents produced by the government and various professional groups in Britain's 'Complementary and Alternative Medicine' sector.

⁵On the development of the standardised, modernised and biomedicalised form of mainstream Ayurveda prevalent in India today, see ; ; , ; and . and , both Ayurveda practitioners, provide insightful accounts of some of the problems dogging modern Ayurveda in its home and overseas contexts.

The standardised curriculum taught at Ayurveda colleges in India is designed by a government-run body, the Central Council for Indian Medicine, which oversees the provision of Ayurvedic teaching in India. The undergraduate Ayurveda degree is the integrated Bachelor of Ayurveda and Medical Surgery (BAMS). As Jean Langford, in her insightful work on Ayurveda in post-colonial India, explains, the standardised BAMS curriculum is organised primarily around a modern division of subjects rather than around particular Ayurvedic texts or topics⁶. The syllabus includes ancient and medieval classics, as well as dozens of textbooks organised along modern lines and written in an expository textbook style entirely different from the poetic logic and literary aesthetic underpinning the classical works. It is divided up into such subject areas based on the biomedical model as anatomy, physiology, pathology, diagnostic techniques, pharmacology, pharmacodynamics, mineralogy, toxicology, dispensing, and internal medicine. Ayurvedic theory, which traditionally does not make the same divisions and classifications, has thus been reconfigured to match the biomedical paradigm. Additionally, this formalised curriculum has been cleansed of all magical and ritualistic elements, which, though they had previously existed alongside supposedly rational therapeutic modalities, have since been deemed 'primitive' and 'backward'.

The standardised course curriculum in Ayurveda colleges also incorporates significant elements of instruction in biomedicine, even though there is no systematic effort to establish the elements of compatibility and / or incompatibility between the two systems. Ayurvedic subjects are taught primarily in the classroom; biomedical subjects are taught primarily in laboratories and hospital wards.⁷ Aspiring entrants to both biomedical and Ayurvedic study programmes, as also to training programmes in other branches of healthcare including dentistry and the veterinary sciences, sit for a common entrance exam. While top achievers are absorbed into biomedical colleges, others get relegated to one of the 'lesser' programmes including Ayurveda. Thus in practice if not in theory, Ayurveda clearly occupies a position of inferiority vis-à-vis biomedicine. Students entering Ayurveda programmes are therefore, for the most part, not driven by motivation to study Ayurveda for its own sake; they merely settle for what is considered second-best after failing to make the grade for the coveted MBBS degree in biomedicine.

The students admitted are products of a Western system of school education with little or no background in Indian classical philosophy (which underpins classical Ayurveda) or in Sanskrit (the language in which the classical texts are written). They find themselves adrift in a world of Ayurvedic concepts and categories that are completely alien to the scientific model. Students in the few years of their training are unable to acquire either the familiarity with Sanskrit or the exposure to classical modes of thought and reasoning that would be necessary for them to understand the full context and depth of the principles and methods underlying Ayurveda.

In addition to this, barring significant exceptions, Ayurvedic training in these colleges tends not to be adequately focused on the practical application of Ayurveda's principles and

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7. Ibid.

methods. Not all colleges are integrated with Ayurvedic hospitals, with the result that students often assimilate theoretical concepts with little understanding of their application in real situations. Often clinical training is obtained not at Ayurvedic hospitals but in biomedical ones, where students find themselves further removed from Ayurvedic precepts and practices. Moreover students get little or no exposure to India's few surviving folk traditions which can offer rich insights into local systems of healing and cure.⁸ Many of these traditions have gradually fallen into disuse as a result of India's relentless march towards 'modernisation'. After completing their training a high proportion of students go on to practise biomedicine using the biomedical knowledge learnt in the course of their Ayurvedic training.⁹

Despite all this, there is no dearth of Ayurveda graduates going on to set up practice as *vaidyas* or Ayurvedic physicians in clinics throughout India. Ayurvedic practice remains a fairly lucrative business option in the Indian context. The Ayurvedic worldview and lifestyle, previously part of the traditional way of life, is now increasingly confined within modern institutions like clinics and hospitals. Although Ayurveda has a strong tradition of health maintenance and disease prevention, Ayurvedic practice in modern India tends to focus mainly on its remedial aspects.¹⁰ In other words, the practice tends to be largely disease-oriented – patients come in with complaints for which specific remedies are prescribed.¹¹ In this respect too, Ayurveda has come to resemble the biomedical model, such that the state of disease is pathologised whereas health is presumed to be the unproblematic norm.

Consultations at Ayurvedic clinics are not unlike those at clinics run by general practitioners trained in the biomedical system – the *vaidya* examines the patient, studies any biomedical reports, X-rays or test results that the patient may have obtained, writes prescriptions, and in some cases also dispenses medicines. The medicines, unlike the traditional concoctions made at home from fresh herbs, are mass-produced by pharmaceutical companies and have longer shelf-lives.¹² The time spent on consultation tends to be short so that the (usually long) queues of waiting patients can be accommodated, and patients are told to report back after a specified period.

Ayurveda as it is taught and practised in contemporary India thus tends to be disembedded both from its classical context and from the rich traditions of folk healing that have developed over the centuries in parts of rural India. It is a hybrid tradition, modelled on biomedicine in most respects and therefore lacking integrity either as a traditional system or as western biomedicine. Alongside this biomedicalisation at the level of practice, however, at the level of discourse, Ayurveda has come to be reinvented as symbol of 'authentic' Indian tradition and culture. Langford points out how promoters and practitioners of Ayurveda in India 'employ potent neo-orientalisms, promoting Ayurveda as spiritually attuned, antimaterialist, and non-violent, in contrast to biomedicine'.¹³ In popular discourses,

⁸See .

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¹¹Significant exceptions are the Ayurvedic luxury resorts, spas, and massage clinics mushrooming across many of India's tourist destinations over the last decade which offer expensive 'relaxation' and 'rejuvenation' treatments to affluent clients, mostly from overseas.

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Ayurveda thus simultaneously takes on forms of the modern (in terms of its professionalized, institutionalised and biomedicalised practice) while also retaining the promise of deliverance from modernity (as an antidote to modernity's excesses as described in promotional literature). These accounts of Ayurveda are in essence accounts of 'Indianness', where India appears as a land of 'modern' capabilities, as well as 'traditional' wisdom, mystical and esoteric insight, and 'spiritual' prowess. India's so-called 'spirituality' in these popular discourses (which invariably have strong nationalistic and often anti-Western underpinnings) then comes to be contrasted, with what is portrayed as the 'shallowness' and 'fragility' of the 'materialistic' West. In many respects the scenario in Britain provides an interesting contrast to that in India, and it is to a discussion of Ayurveda in Britain that I will now turn.

