Conserving traditional wisdom in an evolving landscape:

Unpacking brand Ayurveda

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ABSTRACT

As Ayurveda continues to pierce through its typecast as a pseudoscience and gains global recognition as a sanctioned system of health care, the essence of Ayurveda’s identity has become prey to commoditization and commodification for commercial undertakings in the holistic health milieu (Bode 2007; Hardiman 2009; Islam 2010; Bode 2012; Kudlu 2013; Patwardhan 2016). This paper discusses the resignification and oversimplification of Ayurveda as a signifier that is articulated through the overlapping frameworks of commodity chains, commodification and New Age orientalism (Islam 2012), neutralizing the indigenous artefact from its Vedic origins. Often presented as an elite commodity in Western settings, Ayurveda has become embedded as a cultural artifact within the consumer society as the epitome of holistic care with an emphasis on its spiritual attributes, yet simultaneously isolating it from the symbolic elements that motivated its inception. Findings demonstrate that Ayurveda’s discursive detachment from its ontological tenets facilitates its rearticulation as a malleable experience amenable to other faiths as it crosses national boundaries, and in this process fosters the misinterpretation of the ancient healing tradition. I begin by examining product diversions in the commodification of classical Ayurvedic medicines, with a focus on the over-the-counter (OTC) segment. I follow with reflections on the factors that are articulating pancha karma’s narrative as a therapy for wellbeing in lieu of its primary purpose of treating illness, and the extent to which this discourse is being driven by spiritualism and New Age Orientalist desire. This theoretical backdrop facilitates an interpretive analysis of the processes that are (de)constructing practices and principles from “the established path” (Kudlu 2013) as Ayurveda travels beyond India, and how this complicates issues of ‘authenticity and expertise’ (Appadurai 1998) as product and service outcomes divaricate from the indications ratified in Ayurveda’s classical compendiums.
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This thesis is dedicated to Cannelle, her subtle innocence and spirited presence never ceases to uplift and guide -
Ayurveda is a knowledge system originating from the Vedic tradition of India that is concerned with the essence and expression of life, the human body, and the sutratama - the thread of consciousness or ‘vital energy cord’ (Vaid 2012) that ties the mind and body into one (see Appendix B for an overview on Ayurvedic theory of creationism and evolution). Echoes of Hindu philosophies can be found, and the corpus of Ayurvedic practices help to conceptualize and actualize knowledge from the Vedas¹ by bringing it into the domain of our lived experience. By helping the mind to navigate and evolve through levels of phenomenological understanding, the process of consciousness enlightening (discovering) itself through the human condition is exercised to support what Ayurveda accepts as the highest aim of life - the quest of eternal truth and realization².

‘Ayur’ or ‘Ayu’ is defined in the Charaka Samhita (Su. 1.42) as "Sharira indriye satva atma samyoge dhari jivitam iti ayu” which means that Ayu (life) is the conjunction of the body, senses, mind and soul. By definition, the main goal of Ayurveda aims to help people understand their own physical body, how to protect and nurture the senses, how to maintain peace and happiness at the level of the mind, and how to keep the soul content. When in harmony, a state of swastha (health) can be reached.

As a healing system, Ayurveda’s framework can be understood through the famous aphorism written in the Yajur Veda “Yatha pinde tatha brahmande, yatha brahmande tatha pinde” which roughly translates to “as is the human physiology / individual consciousness / microcosm, so is the universe / universal consciousness / macrocosm”. True healing is thus not limited to the biological level, and health at the level of the mind involves the realization of the ultimate truth Aham Brahmasmi (Yajur Veda) – a view of reality where the self in the relative is not separate from the absolute and eternal for attaining moksha “liberation”. To achieve this, the following sutra describes health as the building block for realizing the puruṣārthas, the four aims of human life: artha (wealth and prosperity), kama (gratification of desire), dharma (right conduct), and moksha (liberation):

\[ dharmartha kama mokshanam arogyam mulam uthamam \]

(Charaka Samhita – Sutrastana – Ch 1)

The more one probes the teachings of Ayurveda, the clearer it becomes that the whole premise intends to answer the question of “who am I? what is really true about me?”, an understanding from which a personal template for attaining health may be built. Ayurveda presents an approach to healthcare that is largely based on P4 medicine (predictive, preventative, personalized, participatory) (Wallace 2020). Primary prevention means living in such a way that the disease process does not even have the chance to begin. Often today screening will be done to detect diseases at an earlier stage, this is secondary prevention. Ayurveda pushes this further by providing the tools for primary prevention in the form of daily practices, seasonal routines, age related transitions to suppress the onset of disease and live life in utmost health.

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¹ Vedas: The Vedas consist of four major books written in Sanskrit that form the foundation of Hinduism: Rigveda, Samaveda, Yajurveda, Atharvaveda. Ayurveda is primarily classified as one of the Upavedas (subsection) of Atharvaveda (~900 BCE) (Varghese 2020).
² Interview Venkat Joshi 20/01/2022
As I engage in the dialogue on commodification, this paper will at times refer to ‘classical’ or ‘traditional’ Ayurveda. The intention here is not to insinuate a divide between the system in its ‘original’ and ‘modern’ form, nor is it to say that the knowledge inscribed in Ayurveda’s classical canons is set in stone and immune from debate. Rather, “classical Ayurveda” alludes to a versatile tradition that has evolved from a body of ‘collective practitioner metis’ (Kudlu 2013), where metis has been conceptualised as site-specific, malleable, practical knowledge and skill (Scott 1998). In the context of Ayurveda, this body of collective metis includes regional variations, yet remains firmly rooted in traditional writings like the Brihat Treya\(^3\) and other local texts as a base for theory. Practitioners have drawn from this collective tradition, which has led to a pharmacopeia of drugs classified as ‘classical medicines’, treatment options and lifestyle guidelines (daily, seasonal, age-related, doshic [related to one’s constitution]) for living in alignment with the innate laws of nature, known as prakriti in Sanskrit (Swami Krishnanda 2022).

\(^3\) Brihat Treya: The three principal texts of Ayurvedic medicine – 1) Charaka Samhita by Agnivesa (and later revised by Charaka and Driddhabala), 2) Susruta-samhita by Sushruta, 3) Ashtanga Hridaya by Vâgbhaṭa
1.1 Ayurveda: an introductory note

Physician to the Gods, Dhanvantari is an incarnation of Vishnu and the God of Ayurveda. Dhanvatari appears during an important episode of the Purānas where he emerges during Samudra Manthan ‘the churning of the ocean of milk’ to deliver Amrita to the Devas. One hand carries Shankha, a conch shell that emanates the vibrational frequency of the universe and produces the primordial sound of creation ‘om’. The second hand holds healing plants to represent the wisdom that comes with consulting nature for solutions. The third hand carries the knowledge of Ayurveda itself in the form of scriptures, where time-tested pearls of wisdom are cycled across generations. The fourth hand holds a pot of Amrita, the nectar of immortality. The ambrosia does not grant eternal life in the ordinary sense of the word, but enables the recipient to achieve eternity in the moment by living in a state of full awareness.

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4 The Puranas have been influential in shaping Hindu culture. Purana translates to "ancient", and it is difficult to identify the exact time period in which they were created. Authorship has been attributed to Veda Vyāsa who wrote the epic Mahabarat. The literary corpora belongs to a category of scriptures known as Smriti, meaning that were memorized and passed down from generation to generation. There are 18 Puranas which have been classified according to the main deity or guna (quality) they are associated with (UCLA 2022). A wide range of topics are covered that touch upon subjects like the creation and destruction of the universe, astrology, philosophy, guidelines for ritual practices, and references to mythological stories related to different Devas and Devatas under the pantheon of Hinduism (Kattoor 2021).
Rooted in Hindu philosophy, Ayurveda - the knowledge (veda) of life (ayur) - is a 5,000-year-old healing system that still withstands following India’s antiquity of foreign rule (NAMA; Anshu 2016). Ayurvedic knowledge is said to have been transmitted from God to sages 5, and teachings from acharyas (teacher/guru) have been recorded in seminal Vedic texts (Keyser 2018). ‘Bhrat- Trayī’ are the Great Treatises of Ayurvedic Medicine (Martins 2018), they include 1) Charaka samhita by Agnivesa (and later revised by Charaka and Dridhabala), 2) Susruta-samhita by Sushruta6, 3) Ashtanga Hridaya by Vāgbhata7.

India has experienced numerous conquering’s. During the period of Islamic rule there was the merging of Graeco-Roman, Unani and Ayurvedic medicine. During this epoch, and possibly as early as the 3rd millennium BC, cultural exchanges through trade relations and commerce connections between Mesopotamia, Persia and the Persian Gulf with India were ongoing (Mangathayaru 2013). During the early middle Ages, transmissions of knowledge took place as ancient Greek classical texts that included medical ideas were translated into Arabic (Lele 2021). Hippocrates propounded the doctrines of humors, which were later refined by Roman physician Galen and later by Avicenna (Musallam 1987).

The Unani system of medicine can be traced back to Egypt and Babylon, where papyrological studies have exhibited the medical capacities of early Egyptians (NHP 2015). Unani is a form of traditional Graeco-Arabic medicine derived from the teachings of ancient Greek physician Hippocrates. Thinker and physician Hakim Ibn Sina, known as Avicenna, (980-1037 CE) studied translations of Greco-Roman texts during the Islamic Golden Age. He was influenced by the teachings of Aristotle, Hippocrates and Galen, and particularly by the theory of Humorism which was prominent during this time. His important work ‘The Canon of Medicine’ published in 1025 CE is informed by Greek sources as well as India’s Ayurvedic medical texts Sushruta and Charaka samhitas (Cambra 2016).

Unani medicine was brought to India around the 13th century with the establishment of Muslim dynasties under the Delhi Sultanate (1206-1526), and continued to develop through the Mughal Empire (1526-1857) (CCIM 2014). With the founding of Islamic empires, scholars, artists, soldiers and Sufi preachers brought in cultural influences from Middle Eastern countries. Unani medicine thrived during this period while the growth of Ayurveda was hampered, in time however, the two systems mutually influenced one another as did Hindu and Muslim cultures (Narayana. 2004).

During British occupation Ayurveda suffered a setback and its development was hampered due to withdrawal of governmental patronage (Lele 2021). During this time, Hakim Ajmal Khan (1868-1927), pioneered research in Unani medicine while serving as a freedom fighter in India. In 1916, he established Hindustani Dawakhana, a company that manufactures Ayurvedic and Unani medicines in Delhi to retaliate against the pharma companies set up by the colonial government (Quaiser 2010). He further founded Ayurveda and Unani Tibbia College in Karol Bagh, Delhi which was inaugurated by Mahatma Gandhi in 1921 (Govt. of NCT of Delhi 2021). This lead to the discoveries of many herbal

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5 Ayurveda is considered to stem from divine origin. Brahma, one of the trimurti Gods in Hinduism together with Shiva and Vishnu, is said to have conceived Ayurveda from universal consciousness. The knowledge was passed down to Prajapati whom then taught the science to the twin physicians Ashwini Kumasar (Mishra 2021). The knowledge then descended to Lord Indra who transmitted the knowledge to Dhanvantari, considered an incarnation of Vishnu, and physician and surgeon to the Gods in Hindu mythology (Okuda 2010). He has also been attributed the progenitor of Ayurveda to the physical world and transmitted the science of Ayurveda to rishis (sages) who received the knowledge through profound meditation, and continued to recast the wisdom of Brahma’s Ayurveda through oral traditional (Lad 1984).

6 Susruta was a surgeon and sage that practiced in Varanasi, North India, and is often considered ‘the Father of Surgery’. He conceived the medical treatise ‘Susruta-samhita’, part of the ‘Great Trilogy of Ayurvedic Medicine’ (Varghese 2020).

7 Vaghbhta combines the work from Charaka and Sushruta into the Ashtanga Hridaya (Ashta = 8), (Hridaya = heart), a text that continues to serve as a source for Ayurvedic practice and philosophy today. The Ashtanga Hridaya outlines Ashtang-Ayurveda (eight-fold branches of Ayurveda), as described by Sushruta (Valiathan 2018)
formulas and alkaloids derived from the plant *R. serpentina* (NHP 2015).

Circa 1750 prior to British rule, India was responsible for 25% of global total industrial output (Clingingsmith 2005). Following the decline of the Mughal Empire, European traders (Portuguese, French, Dutch, English) arrived in India in the 16th century to set up trading factories and acquire land. Wars were fought against Indian rulers. The British were the victors, the Portuguese retained Goa, the Dutch lost to the English, and the French acquired Pondicherry. From that point, the English East India company continued to expand in power by acquiring more territory and trade concessions from the Mughal Emperors (17th century onwards). States were conquered as expansion continued, control was exercised and policies were established. By 1857 the East India Company ruled a large part of India, and by the industrial revolution many raw materials were exported to Britain, resulting in mass discontent and civilian revolt as nationalist aspirations grew. This led to the Indian Mutiny of 1857, and by 1858 an Act of Parliament terminated the East India Company’s rule, though the territories continued to be ruled through a viceroy. By 1920, Mahatma Gandhi took up a leadership position for the Nationalist Movement where *satyagraha* ‘non-violent resistance’ was the strategy in the fight for freedom against British laws and institutions. The Swadeshi movement was launched by Gandhi, today commonly referenced to as ‘Make in India’, as a means to promote domestic production based on native resources and knowledge (Trivedi 2003).

In the years 1900-55, Ayurveda’s identity took up a number of representations constructed by politicians according to the historical context of the period – at times Ayurveda was reworked as a modern tool for health governance and nation building, in other moments it signified indigeneity in an independent India (Bode 2016). Following independence, India launched a series of “Five-Year Plans” in which certain objectives aimed to ameliorate healthcare delivery to the population, and propagate the nations indigenous medical heritage founded on AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy) (Samal 2015). The Ministry of AYUSH was established in 1971 to protect the interests of traditional medicine. India now holds hundreds of training centers that offer degrees in Ayurveda with over 770,000 registered practitioners certified in AYUSH systems of medicine (Chandra 2018).

British rule ended in 1947 following World War II, and the Partition of India took place forcing millions to migrate as Hindu India and Muslim Pakistan was separated (Bharadwaj 2009). Following 190 years of colonial rule, deindustrialization and reduced agricultural production in the post-Independent Indian economy led to volatile prices and reduced manufacturing output down to two percent (Clingingsmith 2005). Today, recognition of Ayurveda’s capacity to assign personalized, integrated treatments that appease both the physical and energetic body is on the rise. A report published by PwC and CII states that the domestic Indian Ayurveda market has been valuated at US$2.5 billion in 2015 and is forecasted to rise threefold to US$8.0 billion by 2022, with a yearly export market of over US$780 million. The authors further forecast export growth of 20% yearly, a global market size worth US$9.7 billion by 2022 (Mehta 2018). By 2028, the global Ayurveda market is expected to reach US$21.12 billion (Verified Market Research 2022). In recent years, a collection of studies have emerged on the ubiquitous commodification and appropriation of yoga throughout the world (Demeter 2006; Fish 2007; Gandhi 2009; Bowers 2017; MG Anthony 2018; Munir 2021).

Given the growing interest in Ayurveda, this thesis aims to understand whether comparable to yoga’s journey as it diffused abroad, the same processes of commodification may be happening in Europe. If so, is this happening based on the same or similar structures that warranted the commodification of yoga? A PhD study was conducted by Chithprabha Kudlu that delved into how open-source Ayurvedic
treatments and herbal remedies are becoming commodified in Kerala, which has grown to become a prominent Ayurveda tourism destination. The commodification of Ayurveda is thus readily occurring in the country of origin itself. Today in Europe, a number of product and service providers branded in the name of Ayurveda appear to also be multiplying, yet little is known about how these processes are unfolding. This is not to say that the globalization or commercialization of the knowledge is inherently problematic. Rather, this study aims to understand the agents and processes that drive the commodity chain in Europe so as to make a contribution for understanding how the wholeness of Ayurveda may be preserved as it reaches new localities.

To summarize, the problem this thesis responds to is the increasing commodification of Ayurveda, and the following section provides a perspective to explain factors that may be engendering this development.
1.2 Overview of the research:

This thesis begins with a general research question – what are the medico-cultural implications of Ayurveda’s commercial exploitation as an artefact to be commodified? By engaging with Ayurveda’s theoretical frameworks, Indian philosophical schools of thought and my own field work, I believe in the possibility of kinship with indigenous and biomedical epistemologies in such a way that is constructive rather than abstractive and integral rather than fragmented.

CH 2 De-contextualizing medicine commodities engages with the nascent niche through which classical Ayurvedic medicines are being recast as over-the-counter ‘dietary supplement’ commodities in Europe. This process leads to symbolic resignifications as products are diverted from the doshic (relating to the doshas) context in which they are embedded, while bypassing the physician. A case study is presented that explains decision-making factors that impelled the founders of an Ayurvedic medicine company to transition from manufacturing traditional formulations to working with extracts.

CH 3 Case study: Maharishi Ayurveda questions the vulnerability of ‘deskilling’ (Stone 2007) of the Ayurvedic physician, and assesses the delicate balancing act of trying to coalesce tradition with modernity. In parallel, I present regulatory frameworks that are limiting the expression of Ayurveda’s approach to health, and in doing so are prompting discourses of authenticity.

CH 4 The many faces of pancha karma cures looks at the emblem of Ayurvedic therapies – pancha karma “five actions”. Once a protocol that was followed in a formal setting with a fixed intent on healing and promoting free-flowing connection with the absolute, has become a menu item for affluent consumers in star-studded hotels. In this process, Ayurveda’s discourse as part of wellness and spa culture is reinforced in lieu of promoting its original impetus of treating disorders. Here, I contrast the traditional modalities of pancha karma treatment against the format in which the therapy is being delivered in certain spaces across the Netherlands and Germany.

Chapter five: The dawn of Ayurveda practitioner studies examines the format of Ayurvedic education in Europe, and its consequent impact on the practitioners skilling process relative to the B.A.M.S. (Bachelor of Ayurvedic Medicine & Surgery) program conventionally followed in India. Coinciding with the vision of directors of Ayurveda academies and institutes, an expansive rather than reductive future for the healing system is imagined where discussion, debate and research are encouraged on how we might apply the universal principles of Ayurveda locally in individual countries.

Chapter six: Universal knowledge, local application examines a theme that frequently arose during interviews with directors of Ayurveda institutes, where it was voiced that in education there is an imperative to render the knowledge relevant to students practicing in countries across the globe by adapting the content of Ayurveda (founded on India’s climate and ecosystem) to the site of practice. This is a vast subject that is beyond the scope of this thesis, and in light of my concentration on commodification of herbal medicines, analysis provides theoretical contributions for how local plants may be used in medicine-making to appease reliance and pressure on India’s reservoir of resources. Challenges endured in India’s medicinal-plant chain as a product of commodity chain dynamics are raised, research pathways for local production of Ayurvedic medicines are proposed, and a pancha karma clinic in the Netherlands is presented where medicinal plants are grown to be used in treatment.
Chapter seven: Discussion: Going to the root of wellness commodification summarizes findings on how commodification and commodity chains have deviated Ayurveda’s focus on treating practical health problems to capitalizing off of market niches oftentimes affiliated with wellness signifiers. In this process, products are diverted and therapies are oversimplified leading to problems involving ‘authenticity and expertise’ (Appadurai 1998). Specifically, the matter of skilling and deskilling of the physician (Kudlu 2013) is understood by (1) analysing how the physicians involvement in medicine-making has evolved in the context of mass production (section 3.1) and (2) comparing the format of education in India with that in Europe (Ch. 5). Consumer demands and expectations driving product and service diversion and reinterpretation opportunities are examined, along with its effect on Ayurveda’s identity in new localities.

1.3 THEORETICAL FRAMEWORK

New Age Orientalism // Commodifying otherness

In 1978, Edward Said brought Orientalism to public attention as a system of thought – a narrative that impelled Western consciousness to confront and question the bifurcation being created in the world as a consequence of European colonial, hegemonic power over the Eastern world. Said argues that the representation of ‘the Orient’ is a fabrication by Europe that served to create an ideological divide between the East/Orient with the West/Occident (Burney 2012). For Said, Orientalism was a ‘mode of discourse with supporting institutions, vocabulary, scholarship, imagery, doctrines, even colonial bureaucracies and colonial styles’ (Said 1978, p. 10). This mirror of antipodes and contrasts perceived by the West set the stage for justifying an exercise of power/knowledge domination over the given subject, that is, ‘the other’ oriental society (Burney 2012).

In this thesis I will argue that through the commodification of Ayurveda, Indian culture still remains an object subsumed under the speculist eye of orientalism. Paradoxically, that which in the past had been oppressed by the West (Anshu 2016) is now becoming appropriated (Reddy 2006) and commodified both nationally in India and internationally (Islam 2010; Kudlu 2013; Kudlu 2016). Building upon the work of Said, a term has been coined as ‘New Age orientalism’ in a study to describe the era in which the essence of Ayurveda – a manuscript for health care elaborated in ancient Sanskrit texts- has been distilled to a commodified wellness & spa culture, catering the desires and spiritual curiosity of the upper middle class from the Western world (Islam 2018). This finding further aligns with a dissertation (Kudlu 2013, p. 23) that was conducted on the commodification of ‘open-source Ayurveda’ in Kerala, where it was noted that “this shift can be called paradigmatic because the focus of commodification shifted not only from pharmaceuticals to services, but also from illness to wellness” demonstrating a clear-cut tailoring of Ayurveda’s original form to satisfy the medical tourism demands of international travellers. To corroborate this, a few scholars and Ayurvedic physicians have come forward attesting to Ayurveda’s drift towards the spa & wellness sector for financial dispensations rather than remaining rooted as a branch of medicine (Bode 2006; Islam 2010; Smith 2015; Patwardhan 2016).
Commodity chains:

Commodity chain analysis originates from the tenets of World-Systems theory, which argues that uneven development is a result of the flows of wealth achieved via a core-periphery organization based on units of “economic activities structured in commodity chains that cut across state boundaries” (Arrighi and Drangel 1986:11). In this process, more economically developed countries have been able to commodify and appropriate much of the wealth of less economically stable countries via commodity chains (Bair 2014). With reference to Ayurveda, literature suggests that ‘New Age Orientalist desire’ (Islam 2013) has prompted the West to exercise authority over Eastern medicine, and instigated the creation of commodity chains through which “Indian medical traditions have become commodified and its healing substances have been commoditized” (Bode 2006, p. 227).

The commodity chain refers to ‘a network of labour and production processes whose end result is a finished commodity’ (Hopkins and Wallerstein, 1986:15). Within this integrated network, each individual node has a set of structural components that are embedded within larger socio-organizational constructs, institutional contexts and wider economic systems. This nodal concept allows for a division of full range of sequential value-adding primary and secondary activities involved in the delivery of a product or service, from conception to final consumers. For their analysis, different methodologies have emerged such as the value chain concept. Harvard Business School Professor Michael Porter introduced the term value-chain in 1985, a conceptual model that dawned in his book *Competitive Advantage: Creating and Sustaining Superior Performance*. At each phase of the sequence, a product is physically transformed with the input of labour and/or (raw) materials prior to being submitted to a successive node for further processing and value addition. Value chain research thus focuses on understanding the distribution of value and the nature of the relationships among the various participants involved in the chain, each of whom have varying degrees of power, and implications for development. While the terms commodity and value chain are often used interchangeably (Bair 2014), commodity chain analysis (CCA) is the heuristic that will be employed for shaping this research and narrowing in on individual commodities. The commodities that this thesis will investigate include both Ayurvedic herbal medicines as products, and Ayurvedic therapies as part of the service sector.

Commodity chain analysis will enable the functional investigation of upstream and downstream operations led by individual agents, starting with resource production of Ayurvedic plant material in India to final consumption of the finished commodity in Europe. Study of the coordination in the commodity chain will elucidate the ways in which production of the investigated medicines and therapies are organized, and the ways in which the commodities are delivered to final consumers. Practically speaking, commodity chain analysis (CCA) provides a framework through which chain mapping of product flows, activities, actors and interactions between the links may be identified within demarcated system boundaries. In this process, powerful players or lead firms that are driving chain activities in Europe will be identified. The Ayurvedic commodity can accordingly be followed through its successive transformations along chain operations for technical analysis. In view of the fact that the objective of this study is to capture how Ayurveda is practiced and perceived in Europe, this research will concentrate on the nodal points that influence the ways in which Ayurveda is broadcast to consumers. A focus will thus be placed on the delivery and consumption phases, and analysis will follow how the products flow downstream to the end-point final markets.
Commodification:

Commodification can be thought of as a process of expansion, one that enables the commodity’s sphere (form, function, meaning…) to extend to new domains. The development opportunities of a particular commodity however may be impeded by certain boundaries (physical/environmental, sociocultural, political-legal or technological). To overcome the barriers posed by a particular artifact, capitalist interventions facilitate transformation processes of an object or practice into a commodity good that can be used in the market economy (Kloppenburg 2004).

To realize this, the identity of the artifact must be accepted by the wider society. If the subject of the commodity is generally well-received, its identity may expand (diffusion). Conversely, if the subject is unpopular or rejected, its identity will be reduced to preserve desirable components and other features may be strategically removed (defusion). Both these methods render the concept or practice more amenable for marketing (Grinell n.d.), which has been witnessed across an array of industries such as tourism (Young 2020), knowledge (Jacob 2003), (indigenous) (sub) cultural heritage (Shepherd 2002), healthcare (Pellegrino 1999; Timmermans 2009) and even intimacy (Constable 2009).

Manufacturers of Ayurvedic herbal medicines are not highly studied aspects of Ayurveda, nor are the commercialization processes. A focus shall thus be placed on pharmaceutical anthropology (Van der Geest 1988) by looking at the life-cycle of Ayurvedic medicines as they travel from India to European settings. The consequent impact of their commodification on contemporary Ayurveda will be analysed – one feature of which is “radical breaks with many aspects of humoral thinking and practice (Leslie 1989: 30)” as the market caters to urban middle classes. The cultural aspects of commodification are explored in the edited volume “The Social Life of Things: Commodities in Cultural Perspective” (Appadurai 1986). The contributors to this volume delve into how things morph as they circulate from hand-to-hand, and across sociocultural and economic settings. In this process, transient things go about their lives, interacting with different crowds that add value, remove value, and inscribe new meaning to the object (material or service) as it transforms into a commodity. This lens is appropriate to understand the flows of complex things like indigenous ontologies and medical epistemologies by imparting a more anthropological account on how commodities are situated in our lived experience, in contrast to the more economic terms in which they are viewed in Marxist or mainstream economic theory.

Against this background, approaching Ayurvedic products as social things will provide context for understanding how actors and processes convert them into commodities across transnational settings. As such, metis, which represents a “wide array of practical skills and acquired intelligence in responding to a constantly changing natural and human environment” (Scott 1998:313) will help to unpack the nuances of deskilling (Stone 2007) and knowledge loss endured by industrial commodification. Bearing this in mind, the purpose of this study is to provide contextual background for how, moving forward, the borrowing culture may benefit from Indian medical indigeneity without compromising its integrity in the process.
1.4 CONCEPTUAL FRAMEWORK AND RESEARCH QUESTIONS

Based on the literature review and my theoretical frameworks, a key concept that may be extracted is that the New Age Orientalist (Islam 2012) movement may explain the increasing development of Ayurveda in Europe, leading to the creation of commodity chains through which commodification processes for products and services occur. Owing to the fact that this research studies the movement of Ayurveda to Europe, it is critical to discern how the process unfold in order to ensure that the identity of the artifact is respected. As can be seen with yoga today - and copious literature attests to vehement commodification of yoga in contemporary culture (Demeter 2006; Fish 2007; Gandhi 2009; Bowers 2017; Anthony 2018; Munir 2021) - the practice people have come to adopt is a condensation of what it customarily is and signifies in India. This is not to say that people need to copy-paste the format as described in the classical literature, but it is unsparing on a cultural level to transpose and reduce ancient health systems rooted in cosmologies that carry deep meaning to a certain group in order to benefit the agendas of a select few.

On the flip side of these concerns, it is also important to transcend the confines of reductive interpretations to appreciate the diversity of traveling artifacts in evolving global contexts – a space through which meaningful intercultural dialogue and understanding may live:

*One ought again to remember that all cultures impose corrections on raw reality, changing it from free-floating objects into units of knowledge. The problem is not that conversion takes place. It is perfectly natural for the human mind to resist the assault on it of untreated strangeness; therefore cultures have always been inclined to impose complete transformations on other cultures, receiving these cultures not as they are but as, for the benefit of the receiver, as the way they ought to be."* (Said 1995, p. 67)

Moving forward, this entails moving beyond local/global binaries, in-group/out-group perspectives and exploring how democratic participation may be improved while respectfully honouring the source culture at every step. In light of these concerns, this research is preoccupied with the various ramifications of intensive market push strategies targeting Ayurveda, which will be studied through the frameworks of New Age Orientalism (Islam 2012) and commodification. The matter of salience is not that the process of commercialization has come about, but to provide an account of how modern neoliberal contexts have enabled the centralization and commodification of a deeply personal individual journey that in essence, is ‘uncommodifiable’.

This research has been largely motivated by ponderings on the sacred, and the forces that appear to have rendered their commodification a possibility in today’s world. Commodification of “sacramental commons” (Rasmussen 2013) is not a new occurrence though, and the modalities of what counts as sacred wavers across populations. Is the object in question sacred to an individual or to a social group? Is it science or spiritual? Secular or relating to faith? Can an experience be seen as sacred? Attempts have been made to clarify the semantics around the usage of “sacred” as a broad term, and the conceptual categorization of classical Ayurveda as a science or religion has also been debated. The general consensus describes how the vastness and holistic quality of the knowledge does not file under a single label, and that classification “would be best served by attending to this complexity, lest we circle endlessly on the oil-press of rhetorical posturing” (Engler 2003, p. 456). The authors allusion to the oil press is a wink to Caraka’s comment on the endeavour of trying to rationalize contestable aspects
of experience, where the act itself is inherently irrational like sitting on an oil press orbiting in circles:

*Those who consider the varying controversial aspects of the truth as established facts go on moving in circles, like a person sitting on an oil press that moves round and round.*

(Su 25.26-2)

In light of the arguments, this paper does not codify Ayurveda as a knowledge system to any one group. It is a systematic science and medicine with its own logic and theoretical framework for treating practical health problems and promoting longevity. Religious elements like *karma* (law of causality that governs the nature of future events and rebirths based on the quality of intentions and actions from past states of existence), *samsāra* (the endless cycle of origination, transformation, dissolution and rebirth), *moksha* (liberation from the bondage of karma and *samsāra*) and rebirth (transmigration of souls) emerge in the Ayurvedic scriptures. Spiritual ideas on the realization of the ultimate truth and self will also be found. I hold the view that Ayurvedic knowledge is the denouement of those parts, and acknowledgement of its solemn quality to certain groups provides a unique angle for understanding how the sacred is articulated and operationalized within society and global modernity.

My gravitation towards this particular phenomena stems from my experience having perceived Ayurveda through the glass of protected wisdom in India, and then witnessing a stark juxtaposition in other countries where its identity becomes an echo of ‘spiritual materialism’ (Trungpa 1973), a term presented by Chögyam Trungpa to describe the phenomenon where the ego appropriates spiritual practices or paths for reasons that aim to reinforce the ego. From here my dilemma of trying to reconcile the unusual paradox of “Ayurvedic living” with commodification came about. Ayurveda provides the tools for self-help, from then on it becomes the duty of the individual to act upon them. Regimens like *dinacharya* (daily routine) demand that we question how we behave throughout the day to derive maximum output, which is something that cannot be commodified for financial gain - although companies certainly try. For example Ayurveda recommends waking up during *Brahma muhūrta* (1h36 minutes before sunrise), this is the “creators time”, a window where the environment is *sattvic* ‘pure’ and the mind is serene. This is the ideal moment to practice yoga *sādhanās* (spiritual practices) like *kriyas* (cleansing techniques), *prāṇāyāma* (breath regulation), *asanas* (postures) and *dhyāna* (meditation). In this sense it can also be said that Ayurveda has a lot to do with chronobiology and doing things at certain times according to who you are, where you are, and how your body is configured. The question becomes, if the commodification of Ayurveda leads people to think that a massage or herbal supplement is Ayurveda, how does this impact the knowledge system on a cultural level? Having readily witnessed the widespread commodification of yoga, this emerging phenomena prompted my curiosity to question how the oversimplification of Ayurveda might impact how the system is practiced, perceived and understood outside of India.

In this process, an important challenge surfaced as I began to reflect on how to express this incongruity, and it struck me that I found myself in comparable shoes as a number of researchers in the Ayurveda community. There is the conundrum of whether to articulate concepts, worldviews, philosophies, theories in the language of Ayurveda or in the language of modern science and biomedicine. Institutions have clearly delineated parameters of what counts as “evidence-based medicine”, so will an audience with a biomedical background inherently hold bias or discredit the framework on which Ayurveda’s approach to health and disease is built? In Ayurveda, physical matter that cannot be measured is viewed just as ‘real’ as untestable non-physical phenomena like *prana* (life force) and *ojas* (vital energy). As a student of the natural sciences and Ayurveda, this question incited a tension on how to write about the
system in a manner that renders the information “relatable” to all audiences. However in light of the debates on the medicalization of Ayurveda (Mathpati 2020; Porter 2021) and its impact on the erosion of its holistic rationale and pluralistic philosophies, this paper will present Ayurveda’s approach to health and pathogenesis from the perspective of the theoretical frameworks described in the classical literature.

Commodification is not a highly examined aspect of Ayurveda, and this became apparent during desk research where important lacuna in the literature was revealed that I used as cornerstone for the formulation of my research questions. Much of what has been previously discovered has been based on studies set in India. To build upon the existing works, the research contribution that this study intends to achieve is to identify the factors and processes that are active in Europe’s Ayurvedic commodity chain, and to establish whether Ayurveda’s practices and ideologies are in fact being cast to fit within Western frameworks as the literature contends. Following Chithprabha Kudlu’s (2013) dissertation on the commodification of ‘open source Ayurveda’ in Kerala, a focus will be placed on the effects of eroding Ayurvedic metis (Scott 1998) and deskilling (Stone 2007) of the (Ayurvedic) physician, as the outcome inherently impacts the ways in which the world’s oldest healing science exists and is understood. This study aims to contribute to existing knowledge by capturing a more nuanced understanding of Ayurvedic commodity chain dynamics from India to Europe, with a focus on the Netherlands. This will be the perspective when approaching the research, and will drive the qualitative data collection methodology to capture perceptions.

Following are the research questions that were formulated to direct the investigation:

**Main question:**
- What are the medico-cultural implications of Ayurveda’s commercial exploitation as an artefact to be commodified?

**Sub-questions:**

1. Where and how does the loss of metis occur throughout the commodity chain as Ayurveda travels from India to Europe, and how does this influence public understanding of the knowledge system?

2. How is knowledge about Ayurveda produced and reproduced in these commodity chains?
   a. How do power relations influence the nature of cultural transfers?

3. How does the European model of Ayurveda compare with Ayurvedic practice in India? What are the factors throughout the commodity chain that engender this difference?

4. What are potential research areas for appeasing pressure on India's medicinal-plant chain as a result of current commodity chain dynamics?

The methods described below will help to clarify the way in which this transcultural transfer is unravelling to make contributions for how Ayurveda’s fundamental identity, principles and ethos may be conserved as it continues to reach people far and wide.
1.5 METHODOLOGY:

The research design involves a study of different nodes in the Ayurvedic commodity chain in Europe (focusing on the NL and Germany). Chithprabha Kudlu’s dissertation researched Kerala’s Ayurvedic commodity chain and identified seven nodes:


When looking at Europe, two additional nodes need to be added that link India’s resources with European markets:

- Indian exporters of dried plant material or finished Ayurvedic products (herbal medicine, extracts, churnas, oils, teas etc.)
- European importers and distributors of herbal medicinal products from India

As one the objectives of this study is to capture the format in which Ayurveda is being presented to European consumers, attention will be placed on the manufacturing and delivery phase of Ayurvedic products and services with greater importance attributed to three actors: Ayurvedic physicians, manufacturers and (Ayurveda) hoteliers / health centers. The sub-questions aim at collecting information on the role played by each set of actors and the modes through which they have acquired their training (knowledge and skills). This will be compared to what the demands have historically been, and currently is, normative in India. This information will help define the historical and ongoing changes in the patterns of production, practice and consumption of Ayurvedic medicines and treatments.

Qualitative research methods aim to impart “contextual and personal explanations for trends identified in quantitative studies; generating new insights into people’s experiences, lives, emotions and communities; and mobilizing those insights to explore and build new theories of the human condition, the production of meaning, and human-environment relations (Cope 2021, p. 4)” For each actor, semi structured in-depth interviews with key informants will take place to characterize the forces that are catalysing the transformation of Ayurveda’s identity as it travels from node-to-node throughout the commodity chain. These views will be empathically centralized during analysis when considering what the potential implications or cultural stakes are.

By way of clarification, Ayurveda has linguistic references that carry certain meanings for the person versed in subject (refer to Appendix A for a more detailed explanation on the nuances in Ayurvedic vernacular), but that may yield no sense to the person unfamiliar with the healing science. Examples of common concepts that may appear include “the physical constitution”, “life force”, “vital energy”, “subtle bodies”, “constitution”, “the seven body tissues”, “qualities”, “metabolic fire”, “individual / universal consciousness”. I have read articles written for audiences proficient in Sanskrit terminology and Ayurvedic medicine, and I have read others where the voice and vocabulary was tailored to the lexicon of the modern scientist, and I have seen hybrid formats that are a blend of both vernaculars. Taking into account the fact that one of the outcomes of Ayurveda’s commodification is that meaning often gets lost in translation, for example with marketing or when researchers in the field of Ayurveda publish in the language of biomedicine, this paper will address principles using Sanskrit terminologies to preserve the intricate nuances embedded in their meanings. English translations will directly follow.
Positionality & subjectivity:

It has been a touching yet deeply grounding process to reflect on my positional reflexivity with respect to the qualitative research I will be pursuing, and on why I may or may not be the right candidate to conduct this field work. When dwelling on the process that led to the dawn of my topic, the answer veered towards the fact that Ayurveda is a system that has, and continues to, equip me with the tools for navigating and understanding the vagaries of the human experience. I have long been absorbed with an esurient interest in answering the colossal “how” and “why’s” of life, and seeking to interpret something as wondrous as the world has given form to what often felt like a fragmented existence. My encounter with Ayurveda in Nepal and India, where I found a deep sense of home, is what instigated the restoration of a sense of wholeness to what previously seemed recondite. The questions became less “why am I here?”, and more “what do I do from here?”. To that end when time came to choose a topic for my thesis, my pull towards a subject pertaining to the field of Ayurveda ensued, and the object of my research derived from my lived experience having witnessed symbolic resignifications in its identity. From here I had the urge to probe, again, why? This being so, I do have a personal affinity for the healing system and to a certain extent see myself as an insider to the population I am studying, in the sense that I share a common ideological and experiential base having examined the knowledge and attempted to apply it in my life for almost a decade. On the other hand I am also an outsider in that, while Ayurveda is “universal knowledge”, the tradition isn’t historically rooted in my native country, so I cannot directly connect with the sentiment felt by the Indian population confronted with the uprooting, exportation, and commoditization of their ancient wisdom. Maykut & Morehouse (1994, p. 123) have written on the complexity of situating the qualitative researchers positioning:

The qualitative researcher’s perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences and meaning systems of others—to indwell—and at the same time to be aware of how one’s own biases and preconceptions may be influencing what one is trying to understand.

This issue is one of complex dichotomies, and I can identify with both the insider and outsider status. As the research process evolves, I will adhere to the responsibility of invariably maintaining an awareness of my positionality through self-reflection, and critically considering underlying assumptions I may have as knowledge is produced throughout the research.

methods

Phase 1 - Amassing perspectives:

This exploratory phase is about tuning into the diversity of viewpoints and mechanisms that characterize the ways in which Ayurveda is being expressed and applied both inside and outside its origin country of India.