Ayurveda in Britain's holistic milieu

The first Ayurvedic training programme in Britain was started by the so-called Ayurvedic Company of Great Britain based in London and was initially accredited by London's Thames Valley University. From 2004 this educational venture ran under a new name, the Ayurvedic University of Europe. It was no longer attached to Thames Valley, but continued to be delivered at London, now through a tie up with the Manipal Academy of Higher Education in South India¹⁴. A second educational establishment, the College of Ayurveda, came to be set up by a Sri Lankan Ayurvedic practitioner based in Milton Keynes. This programme, validated since 2005 by Middlesex University, is now offered on-campus in London, and has developed into a full-fledged course with both undergraduate and postgraduate components.¹⁵

Although the two educational ventures had little to do with each other in the early days, the government's move to regulate Ayurveda in Britain in the early part of this decade led to discussions between the course providers about developing a standardised curriculum for Ayurveda graduates in Britain. When it became apparent that the groups involved could not agree on a common curriculum, the advice of the Indian government was sought. The Central Council of Indian Medicine was drawn into the negotiations, with the result that the CCIM syllabus in use in Ayurveda colleges in India came to be adopted, with minor revisions, as the standard curriculum in Britain. Thereafter the three main components of the Ayurveda programme were covered as follows: Ayurvedic theory was taught at the two institutions in London (and continues to be taught at Middlesex University); the biomedical component of this syllabus is now covered separately by Middlesex University; clinical training takes place at Ayurvedic hospitals in India and Sri Lanka, and to a lesser extent at Ayurvedic clinics in Britain, where students undergo periods of internship.¹⁶ The teachers

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¹⁴According to Companies House listings (www.companieshouse.gov.uk, accessed 04/05/09) the parent venture, the Ayurvedic Company of Great Britain, has now been dissolved, and an Ayurvedic charitable hospital that had been started by this Company is in liquidation. Enquiries revealed that the degree programme in Ayurveda offered by the Ayurvedic University of Europe will not be offered in the year 2009-10. This institution however continues to offer short courses in Ayurveda as well as Yoga.

¹⁵Both institutions are connected to, and backed by, practitioners' associations in Britain. The Ayurvedic University of Europe is linked with the British Association of Accredited Ayurvedic Practitioners (not a registered organisation), which in turn was previously backed by the Ayurvedic Company of Great Britain. The course at Middlesex University is backed by the three remaining practitioners associations currently operating in Britain. These are the Ayurvedic Medical Association, the Maharishi Ayurvedic Practitioners Association, and Britain's largest professional body today, the Ayurvedic Practitioners Association.

who deliver the training programmes at the two institutions in London are almost exclusively of South Asian origin. They are mainly Indians and Sri Lankans, some settled in Britain, and others travelling to Britain at regular intervals to deliver lectures and seminars. All of these individuals are trained in Ayurveda colleges in South Asia and either have had experience as practitioners prior to taking up a career in teaching, or continue to practise alongside their lectureship.

In a number of ways the profile of Ayurveda students in Britain is very different from that of their counterparts in India. Whereas students in India tend to enter the BAMS programme immediately after school, those opting for Ayurvedic study in Britain are mature students who already have a number of years of work experience behind them. Their ages range from the mid-twenties to the early-fifties, with the majority in their thirties and forties. Many hold university degrees in subjects as diverse as engineering and psychology, and the majority work full- or part-time even as they complete their studies in Ayurveda. They are EU nationals for most part, and predominantly British; a small minority are of Asian origin. Their motivations for taking up studies in Ayurveda are very different from those of students in India. These individuals have little or no interest in a career in biomedicine. Factors prompting them to take up studies in Ayurveda include frustration with stressful experiences at work and the desire for a change of profession, the search for alternative lifestyles, the desire to become healers but not within the biomedical paradigm which many feel has severe limitations, and the desire to work within a 'holistic' framework which would enable them to bring together the different aspects of their lives in a meaningful manner. In the following sections, I will outline some of the beliefs and attitudes shared by most Ayurveda students in Britain, and examine how these shape the development of this tradition in Britain's holistic health milieu.

Seekership

My interviewees, almost without exception, described themselves as 'spiritual' rather than 'religious'. Asked to elaborate on what this meant, most of them spoke disparagingly about 'religion', equating this term with dogma, institutionalised belief and practice, and an absence of personal reflection, experimentation and choice.¹⁷ Their own spiritual lives, they felt, were the result of their interest in, and experimentation with, traditions from different parts of the world, unmediated by religious officialdom. Most individuals described their preoccupation with spirituality as a very personal form of questing. Their seeking was characterised by the following shared features.¹⁸ First, this search seemed to stem from a desire for deeper truth and meaning than that which mundane living and scientific rationality affords. Second, this deeper truth or meaning had to be personally experienced before it was accepted as such; truths expounded by religious leaders or contained in texts did not count as truths till their realities were experienced and tested at an individual level. Third, in their search for deeper meanings and truths, these individuals looked to multiple sources from

¹⁶Not all the students interviewed had undergone exactly the same training in Ayurveda in terms of the format and content of their training programmes. A number had completed their Ayurveda training well before the Ayurveda degree programmes were developed, standardised and formalised to their present level.

¹⁷The phenomenon of religiously-unaffiliated spirituality has been the subject of considerable academic debate and discussion over the last couple of decades. For an overview of this literature, see .

¹⁸See ,) for an insightful overview of seekership in the context of alternative spiritualities in the West.

diverse cultures and traditions. The result was often a unique cross-cultural tapestry of symbols and meanings which held deep meaning for the individual at a personal level, but which was subjected to constant revision even as s/he gained exposure to newer meaning systems which revealed new spiritual insights.¹⁹

Asked about the nature of his spiritual seeking, Charles²⁰, who had studied Ayurveda at Thames Valley University, and now runs 'skilful living' workshops based on principles elaborated in his book published just months before the interview, said:

Truth is truth at the end of the day whether it is experienced by some of the people that have written some of the traditional religious doctrines or whether it is written by me. Those truths are available to me and you and everybody else as well... even if they are described slightly differently and from different cultural contexts, you know, written at different times in history... The truth is eternal so for me that's what spiritual journey is about, it's about seeking, but importantly, experiencing the truth on a day-to-day basis.

... the Vedas interest me greatly, Sufism you know, interests me greatly, and lots of other traditions as well... But for me it comes down to this personal experience and that's what spirituality is all about. It's not about religion, it's not about experiencing the world through the words of other people, it's a very personal experience of god ultimately, if you like, however we call that, that force – a god force if you like.