Commodification is not a highly studied aspect of Ayurveda, and even less so are issues relating to the pharmaceutical and manufacturing industry. Desk research set in motion the research process of
gathering contextual information on the principles of Ayurveda, the role of classical Ayurvedic texts in informing the medical practices, Ayurvedic pharmacology (*dravyaguna*), the manufacturing culture of herbal medicines in India, identifying important actors in Ayurveda’s landscape, and the spaces through which people “consume” Ayurveda in Europe. I have read over 140 articles with detailed notes. Data sources further included online reviews to capture customer insights and perceptions. Field work included 12 formal interviews (of 1-2 hours) - below is a table summarizing my interview sources and the subjects covered:

<table>
<thead>
<tr>
<th>Interview Source</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayurvedic physician &amp; Director of the Europa Ayurveda Centrum . Witharen, the Netherlands</td>
<td>Experience running a pancha karma clinic in the Netherlands &amp; in-house medicinal plant cultivation for patient treatment.</td>
</tr>
<tr>
<td>Ayurvedic physician. Owner of Astanga Wellness Pvt Ltd. in Karnataka, India. Professor and Board Member at the Europe Ayurveda Academy in France</td>
<td>Origin and history of pancha karma, oversimplification and misconceptions in Ayurveda, adaptation of educational content to the site of practice.</td>
</tr>
<tr>
<td>Ayurvedic physician &amp; Director of the Association of Ayurveda Academy - London, UK</td>
<td>The darshanas (schools of Indian philosophy) &amp; Ayurvedic perspectives on the journey from the metaphysical to the physical.</td>
</tr>
<tr>
<td>Executive Director &amp; scientific advisor at Maharishi Ayurveda Products Pvt. Ltd</td>
<td>Maharishi Ayurveda. Stages of the supply chain at MAE B.V. Standardization, mechanization and quality control for mass production. Communication restrictions on Ayurvedic approaches to health, disease and treatment &amp; the impact on product claims and knowledge sharing.</td>
</tr>
<tr>
<td>Founder of the Maharishi Ayurveda health center in Bad Ems, Germany</td>
<td>Introduction of Maharishi Ayurveda to the West &amp; the experience of establishing a pancha karma clinic in Bad Ems, Germany.</td>
</tr>
<tr>
<td>Ayurvedic physician teaching at the Europe Ayurveda Academy</td>
<td>Dravyaguna (Ayurvedic pharmacology). Traditional medicine-making methods and technologization for modernity. Using locally available resources for medicine production.</td>
</tr>
<tr>
<td>Program director - Delight Academy of Ayurvedic studies. Amsterdam, the Netherlands</td>
<td>Adapting Ayurveda practitioner program curriculums to local contexts. Challenges in implementing B.A.M.S. program in Europe. Future visions in education.</td>
</tr>
<tr>
<td>Ayurvedic psychologist. PR/international press representative for the Ayurveda Parkschlösschen. Traben-trarbach, Germany</td>
<td>Inception story beneath Ayurveda Parkschlösschen. The role of Ayurveda psychology consultant. Regulatory measures that limit which kinds of procedures can be performed in pancha karma in Europe. Client demographics.</td>
</tr>
<tr>
<td>Ayurvedic physician and founder of a private practice: Prakritee Ayurveda in Maastricht, the Netherlands</td>
<td>Path that led to practicing in Europe and features that differentiate Ayurvedic practice in India &amp; Europe.</td>
</tr>
<tr>
<td>Ayurvedic physician, professor at the European Institute of Scientific Research on Ayurveda (EISRA) and gives consultations at the Ayurvedisch Gezondheidscentrum Nederland (AGN)</td>
<td>Inception story beneath EISRA. Challenges of practicing traditionally in the Netherlands. Possibilities for applying universal principles of Ayurveda to local contexts. Reasons that motivated product line AGN to manufacture using both extracts and herbal powders, and the impact of extracts from the perspective of the principles of Ayurvedic pharmacology. Cognition, transmission and documentation of Ayurvedic knowledge throughout history. Challenges of practicing traditional pancha karma in Europe.</td>
</tr>
<tr>
<td>Founder of Kunzmann’s Hotel in Bad Bocklet and Hotel Fontana in Bad Kissingen, Germany</td>
<td>Inception story beneath the Ayurveda health centers. Daily program in a pancha karma treatment. Bridging Ayurvedic knowledge with Western medicine.</td>
</tr>
</tbody>
</table>
Methods also included one month of participant-observation time “in the field” for my case study on Maharishi Ayurveda, and many informal conversations with Ayurvedic physicians, directors of “pancha karma hotels”, directors of Ayurveda academies, students following Ayurvedic practitioner studies, manufacturers of herbal medicines, and professors at Ayurveda institutes. I also maintained the practice of contacting the authors of articles I found relevant, a strategy which was surprisingly successful. It also occurred that my interviewees would recommend I read certain authors, or liaised me with contacts they thought would be interesting for me to consult. During my “spare time”, I watched documentaries and conferences on various themes relating to Ayurveda, some that were directly related to my research and others that were outside the scope of my study, the latter I found to be equally relevant as it expanded and enriched my grasp on the fabric of Ayurvedic theory which I found to be valuable in later stages of writing.

Important data collection opportunities came up that I hadn’t anticipated and proved to be quite useful. I interviewed Dr. S. Swarnapuri, Director of the Europe Ayurveda Academy (EAA), whom invited me to attend knowledge meetings and webinars on several subjects like “pharmacodynamics in Ayurveda”, “Handling stress with ancient Vedic technologies during the pandemic”, “the role of Rasayan in physical and mental health”, “pancha vayu for purification”, and “pancha karma for physical and mental health”. I was also invited to attend an online lecture on Agnimandya, a course that is followed by third year students pursuing practitioner studies programs. Dr. Suresh further gifted me the honour of sharing my perspectives on Ayurveda for poshan (nutrition) at a meeting held on Ayurveda day, an event led by the EAA and supported by the Embassy of India to France and Embassy of India to Croatia. During these meetings, I was able to behold dialogues and debates between professors and students, and between a variety of actors involved in the field of Ayurveda on a range of topics pertaining to the unfolding of Ayurvedic practice in Euro-contexts. I was also invited to attend the inauguration of the first fellowship program in Europe, an initiative that was largely motivated by the need to equip students in India with the knowledge and tools for practicing in Europe. These sessions allowed me to **see the field anew and empathically feel** through motivated observation. To capture these moments, thick descriptions were written as saturated accounts to convey the cultural meaning, feel and facts of certain scenes or events through the eyes of the people involved in the phenomenon.

Phase 2 – Reflection and synthesis:

This phase is about marrying existing theories in the literature with the views and experiences voiced during interviews.

By the end of phase 1, two factors came to the fore that I chose for analysing *how* and *why* the form of Ayurvedic practice and the nuance of the principles morph as the system extends to new localities. One being herbal medicines, the second being pancha karma, both of which are circulating as new commodities. Bearing this in mind, I returned to the literature to organize articles according to these topics. Theories that I found interesting or useful were highlighted, and contemplations were annotated in the form of raw notes. In a separate document I began typing and entertaining thoughts based on patterns that I descried, and from these, structured reflections and theoretical concepts began to chisel. Often throughout the research process I would return to this document as new information became known through conversations, reading, watching documentaries, and direct experience which helped to reinforce explanations for the object being studied.
Phase 3 – Conceptualizing insights and bridging (in)dependent variables:

By the end of phase 2 I had typed documents saturated with “blocks” of streams of consciousness, some with direct linkages to my topic of medicines and pancha karma as new commodities, some musings on New Age Orientalism, and some deep tangents on how the six classical Indian philosophies are webbed into Ayurveda. Some of these chains of thought ended up being relevant, other abstractions less so, but this personal process of maintaining an unbounded inner dialogue is what enabled the conjecture of new concepts. To fasten these ideas into something more putative, I used a notebook to connect these ideas and impressions with my theoretical and analytical frameworks. As a first step I approached each subject category individually and then reflected on how they apply to Ayurveda as a whole. While simple, this method enabled me to see which overarching themes proved most relevant, and facilitated the process of understanding how they informed my research questions. These linkages became the foundation for my outline and eventually the final organization of chapters.
CH 2 De-contextualizing medicine commodities: dismantling and reinventing the medico-cultural milieu

In the arena of the market place Indian medical traditions have become commodified and its healing substances have been commoditized. (Bode 2006, p. 227)

An indigenous artifact or practice is reflective of the shared reality of a collective people in a particular place. Chapter Two examines how processes such as globalization and cosmopolitanism enable the uprooting of indigenous artifacts from their source context in order to relocate them to a new environment. The outcome of the act is that components of the “place-consciousness (Dirlik 2003)” that underly the artifacts significance or meaning are lost.

Relocating, resignifying and implanting a traditional artifact in a new location is bound to impact how it is presented, and thus perceived by the receiving culture. In the case of Ayurveda, Europe’s presentation of the ancient wisdom often fails to convey the infinite complexity of the holistic body of knowledge. An economic niche has been created that has inherently reduced India’s time-honoured healing system to ‘dietary supplements’ and ‘oil treatments’ for it to not compete with modern Western medicine. Commodification and commodity chain analysis will be employed in this chapter to examine the factors that directly or indirectly influence the dynamics of Ayurvedic culture in Europe. The findings presented are taken from the desk review of literature and qualitative interviews.

2.1 Side-stepping the physician:

The medicine commodity has the distinct quality of being need-driven, unlike demand-driven retail and consumer-goods. Provided that their consumption orthodoxy arises out of the incidence of health disturbances, the scope of their usage is limited to specific contexts, systematically rendering them more resilient to commodification. Classical products such as in Ayurveda are particularly more resistant because of the doshic context in which they are embedded. The formulations may be polyherbal or consist of a single herb, they have specific gunas (qualities) and are prescribed after a series of diagnostic techniques in deliberate combinations and proportions to pacify aggravated dosha. Ayurvedic physicians are thus the primary actors with the pharmacological knowledge to mediate their consumption.

Aside from over-the-counter (OTC) drugs, consumption is often mediated by an expert, the doctor, whose deliberation is mandatory for prescription products that are meant for curing a practical problem. As it is the doctor that acts as the expert mediator for distinguishing between the states of health and illness, they may serve either as an important barrier, or a driving force, to pharmaceutical producers for the commodification of medicines or health treatments. For capital to seize more of the market, this barrier must be circumvent. The Ayurveda industry in India did so using two strategies: one was to side-step the doctor by targeting consumers and tending to the OTC segment (classical products and reinventions/diversions of traditional medicines). Second was to concentrate on prescription ‘ethical’ products that are solely available through the mediation of the physician. Both these strategies diverted Ayurvedic products from the established path (Kudlu 2013) by bypassing the physician and breaking outside the scope of Ayurvedic principles.
Advances in medical science and technology have further rendered it possible to lower technical barriers. This facilitates the emergence of ‘medicalization’ processes, where entities such as the pharmaceutical industry redefine the boundaries of health and disease. Moynihan and Henry (2006) have coined the term ‘disease mongering’ to describe the market expansion strategy of widening the demarcations of medical illness for those that manufacture and sell treatments. In this process normal health variants get labelled as pathologic, or the definition of what constitutes disease branches out and multiplies (Woloshin and Schwartz 2006).

For Ayurveda, products and therapies are being marketed as natural solutions against common ailments (indigestion, cough, headache, pain…) and as remedies against diseases of the modern era (diabetes, arthritis). Here, Ayurvedic medical products turn into mass-produced goods to be distributed and consumed, 90% of which by the end of the twentieth century are sold OTC and bypass the deliberation of the doctor (Bode 2006). As a byproduct, “‘high-tech’ products have replaced traditional medical forms such as bitter decoctions (kashaya), crude powders (churna), hand-rolled pills (gulika, majun), medicated butters (ghrita) and semi-solid formulas (avehla)” (Bode 2006, p. 230) to suit the proclivities of the modern consumer. Bode goes on to explicate how Ayurvedic products are also “propagated as substances that take away the venom of westernization”, and presented as an “adjuvant for fighting the iatrogenic effects of biomedical treatment”. These are identities that Ayurvedic medicines have taken on in the market place, and Bode began to realise that Ayurveda was occupying other representations in different arenas (Bode 2006, p. 226-227):

Just like modern pharmaceuticals, Ayurvedic and Unani medicines are framed by a variety of arenas. For example, in the context of the family these substances are tokens of nurturance; in the national arena they are proof of Indian spirituality vis-a`-vis Western materiality; and in the social context the consumption of Ayurvedic and Unani medicines testifies to a wholesome lifestyle and ecological awareness. And as prescriptions of traditional physicians of high repute and moral status, Ayurvedic and Unani medicines become signals of wisdom and are conceptualized as gifts to ailing humanity of Hindu rishis (seers) and Muslim tabibs (wise men). However, when Ayurvedic and Unani medicines feature on the price lists of manufacturers they are merchandize.

In the context of India, there are three reasons that explain why in the 1990s branded Ayurvedic medicines dominated the market: the rise of a wealthy urban consumer class; the wish of manufacturers to protect investments in marketing; and favourable government policies towards Indian indigenous medicines. These are responsible for the plethora of brands catering to a class of affluent urban consumers with products that are about five times as expensive as comparable traditional medicines (Bode 2006).

Ambiguity surrounding the identity of Ayurvedic commodities also has to do with lenient regulatory policies for products to be able to carry the title of “Ayurvedic Patent or Proprietary medicine”, where the main guideline requires that ingredients be found somewhere in Ayurveda’s principal texts. This means that single ingredients can be cherry picked across different texts, which in turn invites manipulation of recipes by exploring new combinations. This leeway is what allowed Procter & Gamble’s Vicks Vapo-Rub to become a registered proprietary Ayurvedic medicament, as the analgesic satisfies the provision that the constituent ingredients are mentioned in the authoritative texts on Ayurveda, even though the formula is not manufactured in accordance to the process indicated in the canons (Supreme Court of India; Bode 2006).
Ayurvedic firms will capitalize off of Ayurveda’s ‘natural’ character by framing their products in opposition to “synthetic” pharmaceuticals, making them easy to exploit commercially (Bode 2006). In this process, Bode notes how large firms present Ayurveda as safe makeshift solutions rooted in national pride, Indian culture, and desi-ness. The imagery of Ayurveda is primarily expressed through online content, though not as intensively pushed in the public media compared to what is possible in India. The challenge of Ayurveda in Europe is thus not linked to Ayurveda’s media representation, but rather deals with matters of depreciation, oversimplification, or even ‘underrepresentation’ in the sense that the image and substance of Ayurvedic practice and pedagogy can only function within limited bounds.

The following sections expand on how and why the commodification of Ayurveda’s medicines and treatments sometimes occurs at the expense of the fragmentation of their traditional identity, form and function.

2.2 Over-the-counter (OTC) branded medicines:

Acquisition of a medicine typically goes via one of two routes: OTC or through a prescription by an Ayurvedic medical practitioner.

Dabur is an FMCG manufacturer in India that originally launched with a focus on classical Ayurvedic products, and the first company to develop the Ayurvedic OTC segment. Years later in fiscal year 2020, Dabur reported 87 billion rupees ($1.17 billion) in operating profit. Between 2020-21, the OTC category increased by 37.2%, and the health supplements segment experienced a growth of 42.5% (Dabur Integrated Annual Report 2020-21). The FMCHG (fast moving consumer health goods) model is an example of how medicines have departed from their original ‘path’ by directly targeting consumers and circumventing the physicians deliberation in consultation (Kudlu 2013). This increases the circulation potential of the medicines, and alters how they are cognized and sold to consumers in society (Appadurai 1986).

Ayurvedic OTC products can be classified into five categories (Kudlu 2013):

1. **Traditional OTC segment:**

   In this segment, products are dispensed without diverting them from their traditional form. Categories include churnas (fine, raw polyherbal and mineral powders) for gastrointestinal health, pain relieving balms, topical preparations for dermatological conditions, and expectorants (Kudlu 2013).

2. **FMCHG (Fast moving consumer/health goods) segment:**

   In the late 90s, companies with OTC segments began to expand their portfolio to reach FMCG markets and engage with household personal care categories like soaps, toothpastes, oils (for skin and hair), teas, and essential medicine products. Dabur was the first company to expand into the industry, Himalaya entered in 1999 with their ‘Personal Care’ range, and Baidyanath in 2002 with their subsidiary company Ayurvedanta Pvt. Ltd. (Kudlu 2013).
3. *Diverted classical products:*

Certain classical products have diverted into the OTC segment. For example though classical, *Chyawanaprash,* (immunity-enhancing tonic), *Ashokarishta* (tonic for women’s menstrual balance and reproductive health), or *Lavan Bhaskar Churna* (digestive) are being manufactured by FMCHG companies (Dabur, Patanjali, Maharishi Ayurveda…) to be sold OTC. Ayurveda’s status of yielding no risk of side-effects has invited consumers to self-medicate, while simultaneously creating a niche for manufacturers to saturate segmentations in the health market with ‘safe plant-based supplements’.

4. *New segments of consumption created:*

Classical medicines are embedded in a *doshic* context rendering them unyielding to commodity pressures. A market has however opened up where “non-traditional stakeholders” (Kudlu 2013) step outside Ayurveda’s therapeutic frameworks to develop new segments such as stress busters, weight loss and concentration.

5. *Commodifying single-herb entities:*

The trend of selling single-ingredient drugs has also come to the fore. This commodity evolved out of prevalent knowledge on *dravyaguna* (Ayurvedic pharmacology) and the medicinal properties of certain plants. Himalaya was the first manufacturer to initiate this trend in 2002. Today, popular examples of single herb tablets / capsules include tulsi (*Ocimum tenuiflorum*), neem (*Azadirachta indica*), curcuma longa, ashwagandha (*Withania somnifera*), amalaki (*Phyllanthus emblica*), brahmi (*Bacopa monnieri*), shatavari (*Asparagus racemosus*), guggul (*Commiphora wightii*) and moringa (*Moringa oleifera*). Lesser known ones for example are kalmegh (*Andrographis paniculata*), meshashringi (*Gymnema sylvestre*), punarnava (*Boerhavia diffusa*), vidanga (*Embelia ribes*), or vasaka (*Adhatoda vasica*) that generally target specific disease categories.

Classical medicines are derived from open-source knowledge laid in Ayurvedic canons. This means that the formulas are not exclusive to a single manufacturer, thus creating space for their commodification potential. To pierce through the barrier of the *doshic* paradigm, the Ayurveda industry is circumventing the Ayurvedic physician by reaching consumers with OTC-focused commodities, and in India has expanded the ethical/prescription product segment by targeting biomedical physicians.
2.3 Ayurvedic products, reinvented commodities

As previously described, new segments of consumption have emerged enabling manufacturers to expand to new niches without competing with classical products. A range of products across the OTC segment have come to light that essentially break the boundaries of traditional ethos by altering the products in terms of form, the channels through which they circulate and the composition of the formulations.

The case of *chyavanaprash* is a classic example of how representations and meanings tied to Ayurvedic medicines become swayed by the sociocultural contexts in which they are found. The chronicles of *chyavanaprash* have been set down in ancient epics like the *Mahabharata* and the *Puranas*. The story recounts that the Ashwini Kumars, twin *vaidyarajas* (royal physicians) to the *devas* (deities) during the Vedic age, visited Chyavana Rishi (seer) at his ashram on Dhosi Hill in India’s state of Haryana. This holy sage retreated to the forest devoting years to spiritual practice, where he spent extended periods of time in deep prolonged meditation to reach enlightenment. Still as the trees, layers of earth began to pile over him and ants would emerge as they marched out from the amorphous structure. The text likens his appearance to an anthill. To restore his strength, the Ashwini Kumaras began by bathing the aged and emaciated Chyavana Rishi in a pond that they had infused with medicinal herbs, after which herbal pastes were applied to his body. Finally, a polyherbal elixir (consisting of medicinal plants, fruits, honey, ghee and powder decoctions) now known as *chyavanprash* – named after the rishi - was created to restore his vital strength and youthfulness (Sharma 2019). Since then, the first record of the formulation appears in the Ayurvedic treatise *Charaka Samhita* (c. 200 CE), where the *chyavanprash* is introduced in the first chapter on *Rasayana* (rejuvenation treatment) as “the foremost of all rasayanas” (Subhuti 2000).
Since its original inception, the composition, ideas and meanings of India’s flagship remedy cyavanaprash has undergone a number of changes over the course of time and place. The sociocultural ‘arena’ in which cyavanaprash is found acts as a catalyst for meanings that are constructed around this medicine, where it has taken on a number of identities including “a patriotic formula, a booster of the immune system, a modern geriatric drug, and one of the elements in canonical Ayurvedic treatments” (Bode 2015, p. 1). Bode’s study of cyavanaprash is relevant as he establishes codes that are representative of the medicine. One is patriotism: “In the 1920s, Ayurvedic notions were important ingredients in the construction of an Indian anti-colonial identity” (Bode 2015, p. 4), setting forth how in post-Independent India, Ayurveda and its medicines began to be employed as tools for counteracting the afflictions of Westernization. In this process the identity of certain products began to attach with Swadeshi ideals propounded by Mahatma Gandhi, and later revived by Prime Minister Narendra Modi through schemes such as ‘Make in India’. Bode links this logic to that of anthropologist Jean Langford who found that the practical application of Ayurveda was for treating “postcolonial disbalance”. To counteract this, Indian spirituality enters the frame as a code to express those features that characterize New Age seekers of healing and worldviews, and that reach for solutions or understandings outside the bounded mechanistic interpretations and parameters set by biomedicine.

In turn, Ayurveda and its medicines like cyavanaprash act as “part of a global counter culture marked by neo-Orientalism” (Bode 2015, p. 1). While it is every part great that people are questioning and widening their horizons as to what may or may not be beneficial for health, brands are exploiting this niche with push-marketing strategies to capitalize on the budding Ayurveda industry. Big names like Dabur, the multinational firm that has long dominated the market for cyavanapprash, are turning traditional medicines into emblematic commodities. In India, large marketing investments are made to boost brand exposure using mass media outlets, celebrity endorsements, and intensive product distribution strategies that disperse notions of Ayurveda and its medicines as a national treasure, modern yet traditional, high-tech yet authentic, spiritual yet scientific. Urban centers and middle-class consumers are often the target (Bode 2015).

Besides tampering with the significance of cyavanaprash’s origin, its content and form began to embody a conglomeration of new profiles. It’s original herbal jam recipe can now be found on market shelves as a biscuit, a capsule, a powder, and even as a candy with a slogan that reads “the goodness of cyavanaprash in a toffee”. This is largely mediated by the fact that manufacturers have the option to sell their product either by strictly adhering to the guidelines described in the classical compendiums of Ayurveda, or the alternative is to create a product classified as “proprietary” if the company wishes to change an original recipe. The latter opens the floodgates for diversions as formulas may be reworked so long as the constituent ingredients are listed somewhere in the texts sanctioned by the authorities. In some cases, altering the formula will disrupt the synergistic actions (karma) of the ingredients that had been designed according to the principles of Ayurvedic pharmacology (dravyaguna shastra), and by that removing the medicine from the doshic logic in which it is embedded. Second, lenient government policies enable manufacturers to choose whether to sell their products over-the-counter targeting consumers or as ethical medicines targeting Ayurvedic practitioners.

Today, cyavanaprash exists in a multitude of forms with ingredients and preparation methods that differ from company to company. Hundreds of manufacturers have surfaced saturating shelves with the latest

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8 Make in India: The Swadeshi movement was launched by Gandhi, today commonly referenced to as ‘Make in India’ - an initiative launched by the Government of India in 2014 to promote domestic production based on native resources and knowledge (Trivedi 2003).
brand variants and patented compositions and preparations of *cyavanaprash*. The elixir has become a modern medicine commodity of varying efficacy. *Cyavanaprash* is one case that exemplifies how market forces can transform a classical medicine into a malleable commodity, though market shelves have generated a line-up of manifold products. Ayurvedic herbal shampoos for example are sold as cosmetic products on the open market.

Traditionally for example, soap nut (Sanskrit name is *Reetha*, Latin name is * Sapindus trifoliatus*) is the medicinal plant which contains antimicrobial and antiseptic properties for cleansing the scalp and producing a lather. Today, international companies will embed certain ingredients like wheat protein and sweet almond oil in a predominantly chemical formula, and present the shampoo to the world as part of a product line titled “The Ritual of Ayurveda” under the “Rebalancing collection”. This same range has also launched a series of unconventional product segments like “Ayurveda hand wash”, “hair & body mist”, “bath foam”, “kitchen hand balm”, and “coconut milk bath”.

In my desk research, I assessed how the Dutch-based company Rituals is approaching the presentation of their Ayurvedic product line. Below are claims that were found on their website that siphons Ayurveda’s oversimplified misconception that the primary aim is to restore ‘balance’ (see Appendix A for a more detailed explanation on why the term connotes misinformation):

“Rebalance your energy from head to toe with this hair & body mist from The Ritual of Ayurveda.”

“The Indian rose and himalaya honey used in the collection create a balancing effect”

“After you’ve finished your kitchen chores, rebalance and restore the moisture in your hands with the luxurious hand balm from The Ritual of Ayurveda.”

Will moisturizing my hands after doing my dishes balance me? What is a ‘balancing effect’? Is balancing my ‘energy’ as easy as applying a hair and body mist? And what kind of energy are we talking about? This is not to diminish the companies aim of trying to instil joy in every moment, but when we understand that imbalance in Ayurveda is in fact balance, and that balance is not static but a state of dynamism that is influenced by plenteous factors (see Appendix A), the claims made by the company simply reduce to an absurdity that something as subtle as “energy” can be calibrated with a scented soap.

Companies are also breaking traditional barriers by stepping outside the recipes and recommendations laid in classical texts. Himalaya for example has released a herbal toothpaste containing sea salt as the active ingredient: “*This Ayurvedic dental cream with its clinically tested formula contains natural salt, which is considered a natural abrasive.*” The chapter of *dinacharya* (daily regimen) in the *Charaka samhita* however describes salt as *lavana rasa*, which is

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9 Interview with Dr. Kembavi on 12/04/2021
contraindicated to be applied on the gums and teeth\(^\text{10}^\). In this process, the commodity context is stretched as the portfolio of products that may be called ‘Ayurvedic’ grows, regardless of whether the principles of Ayurveda are followed.

New categories of commodities such as memory wellness can also be found as OTC supplements:

![Bacopa and Memory Support](https://himalayawellness.eu/products/bacopa) ![Memory Support](https://www.planetayurveda.com/memory-support/)

Such categories expand the commodity context by tapping into specialized market segments. Brahmi (*Bacopa monnieri*) is a popular perennial creeping herb whose name is derived from the Sanskrit term *Brahman*, universal consciousness that is inseparable from *shakti*, the creative force through which it permeates. Brahmi has wide-ranging effects, one of them indeed being a brain tonic that promotes *medhya* (intellect) (Choudhary 2021). The issue with propagating Brahmi under the label of “memory wellness” as with the examples above is that, again, it is a gross oversimplification that reduces the effects of the plant to one function in order to accommodate the “marketability” of the commodity, while letting the other effects slip. From an Ayurvedic standpoint, everything is cause and effect. The impact of Brahmi on cognitive functions will elicit chain reactions on every other function in the body. This is why, while albeit Brahmi helps with “memory support”, it is misinformation to proliferate it as so (as product names) because it fails to acknowledge or convey its significant effects on other bodily functions. This being so, it is why Ayurveda often speaks of the *karma* (actions) of medicines through the prism of *doshas*, as it provides a more encompassing view of the medicinal effects of substances on the body. Brahmi is *tridoshis*, so it will regulate the three *doshas* (Vata, Pitta & Kapha constitutional types). It also has a *madhura* (sweet) and *tikta* (bitter) taste so it pacifies Vata and Pitta. This means that it helps to regulate the nervous system, it removes mental turbulence and nourishes the *dhatus* (tissues). Its *veerya* (potency) is also *sheeta* (cooling), so it enhances *agni* (the transformation principle) and digestion.

Brahmi also falls under a classification of drugs known as *rasayan*, a rejuvenative herb (Choudhary 2021). Typically before consuming a *rasayan*, there must be an assessment of the *prakriti* (“psychosomatic constitution” [NHP 2015]) by a physician so that a suitable *rasayan* can be assigned to the individual according to their mind-body makeup. The body must additionally be primed with biopurification procedures before ingestion of the *rasayan* to (1) enhance therapeutic effects and (2) minimize complications during and after the therapy. In some cases, the issue with OTC distribution of drugs is that it opens the gateways for self-medication. While the Ayurvedic expert may be able to self-diagnose and prepare the body for consumption of a *rasayan*, the typical consumer may purchase a

\(^{10}\) Interview with Dr. Kembhavi on 10/27/2021
“memory support” tablet sans knowledge of their constitution, with a weak *agni* (transformation principle), with *ama* (metabolic waste products), and may be selecting a herb that is not suitable for their situation. In such scenarios, consumption of the *rasayana dravya* (substance) will not fulfil its function.

Along the lines of the case of *brahmi*, 5 herbs capsules is an OTC proprietary product manufactured by the London-based company Dr. Wakde’s, and marketed as “Aphrodiasic herbs for energy & vigor” (Dr. Wakde’s 2019). *Vajikarana tantra* is one of the eight branches of Ashtanga Ayurveda for promoting sexual health and as per the *Charaka Samhita*, directions including body purification therapies, diet, conduct and medicinal formulations have been laid out for managing sexual dysfunctions (Dalal 2013). The issue with broadcasting such advertisements is that the *Charaka Samhita* clearly lists contraindications for *Vajikarana* preparations, and if people are self-medicating it is highly possible that audiences will be unaware of those factors. Second, *śodhana* (purification procedures) are necessary before intake of the medicines to reap efficient results (NHP 2015), and provided that the drugs are available online or OTC, buyers are free to consume them without accounting for whether their internal environment is accommodating for the medicines actions.

Apart from the constituent ingredients in formulations, Ayurvedic medicines have also taken new form as with the controversial case of extracts:

Ayumeda for example is a German-based company that uses extracts for manufacturing dietary supplements. Utilization of alkaloids from plants used in Ayurveda does not systematically render a product ‘Ayurvedic’. For example, ashwagandha (*Withania somnifera*) contains the phytochemical and steroidal lactone *Withaferin A*, though as a whole contains a wide range of therapeutic agents that can be used for treating a variety of clinical conditions. For this reason, an Ayurvedic physician will not solely perceive ashwagandha as a steroid, but will account for its assortment of medicinal properties. This is not to say that using extracts is inherently problematic, but calling the supplement ‘Ayurvedic’ is not an accurate representation as the isolation of bioactive constituents does not satisfy *rasa panchaka* – the five principles of Ayurvedic pharmacology (see section 6.1.2). More fine points on the subject of extracts will be addressed in the following section.
Another interesting phenomena are hybrid ayurveda–allopathy segments. Skincare supplements for example have emerged that combine the strength of Ayurveda’s individualism with the “proven active ingredients” of modern science. For example, a London-based company has designed a proprietary formula that aims to ‘balance’ the  kapha11 skin type. The product includes Ayurvedic botanicals like triphala12 and Gotu kola (Centella asiatica) in combination with non-traditional ingredients, the product page writes “Authentic Ayurvedic herbs combine with Hyaluronic Acid, CoQ10, Vitamin E and Vitamin C to promote the formation of collagen in your skin, help tissue repair, strengthen your immune system and combat tiredness and fatigue.” This is a cosmetic-focused product containing synthesized substances that directly withdraw Ayurveda outside of its pharmacological logic. The health claims made are biomedical, but a touch of spiritualism is incorporated on the website where grand affirmations are made stating that the products help to reach a state of “samadosha – a perfect balance in our lives”.

As a final example under this hybrid paradigm, Holland & Barrett’s new product range “East meets West” is a line “inspired by Ayurvedic practices” (Holland&Barrett 2022):

In the immune formula, turmeric and shilajit extract from the East is combined with vitamin C, vitamin B12 and zinc from the West. The title suggests a synthesis of Ayurveda with biomedicine but ultimately brings forth a product that is a confusion of both pharmacological logics. The formula draws from Ayurveda’s pharmacopeia but cannot be claimed to be Ayurvedic in its form nor function. An additional question becomes relevant in such hybrid products – why are brands sensing the need to bridge Ayurveda’s pharmacopeia with synthesized compounds and modern processing methods? Is it because the integration of biomedicine enhances the power, authenticity and efficacy of Ayurveda’s natural, exotic character? Are the affirmations or procedures described in “Eastern” authoritative texts lacking, and so the Midas touch of biomedicine helps to elevate their validity? Perhaps the intention is mere innovation, but when product packaging features heritage architecture from India and the United

11 Kapha: Anabolic, conserving and structural principle
12 Triphala is a polyherbal formula consisting of Amalaki (Emblica officinalis), Bibhitaki (Terminalia bellirica) and Haritaki (Terminalia chebula)
Kingdom, and there is an awareness of the histories and East / West power plays between the two countries on a national and medical level (section 1.1), its representation may be construed as controversial.

“Eco-luxe” cosmetic & wellness brand Mauli pushes this notion of powerful Ayurvedic botanicals enhanced with British finesse as described on their website:

“Award-winning blends with the science of Ayurveda and a sense of British refinement.”

Such aforementioned scenarios enrich the narrative where entrepreneurs can benefit from Ayurveda’s ‘Eastern’, ‘spiritual’, ‘holistic’ brand elements and in that process, reconfigure components into proprietary products by either (1) withdrawing medicines from Ayurvedic medical logic to boost commodification potential, or (2) embed biomedical elements to leverage the eminence of science. The following section presents a case where the diversion of herbal remedies did not stem from a wish to resignify or ‘rearticulate’ (Antony 2018) classical Ayurvedic formulations under a commodification agenda, but materialized from the need to culturally accommodate the medicines to European health customs.

2.4 Case study: AGN

As seen in the previous section, in their transmission to European markets Ayurvedic medicines have undergone a number of alterations where proprietary formulations dominate traditional shastric drugs (medicaments that follow the ingredients and preparation methods indicated in classic Ayurvedic texts). Rare to be found is the swarasa (herbal juice) or kwatha (herbal decoction), more easy to cross are capsules containing herbal extracts or plant powders. The logic beneath Ayurvedic pharmacology is inherently intertwined with Ayurvedic therapeutics, so when the form (tablet, capsule..) or content (extract, powder…) of a medicine changes, so does its effects on the physiology.

This section looks at why the reason to opt for certain decisions may at times arise from the vicissitudes of trying to practice Ayurveda traditionally in different cultural settings. I present the clinic and manufacturer of Ayurvedic medicines Ayurvedische Gezondheidscentrum Nederland (AGN) based in the Den Haag, The Netherlands. Data presented was obtained from an interview with Dr. Anand Mehta who runs the clinic with his father Dr. Anil K Mehta, where insights are captured on why attempting to copy-paste the model of Ayurveda as it is practiced in India in the Netherlands or any other country for that matter is unfeasible – responding to sub-question 3.

Dr. Anil K. Mehta comes from a lineage of Vaidyas (traditional Ayurvedic doctors). During the partition of India, his father joined the police forces which severed the ties to the medical profession (AGN 2019). Determined to keep the family tradition alive, Dr. Mehta acquired the knowledge by obtaining a degree in Ayurvedic Medicine and Surgery from Maharshi Dayanand University in Rohtak, India after which he started a clinic in New Delhi. Following a successful practice, Dr. Mehta migrated to the Netherlands in the 1980s. Yoga and acupuncture were popular as alternative therapies in that period, but Ayurveda was relatively unknown which made it challenging to practice from the get-go. He also found that he would have to work at the therapist level as Ayurvedic doctors cannot practice as licensed physicians in the Netherlands, or most of Europe. This reality propelled Dr. Mehta’s decision to learn
acupuncture between the years of 1981 to 1984, soon after which he opened up a clinic. During his practice, he found that although acupuncture relieved symptoms for some time, they eventually recurred because the principal cause of the ailment was not being addressed. This circumstance sowed the seeds for Dr. Mehta to return to his roots and progressively incorporate Ayurveda in his consults, until the day where he switched over completely.

From being one of the first Ayurvedic practitioners in the Netherlands, Dr. Mehta went on to found the European Institute of Scientific Research in Ayurveda (EISRA) in 1989, the first school of Ayurveda in the Netherlands. To this day, over 1,500 Ayurvedic practitioners have been trained. Along the same time Maharishi (Ch. 3) was setting up his campus in Vlodrop, and this is when Ayurveda started to burgeon in the Netherlands. Currently, seven clinics under the name of Ayurvedische Gezondheidscentrum Nederland (AGN) are run by Dr. Mehta across Holland and Belgium (AGN 2019).

Dr. Mehta’s son, Anand Mehta, was born and raised in the Netherlands. During an interview with Dr. Anand at the AGN clinic in Den Haag, he recounts his decision to move to India after high school as he was void of any other direction than becoming an Ayurvedic doctor, where he studied at the Dayanand Ayurvedic College in Jalandhar to obtain the BAMS (Bachelor of Ayurveda, Medicine & Surgery). Around 2017 after completing his education, Dr. Anand returned to the Netherlands and saw that Ayurveda was being practiced in a limited way. This incited his curiosity to see the extent to which traditional principles could be applied.

Near Groningen, Dr. Anand opened an office at his friends yoga centre where he practiced Ayurveda for two years in a traditional way. Consults were offered on a donation basis as it is written in the classical texts that physicians cannot ask their patients for money, it is their dharma (calling in life) to help anyone in need of assistance as much as possible. Extracts were not used, only pure herbal powders that were assigned with specific anupans (carrier substances) like honey, warm water, or ghee to be taken during specific times of day. Many patients found these formulations difficult to consume as the tastes and textures were entirely foreign, and a far departure from the typical flavourless capsule or sugar-coated gummy multivitamin that we have become accustomed to since youth.

While patients did witness significant results, eventually even those with the strongest willpower found it hard to ingest pure herbs, Dr. Anand explains:

People who are practicing yoga on a high level and do the cleansings in the body, vamanas (therapeutic purgation) or shankhaprakshalan kriyas (gastrointestinal cleansing technique), they can do that easily every morning. They do the neti pot with high willpower. But patients in Europe if you ask them to take haritaki powder for more than a month they will say ‘can you make them into capsules? I cannot take it like this anymore’.

Anand’s father, Dr. Anil K. Mehta, experienced the same challenges when he first started practicing in the Netherlands. For this reason, he slowly began working with extracts as was the norm with other doctors in his circle. Dr. Anand describes: “Young children in India when they have a fever they are given guduchi decoction to drink which is bitter, or the powder of swertia chirata, and if you have that you might even have a gag reflux from how bitter it is, but you get it from a small age and grow up with

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13 Interview with Anand on 10/25/21
14 Neti pot: nasal irrigation device
It. That is medicine for them. But for people these days what is medicine? It is a pill or a tablet, which is not very difficult to consume.\textsuperscript{15}

Therefore, that ‘real traditional’ way of practicing Ayurveda in Europe is only for a select few who have the willpower to heal, but the majority of the people who are suffering from chronic ailments need something simpler and easier, and as physicians Dr. Anand with his father try to find the middle way. In order to render Ayurvedic medicines more amenable to the palette of their patients, Dr. Anand and his father have transitioned from the usage of whole herbs as prescribed in traditional Ayurveda to offering capsules containing a blend of extract and powder. There exists traditional processes for making extracts in India called \textit{ghanvati}, these are different than aqueous or alcohol based extracts, though while the method of preparation is different the idea remains the same. Out of a whole dried plant, scientists concentrate on the working principle with medicinal properties that cause specific changes in the physiology. There is a logic behind both approaches, though taking a whole herb and refining it in the form of an extract in a capsule no longer reflects Ayurveda’s classical principles, primarily because the taste of the medicine is no longer perceived by the tongue (section 6.1.2).