Another couple, Rachel and Markus, also products of Thames Valley, who now jointly practise at their own residence-cum-clinic on the south coast of England, described their spiritual vision in terms of a recognition of the oneness of all things, one's own infinite potential, acting in accordance with this knowledge, and taking responsibility for one's own actions. According to Markus:

... a core principle is... a concept or understanding of 'we are all one'... And that together is god. So I see myself just like everything else that there is, as the one and only thing there is – there is only one of us. ...because we are god, we are all different aspects of that divinity, we are the creator ourselves. That means life is not happening, we make life happen, moment to moment, through our words, our deeds, and our thoughts. And [I have] to take that responsibility, and to actively and consciously create my experience, my life, my reality, and to bring that out...

They described their vision as a 'masala', made up of elements from different religious traditions from across the world. They too, like Charles, made a distinction between 'religion' and 'spirituality', seeing the former as tending towards constraint and dogma.

The essence is in every religion. Spirituality is part of religion but we feel that wherever it is too constraining, religion loses its purpose. It is not there to control people or to make people separate from god. That's where we have a problem. And that's why we don't go there. But the essence is in the Muslim tradition, in the Hindu tradition, the Christian tradition... the core concepts and values are all there.

¹⁹On the *social* construction of 'individualised' self-spirituality, see .

²⁰The names of all interviewees that appear in this paper are pseudonyms.

It is noteworthy that the truths that these individuals glean from the different systems they encounter are understood to be at once universal and particular. They are universal because they are deemed to lie at the core of all religious and spiritual traditions across historical and cultural contexts; moreover they are understood to have universal relevance and application. Yet they are particular since each individual is understood to perceive them through his or her own unique lens, picking elements through a process of careful selection and interpretation, and weaving them together in unique ways. No two individuals espouse identical truths; instead each embraces the version that works best for him/her. Each particular version in turn represents both the individual's unique inclinations and preoccupations, as well as the experimental pathways that s/he has trodden en route.

This preoccupation with spirituality shades imperceptibly in most cases into a preoccupation with 'healing' traditions from different parts of the world. In the view of most of the individuals I interviewed, diseases are outward manifestations of deeper emotional and spiritual problems or imbalances that need to be rectified if the illness is to be cured. Healing is thus understood not just in physical terms but also in terms of mental, emotional and spiritual transformative experiences, all of which are understood to be inter-linked.²¹ In the case of most interviewees, their interest in Ayurveda stemmed from a larger interest in healing. En route to their 'discovery' of Ayurveda, as I will demonstrate in the following section, the majority had experimented with a number of different healing traditions. Not surprisingly, the one 'healing system' that appeared in the repertoire of most individuals was yoga (in one or the other of its many modern, western manifestations) and most saw this either as a part of, or a necessary complement to, Ayurveda. These systems, in their turn, were all perceived as means to ever greater self-knowledge and to self-healing.

This approach, invariably eclectic and experimental, can perhaps best be described as cosmopolitan, since the 'truths' and 'insights' that these individuals seek are understood to transcend the narrow limits of religious, national or regional identity, and to relate to humanity as a whole. Ayurveda is perceived to be one more such tradition, offering its own set of 'truths' and 'meanings' and opening up possibilities for new perspectives on one's self and one's place in the cosmos. For some of the individuals I interviewed, Ayurveda appeared to provide the ultimate answers they sought; thus Ayurveda represented the culmination of their seeking. Many described Ayurveda as the most ancient and comprehensive of the different traditions, some going so far as to suggest that Ayurveda was in fact the source of all other systems of healing in the world. They described Ayurveda as providing the structure within which the various aspects of their seeking and their understanding of ultimate truths found coherence and order. For others, Ayurveda was merely one more among the many 'holistic' systems they had encountered, each offering only partial insight into some still greater truth, yet each contributing to a mental map of a larger whole; in such cases, the individual's engagement with Ayurveda did not necessarily mark the conclusion of his/her seeking.²²

²¹A number of scholars have explored the meaning and significance of 'healing' and 'holism' in the context of contemporary spiritual seeking in the West. Examples include ; ; ; ; .

²²Each of the three 'types' of seekers -- singular, serial and multiple -- that identifies were discernible among my interviewees.

The Route to Ayurveda

Unlike students and practitioners of Ayurveda training/ trained in South Asia, most of whom embark on their Ayurvedic training after failing to make the grades required for entrance to the desired training programmes in biomedicine, those in Britain enter their Ayurveda courses via a more complex route. Some interviewees described how their interest in Ayurveda was sparked by a chance encounter with a practitioner-guru, who then inspired them to discover more about the subject through formal study. In some cases this interest was further fuelled when these individuals underwent Ayurvedic treatment themselves; this often led to deeper engagement with the principles underlying the system and its treatment modalities. In other cases, interest in Ayurveda appeared to have been triggered by interest in and exposure to somewhat related systems, like yoga or Tibetan medicine, which then led to a process of enquiry culminating in a period of formal training in Ayurveda.

In the case of the couple practising in England's south coast, whom I quoted previously, it was a journey to India that eventually led to their enrolment in the Thames Valley Ayurveda programme. The India trip came about at a time when they experienced a sense of disillusionment with their previous careers and lifestyles; this then took them on a search for something 'different' and more 'meaningful', culminating in their discovery of Ayurveda. This desire for meaning was, in their case (as in the case of many others) coterminous with the desire for discovering what they described as their 'true' or 'authentic' self. Markus described his experience as follows:

I was brought up in East Germany, then when the wall came down I went to the West of Germany and studied American literature, theatre studies and American cultural studies, did an MA... and at the same time was already working at a theatre. And when I finished my MA, entered into a contract as an assistant director at a theatre in Germany... I met [Rachel] backstage.

Then came a period when I realised that this is not what I want to carry on, so I started studying Shiatsu therapy and I did this for two years. I didn't finish it with a degree because we went off to India together for a year, discovered Ayurveda there, and on coming back, decided not to continue with Shiatsu but to go straight on to study Ayurveda.

The discovery of Ayurveda that Markus describes here was enabled through his chance meeting with Rajiv and Shubha Rathor, a husband and wife team of Ayurvedic practitioners based at a clinic in Mumbai. Markus had first met Rajiv at a workshop in Germany where he got the address for the clinic. While in India Markus and Rachel had made their way to this clinic, and at first been overwhelmed by, and then drawn to, what they witnessed. According to Rachel, the Rathors belong to a lineage of physicians that goes back over 2,000 years; they are the 22nd generation in an unbroken line.²³ Rajiv Rathor's guru, they explained, was a certain Baba Gyandas Swami²⁴, a Tibetan physician living in India, under whose tutelage Rajiv had trained for three years in Mumbai. In the course of the interview, Markus and Rachel showed me photos of Baba Gyandas Swami as well as Rajiv and Shubha Rathor.