In time however, Dr. Anil K. Mehta observed in his clinical practice that the effects of the extracts were not yielding results akin to the powders. While extracts can be used ‘Ayurvedically’, they become unpredictable in their function because physicians or practitioners have not studied for how to use them. \textit{Rasa} (taste of the drug), \textit{guna} (quality), \textit{veerya} (potency), \textit{vipaka} (post-digestive effect) are regulating of \textit{prabhava} (special effect of the drug), so removing the regulating factors becomes confusing for an Ayurvedic practitioner. This is why Dr. Anand and his father started using dry herbs in combination with extracts so that they could still witness Ayurvedic results through the powders, while also reducing the dosage to make the medicines more palatable for patients:

\begin{quote}
For most plants used as Ayurvedic medicine the dosage is between 3-5 grams, it’s a lot. It is 2-3 times a day more than a heaping teaspoon depending on the herb which is something that a lot of people cannot take. We are trying to find middle way to make it feasible to practice Ayurvedically here using extracts but also traditional herbs.\textsuperscript{16}
\end{quote}

Dr. Anand goes on to explain that in the past the land of India was not as polluted as it is today, so another reason why extracts are favoured is because a dry herb is more likely to contain pollutants than a purified extract. Any company that offers a product made in India has to be tested for certain parameters like heavy metals, mycotoxins, aflatoxin, ochratoxin. Often when herbs are not processed correctly, like without overheating during drying, they can produce PACS (polycyclic aromatic compounds) which can be cancer producing. Medicines derived from extracts reduce the chance for these contaminants than if a plant is directly harvested from the earth, dried and pulverized into a fine powder.

It is interesting to note that this is a case where, unlike Leslie’s (1989: 30) argument that Ayurvedic pharmaceutical companies “implement radical breaks with many aspects of humoral thinking and practice”, the commercial logic of this diversion is not a venture driven by the intent of creating new meanings or to break traditional boundaries of Ayurvedic commodities. Rather, the decision to work with extracts arose after an honest attempt to practice traditionally and, through experience, witnessing that people are accustomed to an entirely different health culture. Based on patient feedback, the need

\textsuperscript{15} Interview with Anand on 10/25/21
\textsuperscript{16} Interview with Anand on 10/25/21
to adapt the form of the medicines became clear so as to increase their acceptance by European consumers. There are differences in lifestyle and health customs that need to be taken into consideration, and it is in that space of trying to reconcile what is traditionally known with consumer desires that medicines take new form.

Chapter two encapsulates how Ayurveda’s landscape has undergone numerous transformations since its genesis, so characterizing the nature of Ayurvedic medicine commodities can help understand factors that are enabling reconfigurations in their physical form and identity. In this process, industry and commerce provide a lens through which market logic and its mechanisms for shaping medical traditions can be understood under the schema of commodification. The manifestation of new segments, hybrid products, new forms (section 2.3) and trending terms like “balance” (see Appendix A) are an attestation to how actors are satisfying the penchants of European consumers, which reflects the description of my theoretical framework of New Age Orientalist desire (Islam 2019). As such, it is important to realize the intricate interconnectedness between language and markets, and their ability to mold the landscape in a way that reinforces consumerist structures.

Having now established in chapter two the means through which classical Ayurvedic medicines are at times being recast as decontextualized OTC food supplement commodities, the following chapter presents a second case study on a key actor that drove the popularization of Ayurveda in the West: Maharishi Ayurveda and its pharmaceutical venture Maharishi AyurVeda Products International (MAPI). Analysis will examine (1) the ideology beneath Maharishi Ayurveda (2) the evolution of traditional medicine-making methods in light of mass production and contemporary industry requirements (3) impact on practitioner metis, and (4) how by adhering to national legislations, Ayurveda’s perspectives on health and disease are at times distilled, denied or converted to broad biomedical assertions.
Meditation is making research into yourself, and into the subtler fields of activity. Day after day we culture our minds with the deep silence of our own Being. This is not the silence of a stone, but creative silence. We have to find it for ourselves. We decrease activity until silence becomes creative, and we sit in creative silence and close the gates of perception for insight into the content of life.

-- Maharishi Mahesh Yogi

Maharishi Ayurveda is a form of consciousness-based Ayurveda where in essence, the role of meditation is centralized as a tool for living in alignment with natural law. Maharishi played a key role in the introduction of Ayurveda in the Netherlands in the 1990s. The section below will present a brief introduction to Maharishi Mahesh Yogi, Maharishi Ayurveda, their company Maharishi Ayurveda Europe (MAE B.V.) and a case study that characterizes the supply chain of herbal medicines from the manufacturing facility in Noida, India to the main distribution center in Netherlands. Tensions are raised on the challenge of producing according to the guidelines described in the classical texts while manufacturing for mass production and meeting modern standards. Here, I examine the matter of metis (Scott 1998) and the vulnerability of the physicians alienation. Regulatory factors that are preventing the company from expressing Ayurvedic perspectives on health and disease are also addressed using an example that draws from Maharishi Ayurveda’s new range of mineral rasayana products.

As data collection methods, a month was spent at MERU (Maharishi European Research University) in Vlodrop where a series of three semi-structured in-depth interviews were held with the scientific advisor at MAE B.V. to characterize the medicine-commodity chain (section 3.1). Numerous informal conversations were also held with volunteers, transcendental meditation™ teachers and people working for the organization across a variety of fields including agriculture (Maharishi Vedic Organic Agriculture), music (Ghandarva Veda), astrology (Maharishi Jyotish and Yagya), and Vastu architecture (Maharishi Sthapatya Veda) – these were not directly related to my research, but provided important contextual information on the motivations beneath the movement being studied.

Maharishi Mahesh Yogi was a spiritual leader from India widely regarded for his endeavours developing the science of consciousness, and for originating the transcendental meditation^{17} (TM) technique, a practice that evolved into a ‘Spiritual Regeneration Movement’ across the world stage. After having obtained a physics degree from Allahabad University, for the next thirteen years Maharishi lived as a student in service of Brahmanand Saraswati - also known as Guru Dev – where they tenured in an ashram at Jyotir Math, Badarikashram, Uttarakhand. Ensuing the passing of his Master, Maharishi receded in quietude to the caves of the Valley of the Saints in Uttar Kashi. During this time, he realized the dissonance between what is declared to be in the Vedas and the reality of how life is experienced in the day-to-day. In the deep silence and high altitude of the Himalayas, Maharishi listened to the whisper of nature guiding him to depart from his withdrawn life in Uttar Kashi and peregrinate to India’s southernmost point (MMYVV 2004).

^{17} Transcendental meditation is a mantra-based technique that provides a systematic experience of the self, atma – and pure consciousness, practiced twice-daily for 20 minutes.
From then onwards, Maharishi began to offer the TM technique in the name of Guru Dev, first in India and then embarking on world tours, for people to experience higher levels of consciousness\(^\text{18}\) and integrate it in relative existence (everyday reality). Since then over forty-thousand teachers have been initiated through the TM teacher training program, and over six million people have learned the technique across the world (Travis 2015). The first studies on the mind-body benefits of practicing TM were published in the 1970s, and in the years that followed, more than 600 evidence-based studies were conducted at over 250 universities and research institutes in over 30 countries (GCWP 2018) for scientific verification purposes.

This being said, before presenting Ayurveda or any form of Vedic wisdom to the West, Maharishi felt it was important to first introduce TM. The rationale behind this is that TM enables a person to experience the field of consciousness, the core essence of Vedic sciences, prior to tackling sub-constituent methods (i.e. Ayurveda) that build upon this foundation. TM allows the mind to settle into finer levels of thought, it is the silent self and inner cistern of intelligence that underlies all mental activity and natural laws. This is the state of transcendence, a space through which pure consciousness and unbounded awareness (often referred to as the unified field in quantum physics) can be experienced.

Maharishi Ayurveda is a form of Ayurveda that aims to “utilize the intelligence of natural law to enliven the body’s own self repair and balancing mechanisms” (MHEC 2012) for creating and maintaining health. Regular meditation is said to help with attuning to natural law, by cultivating a deeper sense of knowing awareness for discerning between the eternal and noneternal. As a result, thought, tastes and propensities become more integrated and spontaneously move in harmony with what fosters wholesome health. For many it is normative to regularly make treatise that keep getting broken as fast as they are made. By enlightening and enlivening that field of wholeness within the self through meditation, it becomes possible to overcome surface level thinking. Through this experience, a refined awareness of the mind is cultivated that helps to correct behavioural impulses that commonly arise from stress (damaging diet, substance abuse, sleep deprivation, negative thinking…), which often are at the very basis of disease-creation, and instead bestow a deeper knowing of all that is life-supporting – as opposed to detrimental to health. Equipped with TM, the practice is said to set fertile soil for progressively integrating Ayurvedic vihara (lifestyle) - like dinacharya (daily regimen), ritucharya (seasonal regimen), herbal medicines and therapies. Maharishi once said “what we think, we become”, this is why he wanted to equip people with a technique to transcend mental fluctuations and enliven desired qualities of awareness, so that those qualities will start to be lived.

Having now introduced Maharishi’s Vedic approach to health and established the movement as a key force that propelled and popularized Ayurveda in the West, the following section presents the organizations firm Maharishi Ayurveda Europe B.V. through which the company manufactures and distributes herbal products.

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\(^{18}\) Seven levels of consciousness according to Maharishi Mahesh Yogi: 1) Waking consciousness, 2) Deep sleep, 3) Dreaming, 4) Transcendental Consciousness, 5) Cosmic Consciousness, 6) God Consciousness, 7) Unity Consciousness
This section aims to provide an account of how manufacturers are reconciling traditional ideals with the realities of modern industry demands. Analysis of the stages of the production chain give insights into a variety of issues that arise when manufacturing in high volumes, and its impact on Ayurvedic practitioners metis (local practical skill) by displacing traditional skills with mechanization alternatives. Levels of ‘resignification’ and ‘symbolic displacement’ (Antony 2018) are presented in a new light, where the occurrence is not inherently derived as a stratagem to fit into Western frameworks, but are in fact the outcome of Western frameworks imposing directives that dictate what can and cannot be communicated about the products.

Driven by the conviction of a disease-free society, Maharishi started working closely with leading Ayurvedic physicians and scholars (Dr. V.M Dwiwedi, Dr. B.D. Triguna and Dr. Balaraj Maharishi) to systematize and restore the fragmented science of Ayurveda to its complete value.

‘Amrit Kalash’19 is the renowned proprietary product that launched Maharishi Ayurveda Products Private Limited (MAP) into the retail arena in 1987. Today, the line of business comprises over 1,500 products covering categories such as Supplements, Food & Drink, Aromatherapy and Cosmetics (CARE 2019). In 1988, MAP set-up an in-house R&D facility that affiliates with medical institutions and research centres in India and internationally. Jointly with AYUSH, the Indian Health Ministry established the Golden Triangle Project to scientifically validate classical formulations. Due to MAP’s standardized and certified production procedures, the company was appointed to support the definition of production protocols for classical medicines (Maharishi Ayurveda n.d.).

Since its inception in 1987, MAP has compiled a repertoire of proprietary and classical formulations developed by Vaidyas (traditional Ayurvedic physicians) and manufactured at a facility in Noida, Uttar Pradesh in India. MAP’s production facility was originally based in Rishikesh but later shifted to Noida, Utter Pradesh, an area with a special export processing zone, under the direction of Maharishi. Maharishi Ayurveda has its head office in India, with independent branches in Europe and the US, and distribution branches on all continents. Today, MAP products can be found in over 50 countries (Maharishi Ayurveda 2021).

The headquarters of the European franchise, Maharishi Ayurveda Europe (MAE B.V.) is based in Herkenbosch, the Netherlands. This location houses a warehouse that maintains products transported from India for distribution to clients and stockists throughout Western Europe. Today, over 70 herbal medicines are listed on the Dutch website as dietary supplements, and cover a range of categories

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19 Amrit Kalash is a rasayana, a group of substances used in rejuvenation and immunomodulation therapy. The formula comes in two parts, each containing different ingredients – one is the Maharishi Amrit Kalash Nectar (MA4), a complex, tridoshic, synergistic blend of 44 herbs, fruits, and ghee combined in a systematic process and enlivens the body’s intelligence. Second are the Maharishi Amrit Kalash Ambrosia tablets (MA5) that support the faculties of the mind.
including: Ayurveda classics, sport and fitness, metabolic waste products, digestion and metabolism, Ayurvedic minerals, organic single herbs, beauty from within (Maharishi Ayurveda 2021).

Dr. Richa is the daughter of Anand Shrivastava who started MAP with Maharishi’s inspiration and direction in the 80s. Dr. Richa worked as the head of research & laboratories in India where she oversaw production and quality control. For the past three years she holds the position of Scientific Advisor at MAP in Herkenbosch and is also involved in coordinating doctor training programs. To capture how traditional medicine-making processes have evolved to meet industry demands and standards, a series of three informal interviews\(^\text{20}\) were held where she described the stages of the supply chain providing information that was organized according to function, agent and output in the following table:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Function</th>
<th>Agent</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>R&amp;D</td>
<td>New product development</td>
<td>R&amp;D facility recognized by the Department of Science, Government of India</td>
<td>Formulations for MA tablets, pastes, syrups</td>
</tr>
<tr>
<td>Clinical trials</td>
<td>Clinical research</td>
<td>MA collaborates with universities, for ex. the All India Institute of Medical Sciences in New Delhi</td>
<td>Information about the side effects, risk, efficacy, function of the drug</td>
</tr>
<tr>
<td>Sourcing</td>
<td>• Cultivation</td>
<td>• Certified organic farms</td>
<td>MA sources around 300-400 herbs. Plant material is obtained from various sources (approved vendors, farmer societies, organic farms...). Each herb has a set quality standard that MA shares with the vendor, who supplies according to those guidelines. Certain herbs are also sourced directly from their own farm “Maharishi Orchard” in the Himalayan region of Uttarakhand where organic apples, herbs and vegetables are grown. Organoleptic inspection is carried out by a Vaidya upon arrival of the raw organic plant material at the facility.</td>
</tr>
<tr>
<td></td>
<td>• Transport &amp; delivery of the raw botanicals</td>
<td>• Certified organic orchards (including Maharishi orchards)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to the production facility in Noida, Uttar Pradesh</td>
<td>• Contract farming with farmer societies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sampling</td>
<td>Authentication of Herbal Raw material</td>
<td>• Vaidya</td>
<td>Inspection, Organoleptic tests, Sampling and allotment of Batch number:</td>
</tr>
<tr>
<td></td>
<td>using Herbarium Standards</td>
<td>• In-house chemist</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^\text{20}\) Interview with Dr. Richa on 9/29/21 & 10/15/21 & 12/3/21
<table>
<thead>
<tr>
<th>Category</th>
<th>Process Type</th>
<th>Institution</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning &amp; sorting</td>
<td>Primary processing</td>
<td>MA</td>
<td>There are special methods for sorting &amp; cleaning of different plant parts. For ex. the roots need more scrubbing and washing to remove soil, particles and extraneous unwanted matters, and the leaves need to be sieved and dust taken out. After cleaning, the plant material is sorted according to morphological characteristics.</td>
</tr>
<tr>
<td>Drying</td>
<td>Primary processing</td>
<td>MA</td>
<td>After sorting and washing, the raw medicinal plant material is taken to a glasshouse structure on the terrace of the facility for drying.</td>
</tr>
<tr>
<td>Powdering</td>
<td>Secondary processing</td>
<td>MA</td>
<td>The facility has a dedicated powdering line. There are specialized machines for powdering steps that include a cutting and alpine mill, and a final powdering mill. A Vibro Sifter machine (mechanical sieve) is used to obtain fine powders based on desired mesh particle sizes to provide good compaction for tabletting.</td>
</tr>
<tr>
<td>Testing</td>
<td>Quality control</td>
<td>MA</td>
<td>Microbiological counts in the powders are checked by MA chemists and third-party laboratories. If the counts are fine it can be taken further, if not the material will be steam sterilized to meet standards.</td>
</tr>
<tr>
<td>Production</td>
<td>Cooking, syrup-making, tablet-making</td>
<td>MA</td>
<td>Production of pastes, syrups, tablets (single-herb &amp; polyherbal), oils and other formulations</td>
</tr>
<tr>
<td>Testing</td>
<td>Final quality control</td>
<td>MA</td>
<td>In-process tests performed with parameters that vary with each product category: Tablets: (hardness, disintegration time, dissolution time...) Paste: (sugar, fat, water content...) Syrup: (viscosity, sucrose concentration, water content...) Tests include examination for physico-chemical parameters and AAS (Atomic Absorption Spectroscope)</td>
</tr>
<tr>
<td>Packaging</td>
<td>Managing product quality</td>
<td>MA</td>
<td>Samples from the packaging line are taken for quality control (to ensure that the labelling is correct, that the number of tablets are correct...)</td>
</tr>
<tr>
<td>Distribution</td>
<td>Transport</td>
<td>MA</td>
<td>Products are dispatched in a container to the warehouse in Herkenbosch - the main distribution center for Europe. Products are unpacked in the warehouse and sent to customers and distributors in Switzerland, Hungary and other European countries.</td>
</tr>
<tr>
<td>Retail</td>
<td>Final sales</td>
<td>MA</td>
<td>Consumption</td>
</tr>
</tbody>
</table>
When trying to integrate traditional methods with contemporary benchmarks, Dr. Richa mentions that “the challenge is finding the balance where you produce according to scriptures and still meet modern standards\(^{21}\)”. For example similar to the chef’s kitchen, there are three types of cooking prescribed in Ayurveda: slow, medium and high heat. In the past Vaidya’s would cook medicines by hand in small batches over woodfire, but in the context of mass production the method becomes unrealistic. To streamline the process in an efficient way, MAP sources steam jacketed or vacuum vessels to maintain temperatures at controlled and uniform levels. The approach aligns with Maharishi’s direction that all procedures ought to strictly abide by the guidelines described in Ayurvedic texts but using modern technology, which is why MAP step-by-step began to standardize equipment for mass production.

The need for standardization also incited MAP to innovate in the area of tablet-making. Compacting herbs to create a tablet can be challenging, which is why binding agents like talc and magnesium stearate are often used in modern pharma. To improve upon this, MAP has developed a technology to create high-quality fully natural tablets. No additives or chemicals are used in any products, only starches like gum acacia, starch from rice and GMO free organic starch from corn and tapioca are used as binding mediums. Each tablet has a slightly different ratio of herbs to starches, and certain formulations contain material like guggul (\textit{Commiphora wightii}), a gum-resin exudate that is quite sticky and thus requires less binder. Other substances are more powdery and might need a bit more. Each tablet thus has a different ratio, but researchers have standardized the tablet formulation for producers to know the herb-binder ratio for each medicine\(^{22}\). Hence, this is an instance where specialized technologies have replaced traditional, labour-intensive manual methods to improve content uniformity in final medicines.

There are certain processes however where MAP found classical methods to still be effective and relevant today. \textit{Rasashastra} is a branch of Ayurveda that deals with the processing of metal, minerals, precious gemstones, animal products combined with herbs into potent \textit{bhasmas}\(^{23}\) (Bagewadi 2015) for therapeutic purposes. At source, these products are not amenable for internal consumption which is why Ayurvedic treatises have delineated elaborate procedures for purification that render the \textit{bhasmas} nontoxic, absorbable and assimilable in the body. Dr. Richa describes how in the past MAP employed electric furnaces for cooking and synthesizing \textit{bhasmas} at high temperatures, but the lining of the furnace would easily wear out and had to be frequently changed. In time the team opted for an earthen furnace which was found to be more economic, ecological, and is in fact prescribed in Ayurvedic texts for \textit{bhasma} preparations. Classical literature describe the methods in detail, from the dimension of the cow dung cakes, how many to be used and at which temperature profile (Pathiriraja 2020). For the preparation of \textit{rasayanas} (rejuvenation and immunomodulation therapy), MAP uses earthen pots containing minerals that are kept inside an earthen furnace to be cooked overnight. In the morning the

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\(^{21}\) Interview with Dr. Richa on 9/29/21

\(^{22}\) Interview with Dr. Richa on 9/29/21

\(^{23}\) Bhasma: herbo-mineral preparations
pots are taken out, the mineral deposits are seized and go for another round of maceration. Each mineral requires a different number of cycles for the material to be purified and disintegrated to ultrafine nanoparticles, elemental iron for example can take up to over 100 cycles. This is one area in medicine-making where Ayurvedic metis (local practical knowledge) resisted scientization and has not deviated from classical tradition.