²³See on the importance attached to lineage-based teaching and learning in the contemporary context of global Ayurveda.

²⁴'Rajiv and Shubha Rathor', and 'Baba Gyandas Swami', are pseudonyms, not the real names.

They also showed me photos of the palm leaf scrolls handed down successive generations of the lineage, explaining that some were hundreds of years old, others over a thousand years old.

Their encounter with the Rathors marked, for Markus and Rachel, a turning point in their lives. Besides listening to the accounts of patients about the near-miraculous diagnoses and cures which the Rathors had effected, they also underwent treatment themselves and experienced what Rachel described as 'shifts' in their health 'on many levels'. After the initial three months, they went back to the clinic for another two and a half months at the end of the year, and this was when they came to the conclusion that they would like to pursue further studies in Ayurveda. The course at Thames Valley was the only one available in the UK at the time and Markus and Rachel decided to enrol on the programme. In a revealing comment that captured in essence her approach to Ayurveda, Rachel said:

Ayurveda is not just about treating disease; that's just one small part really of Ayurveda. It's much more about where are you going in life, where have you come from, therefore what is your life's purpose...

Whereas in the case of Markus and Rachel, it was the individual's direct and personal encounter with an inspiring teacher or guru that kindled interest in Ayurveda, in others the transformative encounter was of a more indirect kind where the inspiration came not through face-to-face contact with inspiring figures, but through exposure, for instance, to their writings. This was the experience of Erica, who was completing her training at Middlesex University when I interviewed her in 2005. Erica had previously completed a Physiology degree at Bristol but said she found the course boring because it was too 'scientific' for her liking. Explaining the factors that prompted her to take up the course in Ayurveda, she said:

...I read a book by Maya Tiwari, who is quite an eminent Ayurvedic healer, called *Path of Practice*, and it resonated very very deeply with me actually and affected me quite a lot.²⁵ I really felt deeply interested in what she was saying and just was looking up the College on the Internet and it just kind of fell in place.

As noted earlier, en route to studying Ayurveda, most students had engaged with a number of different holistic traditions. Charles, quoted previously, explained for instance that he had always been interested in discovering a healing system which addressed not just the physical, but also the emotional, mental and spiritual, aspects of health. He had hit upon Ayurveda (which he saw as a 'complete' system in this respect) only after a period of experimentation with other health systems.

I did look at other systems, it wasn't that Ayurveda was the only system I looked at. For example, I actually went and studied hypnotherapy. I gained a qualification in that. I actually went out and studied massage as well, and reflexology... so I looked at a number of different systems that were around, and guess some of the closer systems [to Ayurveda] might have been naturopathy and things like that. I was interested in something that included some kind of spiritual and physical aspects

²⁵Maya Tiwari, now known as Sri Swamini Mayatitananda, heads the Wise Earth School of Ayurveda, which has its base at the Wise Earth Monastery in North Carolina.

like yoga... So I was looking for a really complete, very holistic system. Most of the Western systems, including naturopathy which is very good, didn't include the spiritual element or the yoga element. So that really settled it for me... I was looking for a system that was totally integrated, and looked at an individual human being as a complete human being. And Ayurveda was really the thing that fitted closest to that requirement for me, and that was the reason I went for Ayurveda...

Whereas it was Charles' interest in something 'holistic', 'spiritual' and 'totally integrated' that had led him to Ayurveda, for another Ayurveda graduate, Rohan, a product of the Thames Valley programme, it was his preoccupation with the esoteric that had led him to the degree programme in Ayurveda. After studying Astrology for a number of years at an institute in London, he went on to study yoga which, he said, gave him a broad foundation in the 'Vedic field of knowledge in which Ayurveda is founded'. Rohan explained that he had undergone teacher training programmes in yoga in the Sivananda School, the Iyengar school, as well as the British Wheel of Yoga. Additionally he had trained in basic massage, completed a diploma in aromatherapy, and learnt basic diagnostic methods in oriental medicine including tongue diagnosis. He worked for a while as an aromatherapist, and formally qualified as a yoga teacher in 2001. It was at this point that he entered the Ayurveda programme. Asked what it was that had attracted him to Ayurveda, Rohan said:

I think it's a personality thing with me. I have a very strong urge, and I don't know where it comes from, to really penetrate and get to the bottom of the truth of things, the truth of how things really are. I don't subscribe to the scientific model of the world because I don't believe it is a model that reflects the true nature of things, which is why I have always been interested in pursuing models of reality that include the realms of existence that are not tangible. So that's what attracted me to astrology because its view of the world is extremely holistic. Everything has a symbolic relevance, significance that goes way beyond the reductionistic approach that science presents, in the same way that Ayurveda also has an inclusive view of the world, of the universe in fact. It's this inclusive view that attracts me because it includes the existence of the consciousness that goes beyond embodiment...

An oft-repeated theme in the accounts of these individuals was their dissatisfaction with the biomedical approach to the body and to health and disease, which many described as reductionist and exclusivist, in contrast to what they saw as Ayurveda's 'holism' and 'inclusivism'. Many of these accounts also corroborate Christopher Partridge's point that an important aspect of spiritual seeking in the modern British context is the seekers' thirst for esoteric knowledge, their interest in the direct experience of the divine, in secret gnosis, in alchemy, in a perennial philosophy, and in ancient religious and mythical texts and civilisations.²⁶ This is clearly very much in evidence among students and practitioners of Ayurveda trained in Britain, who are drawn by the promise of the mystical and esoteric purportedly lying at the heart of Ayurveda. And herein of course lies the paradox central to the development of Ayurveda in Britain. Though much of Ayurveda's appeal lies in its promise of spiritual and esoteric insight, the Ayurvedic curriculum being transmitted in the educational institutions in Britain is modelled entirely on the standardised and

²⁶. See also .

biomedicalised curriculum in South Asia, developed on the principles of pragmatism and scientific rationality.²⁷ The scientism of the Ayurvedic curriculum, however, does not in any way limit the modes in which students engage with this tradition. They turn to multiple sources of authority, not confining themselves merely to teachers in the classroom or to prescribed texts, but looking beyond this to such other sources as popular writers and gurus, who play a key role in the promotion of Ayurveda to a Western audience.

Sources of authority

Most interviewees spoke in highly appreciative terms about their course providers at Middlesex University (previously at the College of Ayurveda, Milton Keynes) and the Ayurvedic University of Europe (previously at London's Thames Valley University), noting the wealth of information that they felt their tutors had at their fingertips, which they attributed to their many years of experience as practitioners both in South Asia and (in some cases) in Britain. They also spoke appreciatively about the hard work that they felt had gone into the setting up of the courses, and the dedication of the individuals who had made Ayurvedic training in Britain a reality despite the severe challenges they had faced at different stages in the formalisation and standardisation of the curriculum. Most appeared to have a deep affection for some of their tutors and spoke warmly about what they saw as their areas of personal strength.