To summarize, MAE B.V. produces a range of classical and proprietary medicines that are manufactured in India and distributed across Europe. To meet contemporary standards for global production, Maharishi instructed that procedures should follow guidelines laid in Ayurvedic texts but employing modern technology. Through trial and error, the team found that there are certain procedures such as with bhasma preparations where classical methods have proven to still be effective. In other areas like with tablet-making, a technology was developed to standardize the formulation and systematize the process. MAP demonstrates how industrial production of Ayurvedic classical and proprietary medicines does not automatically lead to the deskilling or alienation of the physician, in line with the findings of Kudlu (2013). Traditional skill holders with embodied, physical know-how for selecting, grinding and cooking herbs are still relevant in the case of small batch production, but on an industrial scale the level of productivity and uniformity required cannot be met. The physicians yukti in medicine creation, a cognitive process that has been coined ‘thinking medicine’ (Kudlu 2013), is not lost. The main concern relates to (1) changing production and consumption patterns (section 2.2. & 2.3) that are altering the therapeutic aspects of Ayurvedic medicines, and (2) the degree of the physicians skilling (Ch. 5) and involvement in medicine-making through which Ayurvedic metis is transmitted.

3.2 Reconciling contradictions and the construction of authenticity:

The following section provides an example on how pharmaceutical regulations in Europe impact how Ayurvedic products are presented, thereby influencing public understanding of the logic beneath the medicines, responding to sub-question 2 and 3.

As described in the previous section, there is a lot of chemistry involved in bhasma (herbo-mineral) preparation with scriptures that describe their medicinal properties, dosage, application in therapy, and even their linkage to the planets. However Europe’s unique regulations on which minerals and herbs are legally allowed meant that Maharishi Ayurveda had to adjust which ingredients are included in the formulations. For example in India, metals like mercury, copper, gold, silver are used in medicines, but Europe considers mercury as harmful. The moderation and transformation of Ayurvedic medicines is partly due to their prohibited status in most European countries, Dr. Richa accordingly argues that “by sticking to the regulations, this is one of the ways in which Ayurveda becomes diluted.”

The case of Maharishi Ayurveda is also distinctive because the founding ideology is derived from the teachings of guru Maharishi Mahesh Yogi, so while the principles are universal, they are not representative of how everyone that engages with Ayurveda views the world, and not everyone practices Transcendental Meditation. An interesting deliberation struck me though during my time at MERU (Maharishi European Research University) in Vlodrop where I conducted my interviews. The very elements that are being stripped from the core practices that substantiate Ayurvedic living (connection to self, present awareness…) in the discourse of its commodification are the same elements that Maharishi aims to attract back through meditation. 20 minutes a day twice a day for those that are meditators, longer meditations for those that are more advanced, people are meditating to transcend and

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24 Interview with Dr. Richa on 9/29/21
gain ground in their evolution. At MAE B.V., Dr. Richa narrates how the company operates as a consciousness-based company in practice:

The people that are producing the products or working there (manufacturing unit) follow an Ayurvedic daily routine and practice TM the way Maharishi prescribed. Most are TM teachers connected with the movement and anyone new that comes in goes through an induction program to learn TM. At the units at 9 in the morning and 5 in the evening there are group meditations and there is a pooja hall for all sorts of daily and special pujas. Recitations are also done in the center of that unit.

Maharishi Ayurveda is embedded in unique tenets and practices that inform daily lives of the people working at MAP, whom have specific understandings on how the medicines will affect the mind-body of consumers, yet there are strict regulations inhibiting their ability to convey those perspectives. The team has a great wish to educate about traditional Ayurveda, but there are greater legislative powers at play that peg the information that can be shared down to general knowledge like diet, routine and biomedical claims. As an example, MA has recently launched an advertisement for a new range of mineral rasayana products:

![Irreplaceable – the most important minerals in Ayurveda]

Source: https://www.ayurveda.nl/minerals

In India, manufacturers of Ayurvedic medicines are free to speak liberally about the products. Yet in Europe, MAE B.V. is registered as a dietary supplement company so the business is regulated by the FDA. As a result, the company is not allowed to discuss or educate about disease or treatment through the lens of traditional Ayurveda on the website or product packaging (MAPI 2021). The regulatory environment and EU Directive control claims of safety, efficacy and quality by having companies present an application procedure for claims that must be authorized by the European Food Safety Authority (EUAA). Broad health claims are permitted as the minerals (calcium, iron, magnesium, zinc) have been tried and tested in allopathy, yet no information or health claims can be disclosed on rasayana therapy through the lens of Ayurveda’s theoretical frameworks. In fact, at the bottom of each product listed on the web shop, the company announces the following disclaimer:

“Some aspects of Ayurveda knowledge are based on principles and perspectives that differ from Western science as we know it, so please read the important information we have compiled to help you.”

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On that account, when consumers in Europe go on websites searching for Ayurvedic medicines and find that information leans more towards the allopathy end of the spectrum, it is an oversimplification to systematically deduct that this is a calculated marketing scheme on behalf of the company. Due to these constraints, MAP resorts to educating customers via their online webstore about the Ayurvedic benefits of the products, but in a limited manner. This barrier inextricably feeds into ongoing ideological clashes between classical and modern Ayurveda as the lore of its contents are exported to Western environments.

Chapter two and three examined the commodification of the physical medicine commodity operating as part of the herbal supplement market. Corporate activities like product development, merchandising and distribution are a mise-en-scène for showcasing one of the mediums through which meaning making around India’s system of medicine is constructed throughout each step of the commodity supply chain. The following chapter looks at the commodification of pancha karma (five action) therapy which in India has been reported to serve under the banner of wellness & spa culture (Kudlu 2013), and aims to understand how the treatment is being expressed in Europe as a new commodity in the Ayurvedic service market.

The nature of pancha karma can be understood by deconstructing the compound words that compose Ayurveda. Āyur is a derivative of āyus - a Sanskrit word whose root meaning infers “long life, longevity, lifespan, life process, vital power.” Second, the etymology of the word Veda denotes “sacred knowledge, wisdom”. Today however, it isn’t uncommon to come across the inaccurate contemporary definition of Ayurveda as “the science of life”, as opposed to “the science of longevity” or “the knowledge of life”. While at the outset the distinction may appear trifling, the nuance radically alters the identity of the meaning.

The term Āyus gives insight about life as a process, one that is rooted in the perturbing yet human reality that time in this physical existence is finite. From this point Ayurveda is very practical in that, while it aims to promote longevity, it does not promise everlasting life or insinuate that it can bypass the inevitable. Founded on this fact, pancha karma is considered the gem of Ayurvedic therapies for its ability to promote the body’s self-preserving, self-healing and adaptative abilities to prolong life.

This chapter presents the rationale beneath the therapy, the emergence of new spaces operating under the auspices of pancha karma’s name, the forces that are inhibiting the practice of pancha karma in its traditional form, and the implications of pancha karma’s current commodification trajectory. Data collection methods include literature review and findings from interviews that were conducted with Ayurvedic physicians, founders and communication representatives of pancha karma centers in the Netherlands and Germany.
4.1 Pancha karma: an anecdote on its origin

For many, the desire to extend time spent in the physical world stems from a space of survival and an attachment to all that grounds us in our human experience (materiality, imprinting, security in the known and fear of the unknown...). In India, Hindu philosophy holds the concept of nirvāna (self-realization, bliss), a spiritual objective where certain aspirants will dedicate their lives to achieve. By reaching moksha (enlightenment, liberation of the soul), it is believed that the being will be freed from saṃsāra (karmic cycles of rebirth).

This is not an easy feat, and may take multiple lifetimes to realize. To bolster the quest of the aspirant, a methodology was designed with the motivation of preventing aging to extend time on earth, so as to furnish the aspirant with the necessary time or experiences to attain moksha. Classical texts describe kshetrikarana, which means “to prepare the field” (referring to the mind and body) for the bio-purifying treatments and Rasaushadhis (Rasayana medicines) that follow. The purpose of this is to remove physio-psychological stress and establish fertile ground for free-flowing connection with the absolute. Following kshetrikarana, Ayurvedic texts describe a more ascetic variation on pancha karma called Kuti Praveshika Rasayana— a procedure where aspirants isolate themselves from the outside world in a kuti (Sanskrit for hut). The idea is that by sheltering sensory points from outer stimuli, the individual will be able to enter the journey within (antaratma sadhana) with greater ease (Gerson 2018).

In the past, Ayurvedic life extension treatments would be administered one of two ways according to the time that could be devoted – thus Brahmin priests or sadhus for example would often be offered programs of longer duration (90 days or more), whereas householders would be treated for shorter periods (Gerson 2018). This meant that the individual had to be able to maintain control of the pratyahara (senses) throughout the entire process so as to permit dharana (concentration) and deep prolonged dhyana (meditation) to increase awareness of the self. This awareness in the form of consciousness is transported through the nādis (channels that circulate vital energy in the body) to every cell, enabling the biochemistry to self-correct. During this time, the individual receives therapeutic rejuvenating treatments that relieve the body of physiological stress and toxic elements (water soluble, fat soluble and volatile substances) that are stored in deep tissues, fat and cells, and are removed by concentration gradient over the course of each successive treatment (Gerson 2018).

In order to make kutipraveshika panchakarma more accessible, shorter series of pancha karma treatments (one to three weeks) were offered to the monarchs of ancient India so that physio-mental benefits could still be reaped, but in a shorter time span. Often the treatments would be taken on a seasonal basis, with the intention of removing mental and physiological stressors to allow frictionless connection with the Absolute, and “promote righteous and ethical rule” (Gerson 2018). This context explains why panchakarma today is often referred to as “the royal treatment.”

4.2 Stillness amidst the chaos.

In today’s world, the typical individual is exposed to a constellation of toxins that are accumulated from stress, food, pollution, drug abuse, irregular routine, burnout, inadequate rest. Toxic elements become embedded within the body tissues and fat cells, and accumulate to form ama (toxic by-product of undigested metabolic waste). As a result, consciousness, digestion and elimination all become impacted, laying the groundwork for ill health. More and more people are falling victim to the adverse effects of
common ailments (PCOS, fibromyalgia, hypertension, improper digestion, heart diseases, diabetes, cancer, chronic pain and fatigue…) that arise mainly due to deep seated endogenous toxins (pollutants from the air we breathe, pesticides on the food we eat, substances we consume, stress we endure…) that cumulate to create ama. Ama constricts the flow of fluids and energy within the body channels and calcifies into deposits of toxic build up especially in the gut, tissues, joints and generally clogs srotas (bodily channels) and disrupts cellular communication. When ama accumulates to a critical level, it will vitiate agni (transformation principle) and aggravates the doshas (configuration of the gunas). This condition serves as source for metabolic and chemical disturbances, and ultimately disease establishment (Rastogi 2012).

Pancha karma is a purificatory process that has been elaborately described in the original treatises of Ayurveda: Charaka Samhita, Sushruta Samhita and Ashtanga Vridaya. Ayurveda teaches two routes for keeping the body healthy: one is internal medicine shama chikitsa (pacifying therapies that consist of conservative treatments for alleviating vitiated doshas). Second is shodhana chikitsa (intensive bio-purification therapy which envisages pancha karma for eliminating vitiated doshas when necessary).

Panchakarma is the diadem of Ayurvedic therapies. By clearing the srotas (bodily channels) down to the cellular level, the procedure is believed to impart radical elimination of disease causing factors. The therapies may be prescribed for pacifying purposes as a preventative cleanse for healthy patients, for curative purposes for patients fighting chronic or progressive diseases (ie. osteoporosis …), or as a palliative care practice for terminally ill patients (ie. cancer [can be performed in conjunction / co-therapy with conventional treatment]) (Sawarkar 2017).

Pancha karma is a comprehensive procedure where a series of treatments dislodge impurities from the cells and tissues and flushes them from the body (see Appendix D for the three stages of pancha karma therapy). Each stage and step supports the next. By addressing underlying physicochemical and bioenergetic imbalances, the regimen breaks the root cause of pathology and normalizes doshic values which permits restoration of health (depending on how chronic the condition was to begin with). Certain conditions in advanced stages may require pancha karma procedures to be applied in intervals over a period of time, for this reason pancha karma is recommended in the early stages of disease manifestation to control its further progression.

During pancha karma, each day of treatment will gradually lower the basal metabolic rate and stress levels will decline. The challenge of the individual then becomes the reconciliation of two distinct yet opposite forces – a state of inner silence has to be calibrated with the active physicochemical restructuring being materialized by the procedures. “Only if a state of deep calm can be established and maintained, can it act as a source of vitality to empower the dynamic actions of the foods, medicines, and purification procedures which transform old toxic cells into vital reanimated ones” (Gerson 2018, p. 4). The cumulative treatments over the course of weeks allows the patient to reach a state of internal calm where the serenity informs vitality, the stillness informs transformation, the pause informs longevity. Dr. Khemavi is an Ayurvedic physician operating a pancha karma center in India, during an interview he highlights the challenge it is for patients resist distractions and tune into the body:

For the first five days all the patient does is drink ghee in increasing doses as per calculation of the Vaidya at 8:30-9am in the morning. Once they drink the ghee it is absolutely contraindicated to do any treatment procedures throughout the day, so when someone is visiting all they do is drink 30-50ml of ghee and sit inside. The first complaint is that they are bored. We tell them that this is a process of healing, so they have to introspect and experience what the medicine is doing. In the treatment centre there is no television and no internet because it is contraindicated, and there are
eight things to be avoided during panchakarma procedure. For example AC should never be applied – it is a strict no, but many centres have AC rooms, fridges stocked with all kinds of things. This is a money making gimmick, not panchakarma. It’s a process of healing. They are there to heal themselves. If you are stressed about boredom and not allowing the medicine to do its action then you are not experiencing. You have to observe when you get the burps, or feel the hunger pangs, things that in our normal day-to-day life we don’t give attention because we are not bothered, but during treatment you have to observe what are the changes that occur in the body. Is your skin getting oily? Are you feeling sleepy? Do you get a headache? 26

There is hunger over the course of weeks but the main diet is rice water and kitchari (blend of basmati rice, mung dal and spices), because the gastrointestinal tract has been reset. For this reason, Dr. Mehta (from section 2.4) underlines in an interview “Real panchakarma is for the very few, only those who really want to get better, and the rest what they do under the name of pancha karma is business and making use of ignorance.” 27

Pancha karma can help the patient to get better and the doctor will provide guidelines for staying healthy after the fact, but it is the responsibility of the patient to do the necessary to stay better. In an interview, Dr. Kembhavi argued: “We need to be strict, if you don’t follow everything you systematically lose the right complain that something is not working. You have done all the hard work but going back home and not following it up, how can you expect results? Like yoga, Ayurveda has a cumulative benefit – the procedure may be there for 8 days, but with an 8 day procedure they can experience benefits for the next 6 months or even one year. Provided they follow all the do’s and don’ts.” 28

Having now provided a brief overview on the philosophy and theory of pancha karma, the following section describes the cultural and medical implications of the format and settings in which pancha karma is being propagated as a wellness commodity.

4.3 Stipulating the royal treatment:

Pancha karma’s ability to provide long-lasting relief for chronic and psycho-somatic illnesses has led to the treatments propagation nationally and across the globe (Patwardhan 2016; Singh 2021; Biswas 2021). Yet, the nature in which the therapy is being delivered has led to the practice being widely perceived as a mild detox rather than its original indication of life extension and treating illness (Kudlu 2013). Today, a number of new treatment spaces operating under the name of Ayurvedic pancha karma hotels have emerged with pick-and-choose ‘cure menus’, a format that vastly diverts from “the established path” (Kudlu 2013) with respect to the principles and practices of the treatment.

In India, much of the health treatments are conventionally practiced in specialized centers, clinics, and hospitals with the sole primary purpose of curing disease. In hand with the commodification of Ayurveda, four categories of “new spaces and new stakeholders” in Kerala have been “co-produced” to tend to the delivery and consumption of novel products and services: “independent centers, hotels attached with Ayurvedic facilities, exclusive Ayurvedic resorts and spiritual resorts” (Kudlu 2013, p. 306). The same are found in Europe, however a phenomena of non-acceptance has emerged which aligns with the description that, as Ayurveda travels from India to other locations, it’s underpinning

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26 Interview with Dr. Kembhavi on 10/27/21
27 Interview with Dr. Mehta on 10/25/21
28 Interview with Dr. Kembhavi on 10/27/21
purpose distorts as the focus shifts from addressing “illness to wellness” (Kudlu 2013).

To capture a sense of people’s opinions and experiences with Ayurvedic therapies, review websites were consulted as a methodology. Following is a quote retrieved from TripAdvisor where a client comments on an Ayurvedic massage had at a retreat center in the UK:

*"I had a Luxurious Ayurvedic massage booked. I have had this treatment at the retreat several times before so I knew exactly what to expect. However the lady who the treatment was with refused to cater for my request. Having had the treatment several times I know you can request the pressure you would like. I requested quite a firm massage. She told me that it was a soft massage and SHE would prefer to keep it as that. As it was there was no pressure to the massage at all, I know there are elements of stroking however this was the entire massage. The Indian head massage which was included - again fair from the level I have experienced previously. At one point she was literally just moving my hair. There was absolutely no massage involved. She must have went round my eyes 20/30 times, frankly it was more of an annoyance then a relaxation. Bright lights were left on throughout so even with my eyes closed light was giving me a headache. The way she spoke to me left me feeling frustrated before we even started & the whole experience was far from relaxing & rather upsetting. I felt like I had been told off or if I was asking for something I wasn’t allowed. I booked online so the therapist was selected by the system & not myself. There was no mention online that she would only give a very soft , barely there massage. It took a month for the owner of the salon to come back to my request for a refund or partial refund of my £85( even though I raised the issue as soon on the day). The request was refused as “I had received the treatment”, not the treatment booked & paid for but still! I won’t be returning here - having been a regular for a number of years. I would suggest anyone looking for a message to actually help with their issues - stress, upset etc avoid this so called retreat at all costs!*"*

Based on the description of the massage, it sounds like the client was receiving marma therapy. The procedure characteristically involves very soft, light, subtle stimulation of marma points (anatomical locations (energy points) that are “gateways to consciousness” on the surface of the skin. These points have been described by Sushruta, and are intended to help open the srotas (energy channels) to improve the flow of prana (life force) within the mano vaha srotas (pathway of the mind). Any alterations in the treatment as requested by the patient would put an end to the benefits to be reaped by the therapy. Important to note is that, albeit marma therapy is not pancha karma, the review nonetheless demonstrates client expectations as expressed by the appellations of “luxurious”, “retreat”, “cater for my request” and “relaxation” in the portrayal of demands for Ayurvedic treatments. Conjectures on behalf of clients have moreover associated the Ayurvedic experience with shamanism, a client quips in a Google review: “I went to see what Ayurveda is like for my insomnia problems. this was the worst experience of my life. It didn't help me at all, they use methods from an Indian village shamans”.

Customer reviews also show dissatisfaction with the prices and protocols of pancha karma. Founded in 1993, the Ayurveda Parkschlösschen is a five-star “Ayurveda hotel” and health / detox resort that covers 4.5 hectares of parkland in Traben-Trarbach, Germany. Over 30,000 pancha karma therapies have been administered since the hotels inception. The facility consists of 58 rooms and suites designed according to the Vastu principles of architecture. A total area of 800m2 hosts a department for 13 treatment and 11 private relaxation rooms, and the space is also home to a 2,000m2 wellness area for “Veda thermal baths”. The establishment has a ‘digital detox’ culture and is a wifi-free zone, apart from a dedicated internet room. To help clients acquire practical knowledge that can be applied following their treatment,

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the hotel has lecture rooms where expert staff regularly present topics such as nutrition, stress management and yoga. The price of the room and full board for the compact pancha karma (9 nights) runs from 5,550 – 6,945 Euros for a single person, whereas the intensive pancha karma (34 nights) runs from 21,130 – 26,400 Euros depending on the chosen room. Needless to say that these are rates inaccessible for most, a patient leaves a review on TripAdvisor (translated to English from German):

The prices are too high and the full board price has no relation to what you get namely hot water. Very much. And teas. And if you’re lucky, maybe lunch and dinner on two days. So to sum up: the next time I go to the cure, I’ll look for a real luxury resort and take massages, then I’ll save a lot of money and have more of it.10

On one hand the prices are indeed astronomical, on the other hand patients need to be aware of the diet plan and restrictions before, during, and after the cures.