Opinions about their internship experience in South Asia were more mixed. Some, like Markus and Rachel (who completed a substantial number of hours of clinical training with the Rathors), felt they had learnt much of value in the course of their clinical hours. This training, they said, had given them the knowledge and confidence they required to set up their own practice back in Britain. They said they remained in constant touch with Rajiv and Shubha, and went back to Mumbai periodically to offer their services at the Rathors' clinic. This was a relationship that they valued greatly, that they renewed through periodic contact, and that contributed to their continued professional development long after they had graduated from Thames Valley University.

Other interviewees were less positive about their clinical experience. Many felt they had encountered severe obstacles in their clinical training in South Asia, not least because of their unfamiliarity with the local culture and language. Many also commented on what they saw as the unhelpful attitude of practitioners at South Asian institutions, some of whom reportedly shared their knowledge in a disdainful, often simplistic manner, assuming that Ayurveda students from the 'West' were unlikely to know anything of real value. Moreover, internship programmes, according to my interviewees' accounts, were often not very well organised or closely monitored, supervision tended to be patchy, and in clinical situations students often failed to comprehend the goings-on since much of the exchange between doctor and patient tended to take place in the local language. Interns often therefore found it hard to obtain any substantial help and guidance from experts in South Asia and gained little by way of useful clinical information and experience. This in turn undermined their confidence to set up their own practice after completing their degree programmes.

²⁷In this respect Ayurveda in the Britain is much like its sister tradition, yoga, which too in its modern manifestation, as convincingly argues, has at its heart the irreconcilable tension between the reality of pragmatic rationality and the promise of esoteric magic.

A number of interviewees shared the view that the biomedicalised approach followed at Ayurveda training institutions, both in South Asia and in Britain, though it was valuable, and indeed necessary if one was to set up as a practitioner, was insufficient for 'holistic' practice since it failed to engage adequately with issues to do with spirituality and healing. 'Spirituality' here carries multiple meanings.²⁸ In the most elementary sense, as noted earlier, spirituality is seen as the domain of personal seeking, freedom, and experimentation with ultimate truths, and is thus perceived in opposition to religion, which is understood to be marked by institutional control, constraint and dogma. Second, most interviewees linked 'spirituality' to self-knowledge. Spirituality in this perception is about self-discovery, about the recovery of the 'authentic' self through increased self-awareness. The self in this case is understood to relate to nature as microcosm to macrocosm; the spiritually realised person, in this view, is one who, having rid him/herself of all 'blockages' (conceptualised in psychosomatic terms), becomes perfectly attuned to nature's rhythms. Third, spirituality is also linked to self-empowerment. The ideal of self-empowerment has as its basis the expectation that by living in accordance with Ayurvedic principles, one can gain mastery over one's self and realise one's human potential to the full. With microcosm and macrocosm in perfect balance, the ideal-typical 'self-realised' individual, in this understanding, is one who can overcome all mental and physical limitations, and therefore command infinite human potential. It is particularly noteworthy that 'spirituality' here relates not so much to the other-worldly quest for liberation central to a vast majority of Indic traditions, but with striving for the good life in the here and now, through a programme of self-knowledge, self-mastery, and self-empowerment.

In addition to all of this, my interviewees, almost without exception, also asserted that 'spirituality' and therefore (their version of) Ayurveda, has its basis in 'energetics' and 'energy healing'. Thus according to Charles for instance:

If we are truly spiritual beings, there is this energetic force within us and around us that we can manage actively, and that's what I do. And that's how I believe Ayurveda works ultimately. So for example in terms of food, Ayurveda looks at food from an energetic point of view rather a molecular point of view; it looks at cycles through the day from an energetic point of view rather than any other cyclical or material point of view, and also thinking processes... if that's all true then our thinking processes inherently have an energy attached to them that are capable of creating matter around us. So all of these things paint a picture for me of a spiritual life that means we can manage that energy in a very pro-active way.

In a similar vein, another student who at the time of interviewing was enrolled on the Ayurveda programme at Middlesex University, described the spiritual basis of Ayurveda in the following words:

I think it's energy healing, isn't it? Ayurveda is energy medicine. When you talk about the herbs, you are talking about the energetics of the herbs and you are talking about the patient's energy. You are talking about the doctor's energy, you

²⁸The meanings of spirituality discernible in the narratives of these individuals closely match those discussed by scholars exploring 'New Age' or 'alternative' or 'life-' spiritualities in the West generally. The case of Ayurveda students and practitioners in Britain thus clearly provides one instance of what is a larger and more wide-ranging phenomenon.

know, the energy of the equipment, the energy about the herbs. If you put it all together, it is energy healing, so there must be something spiritual to it...Even the disease has its own energy you know.

'Energy' in this view is ubiquitous and can be manipulated. Ayurvedic healing is thus seen to result from the ability to manage and manipulate this energy in ways conducive to personal growth and spiritual transformation.²⁹ Most individuals described this worldview as 'Vedic'. The term 'Vedic' carries high symbolic value for these spiritual seekers; it is at best a fuzzy term, which resourceful advocates of Ayurveda put to multiple uses, and to which they ascribe multiple meanings such as divine, ancient, timeless, pristine, Sanskritic and scientific. Moreover the term is understood to encompass, besides Ayurveda, a very wide range of different traditions and practices including multiple forms of yoga and *pranayama*, *samkhya*, *tantra* (which includes the understanding of the 'subtle' body in terms of *chakras*, as well as the use of *mantras*, *yantras* and *mudras*), *vastushastra*, pulse reading, gemology, Indian astrology, and in some cases, also elements from Advaita Vedanta. All these multiple categories are perceived as parts of a complex and unified 'Vedic' whole, perfectly compatible with each other and, either singly or in combination, conducive to the attainment of self knowledge.³⁰ In many ways, the so-called 'Vedic field' appears in these narratives as a counterpoint to 'biomedicine'. Whereas biomedicine is seen to be reductionist, the Vedic field is understood to be holistic and integrative (yet at the same time also 'scientific').

As indicated earlier, these individuals derived their understanding of Ayurveda not just from classroom lectures and prescribed readings in the syllabus but also from other sources – most crucially the voluminous publications authored by popular figures like Deepak Chopra, Vasant Lad, Robert Svoboda and David Frawley, all of whom promote their own spiritualised interpretations of Ayurveda to audiences mainly in north America and Europe.³⁰ These popular writers also visit the UK on lecture and workshop tours, lead retreats, and offer Continuing Professional Development sessions, thus allowing students and practitioners further exposure to their ideas and worldviews. Links with 'spirituality' and particularly with yoga are central to most of these popular works on Ayurveda. Vasant Lad, for instance, prescribes breathing exercises as well as yogic postures, *mantras* and *mudras*, as well as gemology and astrology for removing mental and physical 'blockages' believed to be caused by the aggravation of particular *doshas*. Svoboda emphasises the spiritual and sacred aspects of basic human activities like eating. He downplays Ayurveda's overriding concern with treating disease, emphasising instead his own spiritualised interpretation of Ayurvedic prescriptions relating to lifestyle and diet, and thus recasting Ayurveda as a blend of medicine and mysticism.³² Deepak Chopra, one of the main exponents of Maharishi Ayurveda before he parted company with the TM movement in the 1990s, advocates a mind-

²⁹, notes that belief in 'energy' and the 'human energy field' comes close to being hard orthodoxy within the holistic milieu as a whole; those who do not share this belief are effectively 'outsiders'.

³⁰There are close parallels here with the multiple meanings ascribed to the fuzzy term *ojas*. According to Meulenbeld 2008, p. 166, the concept of *ojas* (much like the term 'Vedic') in the Ayurvedic context has become 'multi-serviceable', 'multifaceted' and 'multi-purpose'.

³¹.

³².

body version of Ayurveda linked with quantum theory that privileges mind control as the means to ensure health and enhance overall wellbeing.³³

Despite their claims about the antiquity, authenticity and timelessness of the traditions they promote, most popular writers on Ayurveda today in fact offer new and completely revised versions of this tradition aimed primarily at spiritual seekers in the West. From the point of view of students of Ayurveda in the British context, these spiritualised interpretations of Ayurveda hold far greater appeal than the biomedicalised version taught in the classroom. Most of the individuals I interviewed were familiar with the works of some, if not all, of the writers discussed; most had attended workshops and retreats led by some of the key figures, and their personal libraries held volumes not just by these authors, but also by a host of other popular writers providing similarly spiritualised representations of Ayurveda's principles and practices. The conviction of most interviewees that Ayurveda bore the key to eternal truths and ancient wisdom, their hopes for personal spiritual development through their engagement with Ayurveda, and their belief that Ayurveda provides a grand synthesis of multiple healing traditions, are all derived from popular representations of Ayurveda which highlight precisely these aspects. What students go on to practise after obtaining their university qualifications are forms of Ayurveda which combine, in often unique and novel ways, elements from both the spiritualised and the biomedicalised versions.

Practising Ayurveda

After their training, armed with their degree in biomedicalised Ayurveda and their faith in 'Vedic knowledge' and 'energy healing', students go on to use their knowledge in a number of different ways.³⁴ Not all set up practice as full-fledged Ayurvedic practitioners. As noted earlier, many either lack the necessary confidence (the most frequently cited reason for this being inadequate clinical training) or prefer to incorporate Ayurvedic principles within other healing systems they already practise (such as yoga or aromatherapy). Some work in Ayurvedic clinics – either their own or enterprises owned by private business concerns – giving consultations, dispensing simple herbal formulations, and often providing basic massage and 'detoxification' treatments. Others set up spas and retreats. Yet others offer counselling, based on Ayurvedic precepts, to individuals and groups. Some also go on to write self-help books explaining Ayurvedic principles in simple terms to a lay readership. Most individuals offer workshops to fellow-practitioners as well as lay audiences covering a range of subjects such as Ayurvedic cookery, pulse reading and the use of astrology in Ayurvedic healing³⁵.

Clinics often boast tastefully appointed treatment and consultation rooms. Students-turned-practitioners usually invest a considerable amount of money in the design and décor of their workplace. Decorative items, textiles, and images from South Asia, recordings of South Asian instrumental music or chanting, soft lights, flowers, candles, incense, are all used to

³³For an 'insider' perspective on Maharishi Ayurveda, see . Sociological and historical insights into different aspects of Maharishi Ayurveda are provided in the contributions by Newcombe, Jeannotat, and Humes in .

³⁴Cf , who outlines the different options available to Ayurveda trainees in the US (where, unlike in the UK, there are currently no recognised standards of Ayurvedic education and no recognised licensing procedure for practice).

³⁵Self-help books, seminars, workshops, expos etc are the crucial means by which 'New Age' networks are created and maintained (see, for example,) and are a significant aspect of the cultural milieu in which my interviewees routinely participated.

good effect to create the impression of a calm and relaxed haven far away from one's stressful everyday world. Unlike in India, here practitioners spend a considerable length of time with patients during consultation, explaining to them in detail the Ayurvedic worldview and offering them advice on the dietary habits and lifestyles best suited for their *prakrti* or constitution.

In the case of the more expensive spas and retreat centres, treatment packages can extend from three or four days to a week or a fortnight. These centres (mostly cottages and barn conversions in idyllic settings in the British countryside), are usually advertised not merely for the treatments available but also for their exotic locations. Proximity to nature, scenic beauty, and in some cases, nearness to sacred sites, all promise to enhance and intensify the therapeutic experience. On offer are packages like 'Vedic health' and 'Panchakarma Detox', which claim to draw upon ancient and authentic traditions in order to revitalise and rejuvenate clients.

Self-help books and workshops are a crucial aspect of information dissemination in Britain's 'spiritualised' milieu. Most exhort readers to take responsibility for their own health, reminding them of their uniqueness, urging them to listen to their bodies so that they can begin to understand its mysteries, and to live a life of balance and health by discovering what is right for their *prakrti* or constitutional nature³⁶. Self-help books are usually presented in an easy-to-understand and engaging style; they often use tables and charts to explain concepts, and carry questionnaires intended to help the reader identify his or her own *prakrti*. Photographs accompanying the descriptions of the different constitutional types invariably show healthy men and women in various attitudes of activity or repose, usually presenting a confident, calm, image of wellbeing and contentment.

The different kinds of practice may vary in their particulars; what they all share in common, however, is a concern with 'healing' and empowering the individual, not merely 'curing' disease. Healing, as noted earlier, is understood not just in physical terms but also in terms of mental, emotional and spiritual transformative processes, all of which are understood to be interlinked. Essential to healing in this understanding is to discover one's 'authentic' self, to act in the light of this self-knowledge, and to attune this 'true' self to its natural and social surroundings in order to live a life of harmony with the external world.³⁷ Healing thus conceptualised is predicated upon a shared vision of a good life – a life lived in balance and harmony both internally and externally. Ayurveda's application in this understanding lies less in the remedial capabilities of its medical armamentarium and treatment modalities (these too count, but are of secondary importance); and more in its promise of promoting health and healing through self awareness and self transformation.