The nature of the comments, questions, and reviews above set forth a dialogue on the dilemma of the New Age consumer seeking a bespoke experience with demands for the “ambience”, what food should be consumed, or how the treatments should be performed. The caveat here is that remarks are extrapolated from experiences promoted by non-traditional settings or stakeholders, and the majority of consumers most likely have not had a lived experience with traditional Ayurveda to use as a reference point when making cultural claims of (non)authenticity.

Having now established the basic theory of pancha karma and assumptions or beliefs held by Western clients when entering the treatment, the section that follows addresses sub-question 3 by analysing how the model of pancha karma in Europe compares with traditional practice, and points are raised on factors that engender the difference.

4.4 Commoditying shodhana chikitsa (bio-purification therapies):

Findings demonstrate that the connotation around pancha karma innately morphs as the new service commodity is presented in an oversimplified format across new settings. This in turn powers the narrative of Ayurveda as part of wellness & spa culture, corroborating my theoretical of New Age Orientalism (Islam 2018), and detracts the setting and procedures from “the established path” (Kudlu 2013) by diminishing the Ayurvedic clinicality in which the processes are embedded.

The chapter sets forth how the model of pancha karma in Europe is in many ways different from how it is traditionally operated in India. For one, one of the important contraindications after pancha karma is travel as the individual has just undergone an immense cleanse and is in need of deep rest to support the bodies recuperation, which can take a few days following completion of the treatment. The model of luxury hotels where patients pay by the night and fly home after is thus inherently flawed, from the view that it puts patients in a position where opulent prices are paid for recovery and the body is put under stress as they move home. Commodification and extravagance of other “solutions” is not a new...

10 https://www.tripadvisor.com/Hotel_Review-g198392-d604143-Reviews-Ayurveda_Parkschoesschen-Traben_Trarbach_Rhineland_Palatinate.html#REVIEWS
Phenomenon, yet in this process of introducing and bringing pancha karma to the world, it is important to consider whether its framing as a service commodity will reinforce its identity as part of a wellness & spa or healing medicine signifier.

The trajectory of pancha karma as a new commodity, together with the industrialization and institutionalization of Ayurveda as a whole both within and outside India, is thus by market logic a testament to growing consumer base seeking new modalities for what brings them healing, which is categorically a positive thing, along with the fact that actors have taken it upon themselves to make it possible. On a macro level the outcome of the current model in Europe however situates pancha karma as an elite commodity accessible only by the cream of society. This becomes problematic when considering that Ayurveda recommends purification procedures like pancha karma with every changing season, hence about three times a year depending on where the patient is based and the counsel of their Ayurvedic physician, so the current template renders the treatment entirely inaccessible for most aspirants.

The purpose here is not to argue that refined spaces systematically nulls the authenticity or quality of the therapy, pancha karma after all is only as effective as the willpower of the patient and the investment of the physician to the patients betterment. The cells, the liver and our total physiology that is active throughout the therapy does not differentiate between regular or wooden parquet flooring or lime plastered walls, though there must also be an awareness that overhead costs for running such spaces in Europe is much higher than in India. In the book Ayurveda in The New Millennium: Emerging Roles and Future Challenges, Vaidya Atreya Smith explains in Chapter 10 “Ayurveda in the West” (p. 12-13) the financial unfeasibility of running pancha karma clinics in Europe:

One of the main reasons why Pañcakarma therapies are not used as per Caraka Samhita in Europe is that they are labor-intensive. This fact makes the cost of offering these therapies to the European public far beyond the average person’s budget. Additionally, the health insurance of most countries does not cover these kinds of procedures. Pañcakarma also requires a large quantity of botanicals to be therapeutically effective. According to Dr Sunil V. Joshi, director of the Vinayak Pañcakarma Chikitsalaya in Nagpur, India they use roughly 10 kilos of medicinal plants per patient, per week in Pañcakarma. This includes the fabrication of medical oils, pastes, enemas (Basti) as well as other preparations that are used in both preparation (Pūrvakarma) and administration of the primary therapies (Pradhānakarma). Dr Joshi is the author of the acclaimed book Ayurveda and Panchakarma (Joshi 1997). Between the cost of raw materials, the labor needed to fabricate the medicines and the labor needed to apply the therapies to the patient, the cost is too high to follow classical Pañcakarma guidelines.

To further explain this problem, the author can share his experience of trying to set up a Pañcakarma clinic in Europe in 2011. In collaboration with Dr Sunil V. Joshi, an attempt was made at costing of all required materials and of two Western therapists to carry out the procedures. In order pay the rent of the clinic, the two Western therapists (trained by Dr Joshi), the material, the medicinal plants, the oils, room and board for the patient and, finally, pay of the doctor, the cost would need to be around €5000 ($5535) per week. As Pañcakarma therapies as per Caraka Samhita require a minimum of three to four weeks, this would mean a cost of €15,000 to €20,000 ($22,140) per patient. Needless to say, the project never went beyond the business plan, as this would only cater to an elite five-star clientele.

Interviews with directors and representatives of pancha karma centers nevertheless confirmed that there is an (elite) demographic for these spaces as they are booked to full capacity for months to come.
Interviews with a representative of the Ayurveda Parkschlösschen and founder of Kunzmann’s Hotel reveal that their emergence emanated from the profound curative benefits the founders experienced while undergoing the treatment, and a core desire to share that with others. As entrepreneurs, a key challenge was that there are no standards set by the government of India to regulate service providers for pancha karma in international countries, so Westerners wishing to open a clinic may just associate with Ayurvedic physicians from India and design their own establishment for practice. In time, models set by the Ministry of AYUSH with standards for pancha karma practice in individual countries could help ensure the delivery of procedures in accordance with national directives and adapted to local climatic zones. This will be serving not only Ayurveda’s integrity and authenticity as a medical system, but is in the interest of patients so that they can enter with an awareness of the experience that awaits them, whether it be temporary relaxation or an intensive restructuring at every level of being.

Relating to my research sub-question 1, the founder of Kunzmann’s Hotel revealed that in order to preserve the *metis* aspect of pancha karma, entrepreneurs will hire Ayurvedic physicians and technicians from India as a means to ensure their operation under the parasol of “traditional Indian medicine” and provide a distinguishing factor from other wellness offers. The hotel also has a headquarter in Kerala through which the health center regularly liaises with Ayurvedic physicians to remain up to date on the latest workflows and medicines. By hiring B.A.M.S. certified physicians from India, this strengthens the qualities of *authenticity* and *expertise* that Appadurai notes are vulnerable to weakening when commodities circulate: “whenever there are discontinuities in the knowledge that accompanies the movement of commodities, problems involving authenticity and expertise enter the picture” (Appadurai 1998, p. 44). Yet, the reason why health centers are inclined to hire physicians from India is largely intertwined with the fact that institutions in Europe are training practitioners rather than physicians, a feature that enhances the *deskilling* process. This is a topic will be addressed in more detail in the following chapter.

It should be pointed out that hiring physicians from India is an undertaking that can alter the *delivery* of pancha karma, though there are also regulatory and societal forces that alter the *form* of the procedures. Interviews shed light on the fact that individual countries have unique policies defining which procedures and medicines may or may not be performed or prescribed by practitioners of alternative healing systems. As such, while the model of pancha karma is generally *one* in India, it comes in “many faces” or a multitude of forms with varying therapies that are allowed or prohibited across different countries outside India. For the most part in Europe, majority of pancha karma procedures may be performed by Ayurvedic physicians and technicians with the exception of invasive procedures like *vamana* (therapeutic emesis). Traditionally *vamama* will be prescribed for example in chronic dermatological conditions that are *kapha* predominant, so without this method at hand, what this means for physicians practicing in Europe is that other treatment protocols will need to be devised. Socioeconomic factors also impact the type of pancha karma treatments clients opt for. The duration of treatments are much shorter due to the time and cost traits that prevent the modern busy person from allocating time and funds for standard month long treatments.

Albeit the treatments have been modified, a full pancha karma program is still not for the faint of heart, Dr. Anand Mehta of AGN (section 2.4) voices in an interview: “It is more than a detox, it is not fun, and there are many rules associated with it. It is hard for the patient, most of the contraindications are

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31 Interview with Kathleen Landbeck on 11/4/21
32 Interview with Ebba-Karina Sander on 9/3/21
33 See Appendix D for a more detailed description on the stages and procedures of pancha karma therapy
34 Kapha: One of the doshas composed of earth & water elements. Anabolic, conserving and structural principle.
not because there is a problem with the physiology but because of willpower – can the patient do this correctly?\textsuperscript{35}. Important to understand is that the effects of pancha karma are not confined to the physiology, it is also an internal process capable of inciting emotional catharsis. Senses are habituated to being repeatedly stimulated in daily life, so when a person undergoes pancha karma, they are given the time and space to shift attention inward and reconnect with the sense of “I” (ahamkara). In this process, internalized emotional pain and stress that has been stored in the body for years may hove into view. This is why it is important for the physician to hold space for guidance during this period and to adjust the treatment if necessary.

In acknowledgement to the sensitive nature of pancha karma, new professions have emerged to offer counsel during the treatment. Born in Chicago, Kathleen Landbeck is an international press PR representative for Ayurveda Parkschlosschen in Germany and a Jnana-Yogini with philosophical roots in Advaita-Vedanta which she acquired after a pilgrimage to India. Following her return to Germany, Kathleen joined the Ayurveda Parkschlosschen team in 2017 as an in integrative Vedic counsellor to empower patients through their pancha karma experience. During an interview, Kathleen describes how she has integrated her past training as a psychotherapist with her knowledge of Vedanta to equip clients with the tools to eradicate limiting beliefs and reconnect with their wholeness.

Dictates of conscience and standards in the discourse of the deeply personal journey being propagated are thereby highly significant in this process of commodifying powerful treatments such as pancha karma.

To encapsulate, Europe’s unique regulatory environment controls which medicines and therapies may be performed in individual countries, which innately alters the model of pancha karma explaining why aspects of the treatment may contrast with traditional practice. The labour intensiveness and high quantities of herbal material required per patient per treatment engenders the therapy inaccessible to most entrepreneurs and aspirants (Kumar 2020, Chapter 10), and those business models that do succeed become exclusively accessible by the upper class. Finally, to protect the metis (local practical skill) components of pancha karma, health centers will employ the carriers of this knowledge: B.A.M.S. physicians and pancha karma technicians from India, through which claims of ‘authenticity and expertise’ (Appadurai 1998) are expound by service providers.

Having now presented in the previous chapters contributing factors that are driving the transformation of Ayurvedic medicine and therapies, I will now move to discuss the role of education. When investigating the erosion or transmission of knowledge and metis in Ayurvedic commodities, it is important to not have a reductive approach by fixating on how these elements are acquired by actors in India, but to also reflect on how they are produced inside countries themselves. Chapter five dives into the model of Ayurvedic education in Europe to understand how knowledge and skill is transmitted to future lines of practitioners that will continue to exercise and propagate Ayurveda in European countries, or elsewhere.

\textsuperscript{35} Interview with Dr. Mehta on 10/25/21
To build upon findings from the previous chapters which demonstrate the loop-holes through which manufacturers may divert herbal medicines – and the consequent meanings around them – this chapter delves into the genesis of Ayurveda practitioner study programs in Europe to understand how the teachings are being channelled to European students learning the system in contexts (environmental, sociocultural, legal) outside of India. To achieve this, literature review was conducted and two interviews were held – one with the Program Director of the Ayurveda Practitioner studies program at Delight Academy in Amsterdam, and one with the Executive Director of the Europe Ayurveda Academy in Paris, France. Interviews aimed to characterize the institutionalization of Ayurvedic education, and to understand how differences between the Bachelor of Ayurvedic Medicine & Surgery (B.A.M.S.) in India with the European model of practitioner study programmes impact the practitioners skilling process. This analysis informs each of my sub-questions from the outlook of education. Challenges of running Ayurvedic schools are examined together with educational initiatives that are taking place to align the universal principles of Ayurveda with the local context of individual countries. Based on this understanding, barriers that are hindering developments in Ayurvedic research and academia are brought to the fore, together with an investigation on power relations that are obstructing modes of knowledge production.

The word ‘doctor’ is derived from the Latin word *docere* ‘to teach’ by having in-depth knowledge of a subject to a level where it can be transmitted to others. Does the word ‘doctor’ as understood in the West, an M.D. physician with a specific medical training, appoint exclusive rights to legitimacy? In a YouTube video36, Vaidya P. Rammanohar discusses with author and thinker Rajiv Malhotra the loose usage of the designation "Vaidya" when speaking of medical practitioners, and presents how the physician in Ayurveda is known by at least five terms as a roadmap to represent the physicians self-evolution (Malhotra 2020):

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(1) The one that comes closest to ‘doctor’ is Cikistaka, a term used in ancient times for denoting a physician that has completed the study of Ayurveda and has acquired the necessary clinical skills to treat patients.

(2) Once a Cikistaka has completed a course and begins practicing, in time a reputation will be built that will instil a sense of confidence within the patient when they are in the hands of the physician. The title of Bhisak is then given by the society to this proven physician – Bhi is fear, and Bhisak is one who removes trepidations around illness.

(3) In Ayurveda it is believed that the physician should be able to enter and connect with the psyche of the individual, an ability that is developed after extended years of practice. The term Vaidya signifies a stepping stone moment when the physician experiences a personal transformation himself. The word Vaidya is derived from the Sanskrit word Vid to know. Specifically in Ayurveda, it is related to the word Vedanā – the suffering and comfort of the patient at the feeling level, so Vaidya is the one who is empathetic to the pain of the patient. Once this connection is established, the Vaidya as a healer can give directions for restoring wholeness within patients, rather than just treating disease.

(4) The next term is Pranabhisara, where prana in essence means life itself. In Ayurveda, prana is the thread of consciousness that sows together the self, mind, body and senses for life to express. As the Vaidya reaches deeper in his empathy, he connects to the prana of the patient. Abhisara means friend, and the Vaidya becomes a Pranabhisara – a companion to the patients prana, through which he sees past the superficial veil of the patient.

(5) Finally, we have Pranacarya. When the Vaidya becomes the friend of the prana of his patients, the prana entrusts itself to the Vaidya, a trust that is not at the conscious level of the patient, but resides in the deep subconscious. The Vaidya now becomes the “master of the prana” of his patient and comes to be known as Pranacarya.

The evolutionary roadmap of the Ayurvedic physician is thus different than that of the Western doctor. It goes beyond intellectual knowledge and external diagnostic tools, as the body of the physician also has to evolve to be able to maintain a stable mind and physiology for tuning in to the patients being during examinations like nadi pareeksha (pulse diagnosis). In Ayurveda, the Vaidya’s own body and mind are the diagnostic instruments, technologies are just an addendum. There are thus lifestyle requirements for the Vaidya. The mind has to be free of raga-dvesha (attraction and repulsion) because the mind is the instrument through which the physician knows everything, and there should be no noise (Malhotra 2020). Alternatively in Western medicine, it is fair to say that doctors lean heavily on disembodied mechanic methods for obtaining data and diagnostic power. The state of the mind-body complex is not really considered as active tools to be engineered for diagnosis prowess. Ayurveda is an inclusive system, so this does not mean that the Ayurveda does not or cannot use medical technologies, but it is important for doctors to also evolve their own capabilities as well. This is why practitioners of Ayurveda will often feel the pulse before looking at patient reports. Because when feeling the pulse they are not just reading the heartbeat, they feel prana (life force) from which abundant information is extracted.

The life of a practitioner is different than that of a physician, and the training of an Ayurvedic physician cannot be juxtaposed with that of a Vaidya or Acharya. Following the British colonial era, Ayurvedic pedagogy underwent changes where the teaching methodologies became much more didactic, as opposed to the applied learning approach through the time-honoured Gurukula system (based on the Guru-Shishya Parampara [teacher-disciple tradition]) for imparting knowledge and practical skills (Manohar 2014). As a result of the dereliction of the mentor-mentee system, the nature of the essential
qualities acquired by today’s Ayurvedic physicians have changed.

Commonly followed in India by those that do not descend from a lineage of Vaidyas or as a backup for not having passed entrance exams for biomedical education is the B.A.M.S. degree (Bode 2017), a full-time study of 5.5 years for training physicians that wish to understand Ayurveda’s approach to health and disease with a theoretical footing in modern medicine. In Europe, Ayurvedic education often comes in the form of part-time practitioner study programs which leads to question how this “simplified” education accommodates the transmission of Ayurvedic metis (Scott 1998) as a means to bolster the expertise of future practitioners.

Delight Academy in Amsterdam where a four-year Ayurveda Practitioner Studies program is offered

Coen van de Kroon is the Program Director of the Ayurvedic Practitioner Studies program at the Delight Academy in Amsterdam. During an interview with him at the academy, Coen recounts how he studied under Dr. Vasant Lad for three years at the Ayurvedic Institute in the United States. During this time, he was writing articles for a company that imports and distributes Ayurvedic products. Upon return to the Netherlands, the owner of this company asked if he would be willing to teach at an Ayurveda school in Nijmegen, which he accepted but the school closed after about a year and a half. His students were aware of his desire to one day start a school, and proposed that he move forward with the project so that they could continue their study. Having entertained the thought, he felt that this was a realistic objective but that backup would be needed. In his search for models of Ayurveda schools in Europe, he found the school of Vaidya Atreya Smith (which closed in 2013) and decided to give him a call, a conversation that led him to the south of France where they met and decided to affiliate schools. The academy launched with a nutrition course with about 15 students that attended the first year, and in time this developed into a 4-year training program.

When discussing the steps to be taken for the B.A.M.S (Bachelor of Ayurvedic Medicine & Surgery) program to be offered in Europe, Coen imagines that it might take another 10-20 years, as the process for setting up a full-time HBO degree-granting education moves quite slowly. He spoke of how he has been in touch with an acupuncture academy that has an integrated clinic in Amsterdam, they offer a full-time 4 year training program which took their team about 20 years to realize. In the course of time, he shares the same vision of advancing towards a situation where there will be a connected clinic for final year students to acquire practical training (internship and consultation possibilities) within the framework of the academy.
When the Academy of Ayurvedic studies was started, the idea was to include the clinic but with student tuition as the main source of income to fund operations, salaries and teaching space, the financial pressure was too heavy. Universities in the Netherlands can achieve this as they are receive a flow of funds from the state. Delight Academy is not receiving this state support as Ayurveda is not officially recognized as a system of medicine so it is difficult to obtain a license to work towards planning a full-time HBO, and only as a full time HBO is it possible to obtain state funding. It is a vicious cycle and Coen shares that it is a headache for the staff every year that is put in a position where there are visions for how to develop the education, but the financial resources to realize them are out of reach.

Sharing the same dream as Coen of one day offering the B.A.M.S. degree is Dr. Suresh. He is the Director of the Europe Ayurveda Academy (EAA) and a member of the committee of the government of India for education and of Rashtriya Ayurved Vidyapeeth, a government organization under the Ministry of AYUSH with whom he liaises development proposals based on his experiencing running institutions in Europe, including the Europe Ayurveda Academy. During an interview he explains how, at the time of writing, various curriculums are being developed as patterns of education for countries to follow outside of India. The endeavour of offering a full Bachelor program is however currently a logistical challenge and major infrastructure that requires the establishment of a number of MOUs between the governments of individual countries with India.