The aim of Ayurvedic consultation thus tends to be first, to diagnose the client's *prakrti* or constitutional makeup according to Ayurvedic principles; second, to make the client aware of what this means in terms of his/her physical, emotional and mental characteristics and

³⁶This is determined in terms of *doshas* (roughly translated as humours). Ayurveda identifies three *doshas* – *vata* (wind), *pitta* (bile) and *kapha* (phlegm) – and the individual's constitutional nature is determined in terms of the particular combination of these obtaining during states of health. Illness is understood in terms of the aggravation of particular *doshas*.

³⁷.

behaviour patterns; third, to prescribe long-term dietary and other lifestyle patterns appropriate for the particular constitutional type; and fourth, to recommend measures to remove physical as well as mental and emotional 'blockages' in the system. Diagnosing the patient's *doshic* 'type' is central to the therapeutic process and practitioners often administer questionnaires to this end, asking questions on different aspects of the client's physical, emotional and mental make-up, and scoring the answers to arrive at a final result.

Practitioners usually take care to explain Ayurvedic principles to their clients. Most importantly, they seek to instil in their clients a new form of self-awareness, which would enable them to read and interpret their own mental and physical processes using Ayurvedic frames of reference. Thereafter, it is very much up to the patient to live and act in accordance with this advice in the long-term. The emphasis on making the patient self-aware and self-responsible thus places a considerable burden on the patient who is seen as the ultimate agent of his/her own health optimisation. According to Markus:

...you are the creator and you make things the way you wish them to be, and you have all the power and the tools to do that... If you feel your life is shit, that's because you have made it so.... That's how we see our role as Ayurvedic practitioners, not to bring health to people (that's one thing; it's really great if we can do that) but it's more to empower people and to share that joy and happiness that we have found through seeing our lives in this way... to share this with our patients and empower them to take the same responsibility if they so desire.

The emphasis on promoting self-awareness also predicated a different relationship between practitioner and patient than that one encounters in the Indian subcontinent. In much of South Asia, Ayurvedic practitioners are 'doctors' not unlike their biomedical counterparts; they use their expert knowledge in order to effect cures mainly by dispensing medicine. In contrast with the doctor-patient relationship in south Asia, the relationship in the British context is envisaged more as one between counsellor and client. This is a more egalitarian relationship where the practitioner, rather than attempting to effect cures, seeks to empower the client to gain self-knowledge and thereby heal himself or herself. Simon, a graduate from Thames Valley University, described his practice in the following words:

I do a lot of counselling. I mean I really don't think it is worthwhile patients undergoing therapy, in the Western context that is, unless they have some kind of insight or experience which says 'I recognise I need to change some of my habits' or 'I recognise where the blocks are'... So it starts in the mind, and I tend to help people recognise what some of the limitations are, and try and provide them the methodology for them to examine the energy. So I deal with it mostly in the sense of the energetic aspect... [helping them to] turn their focus away from the energy which is destructive... and then just introducing them to a sense of silence and inner creativity so that they can start listening to their inner selves.

Similarly, Charles described his Ayurveda practice in terms of 'life coaching' and 'lifestyle management':

...rather than take sick people and make them healthier, my philosophy is that I take people who are probably quite well in life and help them to meet their full

potential... The interventions for me are around diet, nutrition, they are around using the body in particular ways, so I teach people yoga as well, and around emotional and thinking skills. And I guess Ayurveda is a corner stone of that programme... it is an integrated health system basically that I developed. I call it skilful living... that crystallizes really the thing that I teach and deliver... so the forms in which I deliver that to people are a number, I guess... One is that I do one-to-one life coaching with people. The other is that I run group workshops for people. I run health retreats, I teach yoga... So those are the main strands of the business that I run. And I think, for me, my personal vision is that the use of some of the Ayurvedic principles can really help to raise the consciousness in our Western society...

Often the practitioner may serve as an exemplar to the client, since s/he may be understood to have gone through the very process of self-discovery that the client is now encouraged to undergo. It is noteworthy that in the healing approaches and packages developed by these individuals, yoga and meditation figure prominently – these too are seen as a crucial means by which to enhance self-awareness and strive for healing and transformation. In some cases, practitioners also borrow elements from other traditions like reflexology or *reiki* in order to piece together a unique package which promises to promote the client's healing, and equip him/her to withstand the stresses and strains of modern living.

The debate over 'authenticity'

It follows from the above discussion that Ayurveda students in Britain are very different from their counterparts in South Asia in terms of their social and educational backgrounds; their motivations for taking up studies in Ayurveda; the routes they follow to Ayurveda; and their modes of engagement with the degree programmes offered in London. They are different also in terms of the kind of Ayurveda they go on to practise; this is influenced in no small measure by their exposure to, and interest in, other complementary and alternative medical traditions; their critical awareness of the perceived limitations of biomedicine; and their reliance on 'New Age' gurus and popular writer-practitioners in the West who infuse Ayurveda with the 'spiritual' meanings and values they seek.

Just as Claudia Welch notes with respect to the US, in Britain too interest in Ayurveda is deeply embedded within personal spiritual quests.³⁸ Thus whereas in South Asia Ayurveda has tended to become increasingly secularised, Ayurveda in Britain shows the opposite trend – of becoming sacralised or re-enchanting within Britain's larger holistic milieu of 'inner' or 'self' spirituality. Does this mean that a distinct form of Ayurveda is emerging in the 'West' (mainly the US and the UK in this context), in contrast to its post-colonial manifestations in South Asia? I raised this question with my student-interviewees, as well as with some of the South Asian teachers on the training programmes in London, many of whom had evidently already reflected on this question. My questions elicited three different kinds of responses.

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In the first type, interviewees emphasised what they perceived as the different ‘needs’ of people in South Asia and the West. The medical imperative in South Asia, according to this view (shared by students as well as teachers on the Ayurveda programmes), is to provide remedial medicine to vast numbers of patients, many of whom live in conditions of poverty and squalor. A biomedicalised form of Ayurveda is appropriate for this context; the medical imperative here is to provide quick and effective cures for a wide range of physical ailments, and thereby to restore the masses to a state of physical health. The situation in the West, in this view, is very different. The most common and persistent ailments are not physical (an efficient biomedical service takes care of most complaints of this nature) but mental and emotional. Depression, stress, schizophrenia, obsessive compulsive disorders -- all seen to result from mental, emotional and spiritual ‘blockages’ -- were cited as the most pressing problems in the Western context³⁹. The antidote to these problems, interviewees argued, could be discovered only by mining what they saw as the spiritual resource-base of traditions like Ayurveda and Yoga. According to this need-based perspective, therefore, given the vastly different needs of patients in Britain and South Asia, it is inevitable that Ayurveda should develop differently in either context, focusing on preventative medicine and ‘holistic healing’ in the West, and on remedial medicine and the curing of diseases in contemporary South Asia.

A second set of responses, mostly from students, appeared highly critical of the processes of biomedicalisation that Ayurveda has undergone in the Indian subcontinent. According to individuals of this persuasion, the distinction is not so much between ‘Western’ Ayurveda and ‘South Asian’ Ayurveda, but between the ‘traditional’, ‘authentic’ or ‘Vedic’ Ayurveda of yesteryears, and the biomedicalised Ayurveda of modern times. ‘Western’ Ayurveda, or more appropriately the Ayurveda of contemporary spiritual seekers in the West, in this view, seeks to blaze a trail back to what is seen as ‘authentic’ and ‘traditional’; this is, in other words, a revivalist form of Ayurveda that harks back to the supposedly ‘spiritual’ and ‘authentic’ roots of this tradition⁴⁰. The biomedicalisation of Ayurveda is seen to have impoverished this tradition and dislocated it from its holistic roots; its re-embedding within the ‘Vedic field’ is understood as a restorative move – returning this tradition to its wholeness and its interconnectedness with other supposedly ‘Vedic’ traditions.

A third and very different set of responses, came from some of the Indian course providers at the Ayurvedic University of Europe (previously accredited by Thames Valley University). Here too, the main concern seemed to be with identifying ‘authentic’ Ayurveda; the criteria for measuring authenticity however were rather different. These individuals argued, first, that ‘authentic’ Ayurveda is the version taught at universities and colleges in India (and, by inference, at the Ayurvedic University of Europe); second, that this form of Ayurveda is no different from the Ayurveda of antiquity; third, that Indians alone have the know-how and capability to teach and practise ‘pure’ Ayurveda; fourth, that this form of Ayurveda is

³⁹Some individuals of this persuasion presented their understanding of the East-West dichotomy in interesting ‘Ayurvedic’ (and stereotypical) terms. In South Asia, they explained, people have a predominantly *kapha* (phlegmatic) disposition. This means they tend to be laid back, patient, happy, and mentally stable, even though they may suffer all manner of physical ailments. In the West, by contrast, people tend, according to this understanding, to have a *vata*-dominant (rheumatic) disposition, with the result that they are impatient, over-ambitious, unhappy, stressed, and mentally and emotionally unstable.

⁴⁰As noted earlier, this view is actively promoted also by practitioner-gurus and popular writers on Ayurveda in the West such as Vasant Lad and Robert Svoboda.

inherently 'spiritual'; and fifth, that 'New Age' Ayurveda is inauthentic and should be banned. In this ultra-nationalistic and highly exclusivistic view, Ayurveda is first and foremost an 'Indian' legacy, Indians alone can be the spokespersons for 'true' Ayurveda, and they alone can practise and mediate the transmission of Ayurveda to non-Indians.⁴¹

Westerners are not qualified in this respect simply because they are not direct heirs to this tradition.

As the second and third sets of responses above indicate, questions about what constitutes 'authentic' Ayurveda are highly contested in the contemporary British context. While for some, the spiritualisation of Ayurveda in the West marks a restoration of 'authentic' and 'Vedic' values to a tradition impoverished and depleted by modernity in its place of origin, for others, contemporary Ayurveda in the Indian context remains unquestionably embedded in its Vedic traditions, and Indians, as direct heirs of this tradition, alone can mediate the transmission of this tradition to the 'West'. What we see here is arguably a clash of values between those privileging an inclusivistic, cosmopolitan form of spirituality, and those relying on exclusivistic and nationalistic rhetoric, in their efforts to promote Ayurveda.

Concluding remarks

What then truly counts as authentic Ayurveda? As with any tradition, with Ayurveda too, the question of authenticity is one that cannot easily be resolved. Ayurveda from its earliest days has been a changing, growing, developing tradition. It has had a history of mixing with other traditions and borrowing from these to different degrees. It has tended to develop differently in different parts of the Indian subcontinent, with different sub-traditions valorising different texts and interpretations, and often using distinctive methods and techniques of treatment, diagnosis and medicine preparation. The 'standardised' model of Ayurveda that has developed in post-colonial India, and the even more recent 'spiritualised' version in the West, are merely two further additions to the many faces of Ayurveda that have developed over time. In contemporary Britain, (as in the South Asian context) the question is really not about the authenticity of tradition as such⁴²; instead we see different interest groups engaging in the *politics* of authenticity, that is, using the discourse of authenticity to secure control over the dissemination of a tradition. 'Spirituality', 'tradition', and 'authenticity' all thus become 'deftly manoeuvred political tools' which different interest groups use to their advantage in their attempts to promote Ayurveda to a British audience relatively unfamiliar with its principles and practices.⁴³

⁴¹To refer to Ayurveda as an *Indian* medical system is problematic. Ayurveda was prevalent well before India came into being as a distinct entity, a modern nation state. 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. There is a significant overlap between key concepts in Ayurveda and those in various other Asian medical systems. Nationalistic politics, however, have over time had the effect of lending Ayurveda a distinctively Indian provenance. See (especially his 'Introduction').

⁴²See 'Introduction' in where the authors discuss similar anxieties over 'authenticity' among practitioners of yoga (as well as among yoga scholars) in the West. They note how a number of modern yoga variants project the impression that they partake of a pristine and unchanging tradition, even though this has inevitably undergone radical change in the course of its dissemination in the Western world. These authors, following , argue convincingly against an approach that judges modern forms of yoga in terms of its closeness to some supposedly authentic Indian practice, noting instead that plurality and mutability were in fact characteristic features even of pre-modern forms of yoga in the Indian subcontinent.

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The trend in Britain towards the redefinition of Ayurveda as a system of holistic healing rather than remedial medicine has inevitably captured the imagination of South Asian Ayurveda practitioners here (trained in South Asia but practising in Britain), some of whom have adapted their own methods and orientations over time to suit Britain's holistic health milieu. These individuals demonstrate considerable enterprise in providing Ayurvedic cookery sessions, beauty and massage workshops, yoga, meditation and life-coaching programmes, and rejuvenation and revitalisation packages, often at expensive health spas and resorts in the British countryside for holistic health seekers. Some go on to obtain qualifications in other healing traditions and offer, like their British trained counterparts, treatment programmes that combine Ayurveda with other holistic therapies. Furthermore, the spiritualisation of Ayurveda in the West has not gone unnoticed in the Indian subcontinent. Many of the meanings and values now associated with 'global' and 'spiritual' Ayurveda are beginning to influence this tradition in South Asia, and are likely to find expression in the coming decades in ever newer manifestations of Ayurveda in its place of origin.

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