Dr. Suresh is also the Executive Director of the Association Ayurveda Academy UK, and has been working with the Ministry of AYUSH in many angles for maintaining a continuous link to India in terms of knowledge exchange. The Association has developed a fellowship program for B.A.M.S. students to acquire specialized skills in the adaption of Ayurveda in Western countries. In the form of a cultural exchange program, future practitioners are exposed to different conditions enabling them to understand similarities and dissimilarities on a practical level. The fellowship course embeds these peculiarities which are expected by future physicians wishing to work in countries other than India. The motivation behind this initiative is that, while the founding principles of Ayurveda are universal and will remain unchanged, it is essential to translate those principles to the environment and ecosystem of the place of practice. A simple example has to do with the climatic difference between India and Europe, a factor that affects all levels of diet, lifestyle, customs and psychological conditioning. Another example is the applicability of pancha karma when practiced in extreme cold temperatures compared to in the heat of tropical countries. This correlation between protocol of Ayurvedic treatment, diet, and lifestyles with the legal implications of practicing in a certain country means that differences will arise, and it becomes necessary to see which portions can be fulfilled with Ayurveda and where it becomes necessary to adapt.

This belief is largely rooted in the fact that Ayurveda teaches how parinama (seasonal variations) can act as a source of illness. The lunar tidal rhythm orchestrates the ebbs and flows of oceans. The planets move in elliptical orbits. The day alternates with the night. The seasons march. The dance of the pulse is guided by the beat of the hearts contraction and relaxation. Each inhalation and exhalation follows the lungs dynamic expansion and recoil. Emotions are influenced by the waxing and waning of the moon. Having observed this, Ayurveda contends that the physiologies biorhythm ought to synchronize with that of the earths. According to Ayurveda, an indicator of health is the degree of adaptability to which an individual’s biological circadian system can regulate and respond to fluctuations in environmental cycles. Imagine drastic switches from hot to cold, from humid to dry, from 20 hours of sun light a day to 2 hours of sun light a day. Such disruptions throw off our internal master clock and metabolic processes, which can vitiate the doshas and lead to physiological or psychosomatic disorders (Neera 2015). To counteract this, diet and lifestyle guidelines have been delineated for harmonizing the
changes that are happening internally with that of the changing seasons in the home environment.

Ayurveda says that there are six seasons, in the Netherlands there are four, so how might teachers adapt educational content from the classical literature based on India’s climate so that Ayurveda becomes more relatable to European students? Dr. Kembhavi attests to the challenge of applying the knowledge acquired to the context in foreign environments:

I’m a Vaidya who has been practicing for 10 years, this does not qualify me to teach a Western student. If I’m not able to explain from their understanding, how can I be sure that I am reaching out and conveying the correct message? There has to be a mechanism for identifying who is a good teacher to translate Ayurveda into a language which is relatable by the people studying Ayurveda, while not making it restrictive.  

This is a challenge but also an exciting educational opportunity to instantiate Ayurveda as a universal science. All the knowledge can be found in the classics and none of the information is static, but it is the role of the reader to decipher the content. In an email exchange with Vaidya Atreya Smith, three key points to keep in mind when teaching Ayurveda to Westerners were raised:

1. Historical setting of the Samhita
2. Cultural norms at the time of writing the Samhita
3. Medical knowledge

This means if someone is teaching Ayurveda from Caraka Samhita then you are looking at a text that has origins from around 5000 to 7000 BC (oral tradition in India) and has gone through a number of revisions, three major ones that are known. First, the teacher should have lived in India with Brahmins and have a basic understanding of Brahmanic culture. Next, the teacher should be a proficient doctor of Ayurveda and continually practiced this medicine for years. If these basic items are fulfilled then the teacher is able to discern what is medical and keep that as the basis. Obviously if the teacher lacks any of the above then they lack the experience to discern correctly. Personally I tell my students what is cultural and what is medical and then what is historical in order for them to understand the context of the sutra.

In this process of translating the content of Ayurveda, it is important to ask questions and deliberate on topics to continue to build on the readily existing body of knowledge. Ayurveda is a system that, since ancient times, has transpired from the process of enquiry and investigation:

If you read the texts of Ayurveda, every chapter has a question and answer, a debate, every chapter has a discussion amongst teacher and disciples. That inquisitiveness about Ayurveda and asking whatever comes to you, it is important for the growth of Ayurveda.

In Vimanastana, Charakacharya discusses three means for obtaining knowledge: Adhyayana (study/learning), Adhyapana (teaching) and Sambhasha (participating in debates), and Tadvidya Sambhasha (debate between experts of same field) to promote dialogue for the establishment of new theories (Singh 2016), and eradicate doubt to arrive at the truth or reach a set goal. If information is lacking it is important to accept that it is not there, encourage exchange on the subject and triangulate

37 Interview with Dr. Kembhavi on 10/27/21
38 Vaidya Atreya Smith on 8/12/2021
39 Interview with Dr. Kembhavi on 10/27/21
Based on the interviews with the directors of Ayurveda academies, what can be understood is that without the support of the Indian government, and so long as Europe does not officially recognize Ayurveda as a system of medicine, there is little room for manoeuvring from practitioner study programs towards a full-time B.A.M.S. degree, as it requires close collaboration and cooperation between the AYUSH Ministry with the governments of other countries. There are countries however such as Switzerland that have declared legal status for Ayurveda and have accordingly developed professions licensed under federally recognized national diplomas, a template that is a step in the right direction for the integration of Ayurveda in the West.

The complexity of transcultural transfers of biomedical practice demands that we consider its relevance as a catalyst for promoting the integration and legitimization of Ayurveda as a medical system. As part of the dialogue on the commodification of Ayurveda, and the impact of its global dissemination on matters of authenticity and expertise (Appadurai 1998), this chapter highlights an angle that features the role of education that must be confronted on a deeper level. In Ayurveda, knowledge and resources for practice is not a simple one-way exchange between India and the practicing country, and the more countries draw from India’s reservoir of medicinal plants to sustain the commodification of Ayurveda, the more relevant it becomes that we deliberate on how we might teach students to apply the knowledge according to the socio-environmental context of different countries. On the other hand there also needs to be a regulatory mechanism established by the government of India to manage the curriculum taught to students in foreign countries, rendering it more relevant. Without this, those that do decide to engage in Ayurvedic education are left to a laissez-faire type of leadership with little guidance on how to transmit the classical body of knowledge that has been built according to India’s ecological and cultural parameters, and little counsel on how to adapt it to the site of practice.

The following chapter accordingly explores how academia and research can help in translating the universal principles of dravyaguna (Ayurvedic pharmacology) using local pharmacopeia in medicine production, so as to (1) alleviate pressure on India’s botanical resources due to intensive commodification and (2) reinvite the Ayurvedic principle of desha (geographical origin) that is often lost when consuming imported foods and medicines.
Alongside allopathic medicine, 80-90% of the population in India follow AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy) systems of medicine to meet primary healthcare needs, whereby ancient plant-based formulations serve as bedrock to the healing remedies (Ministry of AYUSH 2018). Industry leaders in the Ayurveda sector have nonetheless voiced a number of problem areas in India’s medicinal-plant chain that are threatening the future of endemic species, and compromising the integrity of the herbal formulations distributed to consumers. Concerns for instance relate to the degradation in efficacy, safety and therapeutic value of raw drugs due to intensive wild harvesting (FAO, n.d.) and adulteration/substitution practices of medicinal plants due to the absence of effective regulatory frameworks monitoring the quality of botanical raw materials circulating in markets (Unnikrishnan 2020). Within the context of a burgeoning population and growing medicinal plant trade, the development of an improved medicinal-plant chain is warranted to circumvent the depletion of natural stocks of India’s endemic species and to safeguard and enhance the social and natural capital of India’s smallholder farming communities.
The research aim of this section is to present theoretical contributions for appeasing pressure on India’s medicinal-plant chain as a result of intensive commodification, in response to sub-question 4. This chapter sets forth areas of research on the subject of *dravyaguna* (Ayurvedic pharmacology) that surfaced in interview conversations, as this provides a perspective for understanding how we might classify and cognize plants from different ecological zones according to Ayurveda’s theoretical frameworks. This analysis aims to provide an example of how such research endeavours provide opportunities to expand knowledge production by engaging a range of actors such as scholars, herbologists, practitioners of traditional medicine systems, Ayurvedic physicians, plant taxonomists and phytotherapists. The initiative would additionally advance the application of the principle of *desha* (geographical origin of food and medicines) described in the *Charak Samhita*, by examining which foods and medicines can be utilized that are adapted to native bodies and habitats, as opposed to consuming imported botanicals that have evolved throughout India’s ecosystems. Finally, I will address potential medico-cultural implications relating back to my main research question.

Literature review was conducted in section 6.1.1 where findings attest to the externalities of the current state of affairs on India’s medicinal-plant chain. In section 6.1.2, I present research perspectives on how we might apply the principles of *dravyaguna* (Ayurvedic pharmacology) to locally available plants where data was obtained from an interview that was conducted with Dr. Mehta, Ayurvedic physician and professor at the European Institute of Scientific Research on Ayurveda (EISRA), and a class I was invited to attend at the Europe Ayurveda Academy on the subject of Ayurvedic pharmaceutics and pharmacokinetics. I conclude in section 6.2 with findings from an interview that was conducted with Dr. Cornelis Peters, Ayurvedic physician and founder of the Europe Ayurveda Centrum in Witharen, the Netherlands, who has directly taken the theory and set it in practice in this pancha karma clinic.

### 6.1 Ayurvedic principles, planetary pharmacopeia

> “Anenopadeshena naanaushadhibhutam jagati kinchiddravyamupalabhyyate taam taam yuktimarthaam cha tamabhipretya”
> *(Su. 26.12).* — *Maharishi Caraka*

*There is no substance in the world which cannot be used as medicine if it is used rationally*

Abundant literature attests to the struggles of Ayurvedic practitioners over the centuries that experienced our same situation of the lack and extinction of medicinal plant species. During an interview, Dr. Anand Mehta explains how in the *Charaka samhita* there are ten herbs categorized as *jeevaneeya gana* ‘that which gives life’ used in *rasayana* (rejuvenative therapies). This classification of herbs are prescribed for example in the case of a weakened immune system or to enliven when someone is not feeling vital. Only two out of the ten plants from this group have survived. In the past when practitioners faced the dilemma of needing herbs from the *jeevaneeya gana* classification, and those that existed were unavailable in their geographical zone, they resorted to searching for *pratinidhi dravyas* (substitute substances) (Joshi 2012; Ahana 2018). Two new substitutes that are being used nowadays are ashwagandha (*Withania somnifera*) and shatavari (*Asparagus racemosus*) (Gholap

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40 Interview on 10/25/21
As was the case in the past, the growing need for medicinal plants is not a new problem and herbs will cease to be, but the beauty of nature is that it is always producing and new varieties to use will be found.

Dr. Mehta continues to recount that when the Indus valley civilization was in decline, a lot of technology, cities and infrastructure was left behind. What would become the Vedic civilization came from what is now Iran, people passed over through northern Afghanistan and arrived to where the Indus valley civilization was in decline. People inherited the technology from the Indus Valley and they had their own strong knowledge about different herbs and the seasons because they were migratory going from one ecosystem to another, travelling from snowy mountain peaks to land with rivers, land with drought, and they survived in every place. When you thrive and are no longer busy with surviving, you start thinking further – what am I doing here? What is my place in this universe? This is when they started developing sciences and began to write things down. Medical devices like microscopes did not exist, so the science beneath the cause-effect patterns of plants on human activity that people were witnessing couldn’t be explained, but they knew it was so.

India has been conquered multiple times, a lot of care has hence been attributed to the protection of traditional knowledge. The current culture which is called ‘Indian’ is an amalgamation of all those conquering’s, and original Vedic culture has been preserved by the efforts of the traditions. Often referred to as a “time-tested” science, Ayurveda has inherited its knowledge in the form of scriptures that have been memorized, documented and passed down from person to person after years of observation and trial and error. India has watched, observed and studied how plants grow and sustain across diverse ecosystems. Today the knowledge is used to not get chronically ill, but it was needed for survival in the past. What do I eat in which season? This is poisonous, but if I process it with coconut it will not be toxic anymore. The sweetness and sourness of amalaki (Emblica officinalis) gives strength and supports elimination. This decoction of herbs reduces inflammation. These grains will heat your body and be anabolic. It was through the lived experience of surviving in different ecosystems over hundreds of thousands of years that the Acharyas cognized this information. Gathering comparable knowledge on how herbs in European ecosystem could be used according to the principles of Ayurveda is an initiative that would take years and years, which is why it is important to include practitioners of traditional healing systems that shared similar ways of viewing nature and categorizing plants - a topic that will be addressed further in section 6.1.2.

In response to sub-question 4, this chapter looks at the impact of commodification of Ayurvedic herbal medicines on India’s medicinal-plant chain and provides theoretical contributions on how localizing medicine production may appease pressure on India’s biological resources, whilst also helping to restore the principle of desha (geographical origin of a person, food, medicine that varies from place to place) described in the Charaka Samhita.

6.1.1 Impact on India’s medicinal-plant chain:

The Green Revolution started in India in 1965 to boost productivity gains using heavy inputs of fossil fuels, agrochemicals, minerals, and water - an approach that transgressed planetary boundaries and led to adverse socioecological externalities. Since 1995, figures for one of India’s major agrocrisis indicate that up to 300,000 farmers have committed suicide. This is also the year India joined the WTO, where neoliberal reforms opened agricultural markets to the import of foreign seeds. The reality of
globalization and monopolization left smallholder farmers with inflated costs of production and volatile commodity prices. Large initial investments would be made - as is the popular case with biotech cotton – yet crop failures or insufficient harvests became frequent due to unproductive soils or unfavourable climatic conditions (Shiva 2005). In time when conventional paradigms flatlined and repeatedly failed to respond to the plight of vulnerable farm households dependent on the fruit of the land, certain producers turned to organic production systems as an alternative steppingstone to restoring soil health, in hopes of recovering their livelihoods. Today, India is witnessing the resurgence of farming practices (ie. Zero Budget Natural Farming, Vriksayurved, Vedic Organic Agriculture) that can be traced back to ancient manuscripts and Vedic literature, with a growing number of farming communities that are turning to those methods (Doera 2008; Suresh 2013; Srikanth 2015; Tripathi 2018; Wagh 2019; Chattopadhyay 2022, MVOA 2022).

Today, India’s government has articulated interest in pivoting from capitalizing on agricultural output to maximizing farmer earnings, with set goals to double incomes by 2022 (Chand 2017). One of the agendas to achieve this goal is to diversify towards products with strong commercial value, including medicinal plants (Indian Council of Agricultural Research 2020). Medicinal plants have been collected from the wild and cultivated for millennia in India as a means of providing employment and affordable healthcare, especially to rural populations (Kop 2006). In the intensification of MAP production, a strong value chain is warranted to ensure good collection and agricultural practices, and for farmers to be empowered as integrated stakeholders within the system.

With the revival of traditional medical knowledge, demand for Ayurvedic plants has been soaring resulting in a rise in wild harvesting, threatening the protection of endemic species (Kop 2006; Bhattacharya 2008; Alam 2009; IBEF 2020). Smallholder farmer involvement in MAP cultivation could help improve the supply of raw materials (quality, traceability) for downstream actors, while tendering good agricultural practices (ie. aligning harvesting time and technique with stages of plant secondary metabolism) to reduce quantities of material necessary for medicine production (Nishteswar 2014).

While the National Medicinal Plants Board, the Ministry of AYUSH and herbal industry bodies are actively promoting medicinal plant cultivation (NMPB 2021), it must not be done at the trade-off of public health or environmental degradation. It is therefore necessary to plan for the viability of reliable, quality assured plant material that does not deplete stocks of natural resources or increase pressure on forests or groves, which India has long considered be sacred, associating them to deities (Shubhashree 2018). This is relevant as concerns have been raised on the capacity to promise uniform, quality assured raw plant material due to the existence of informal trade channels and lack of processing facilities (Nirmalatha 2016). Scientific data on the procurement, handling and trade of the medicinal plants is also limited (Bhattacharya 2008), though databases in the area of phytopharmacology such as IMPATT have been created to monitor therapeutic uses in Indian medicinal plants (Mohanraj 2018).

Conservation initiatives thus ought to generate interest of agronomists, enterprise, and organizations to include in-depth studies of medicinal plants vis-a-vis existing cropping systems and plant collection practices. States could implement policies, schemes and programmes that offer guidance on medicinal plant cultivation, collection and storage based on the needs of the particular agri-zone, and implicate local communities that rely on the trade (NMPB 2015). Such an infrastructure would help to unify standards and quality control guidelines for links in the supply chain, thereby minimizing risks for adulteration and substitution in finished Ayurvedic products (Prakash 2013; Sagar 2014). Techniques for authenticating Ayurvedic raw drugs have nonetheless emerged in recent years where DNA based
molecular methods have been developed to improve quality and safety control of herbal medicines (Unnikrishnan 2020).

Governance analysis is also important to help prevent rural farmers from becoming more marginalized when associating with powerful firms, so that they don’t become subject to unequal power dynamics and asymmetries within the chain. While government bodies such as the Ministry of AYUSH and the National Medicinal Plant Board have presented a number of plans to improve the regulatory environment and promote plant protection initiatives, this is not translating across the MAP chain on a practical level (Bhattarcharya 2008). State policy makers ought to coordinate with stakeholders and appoint region-wide agencies that aim to ensure the sustainable conservation, cultivation, utilization and trade of medicinal plants (Kala 2006). This will require analysis of institutional dynamics and the role of government's schemes that enable or hinder natural farming and income opportunities to farmers.

The question thus becomes how diverse economies at different scales, that are involved in MAP production, are linked to a variety of external markets (or not). Do they form alliances with pharmaceutical companies? Do they have bargaining power in setting their prices? While these questions are beyond the scope of this paper, it is important to uncover if and how farmers in India, as primary producers within the commodity chain, are successfully positioned within the market place to achieve income security and wellbeing, and if not, to explore how we might enact deliberate interventions that improve the participation of smallholder farmers in value chain decision-making processes. This aligns with India's recent initiative: the Central Sector Scheme “Formation and Promotion of 10,000 new Farmer Producer Organizations (FPOs)” (Press Information Bureau 2021). The scheme aims to reduce cost of production, increase per unit productivity, and facilitate better market linkages so as to enhance farmer net income. The idea is that by collectivization of smallholder farmers as FPOs, producers will be able to enhance sustainable resource use and leverage collectives through economies of scale in agricultural production.

Having now established the need for an improved medicinal-plant chain in India due to growing national and international interest in Ayurvedic medicines, let us take a closer look at study areas for how we might apply Ayurvedic pharmacological logic to native plants.
6.1.2 Examining dravyaguna for expanding the pharmacopeia:

The Charak Samhita speaks of the principle of desha (geographical origin of a person, food, medicine that varies from place to place), an important concept for healthy living according to Ayurveda. Essentially, eating locally and seasonally. Yet, there is a common misconception by Westerners that Ayurvedic medicines must consist of botanical sources that are indigenous to India (Smith 2013). It is important to understand that what renders something ‘Ayurvedic’ has entirely to do with how users perceive its dynamic actions will influence and interact with everything else being consumed, and this is bearing in mind that in Ayurveda nutrition is not limited to food but includes all that is perceived through the senses. Every culture has used principles of Ayurveda to survive in their ecosystems, so if countries wish to use herbs that are not from the Indian subcontinent Ayurvedically, local herbologists can support with the classification of dravya (substances) found in the nature of different countries, like milk thistle (Silybum marianum) or stinging nettle (Urtica dioica), and assigning them attributes as per the principles of Ayurvedic pharmacology (dravyaguna shastra). Ayurveda teaches the following five classifications of dravya (substance) through which the various effects (pharmacokinetic, pharmacodynamic, toxicological) of drug molecules could be understood:

- **Rasa** – taste of the drug (madhura [sweet], tikta [bitter], katu [pungent], kashaya [astringent]…)
- **Gunas** – which qualities/attributes/properties are present (guru [heavy], laghu [light], snigdha [unctuous], rooksha [dry]…)
- **Virya** – potency (sheeta [cold], ushna [hot])
- **Vipaka** – post-digestive effect (madhura [sweet], katu [pungent])
- **Prabhava** – Special effect of the drug

Based on these principles, Ayurveda asserts that any plant in the world can be used medicinally with an informed understanding on how to utilize them. Having tunnel vision on researching alkaloids and their effects on the body will only help figure out prabhava, like what is being done with curcuma and ashwagandha. Modern medicine is based on prabhava, because it concentrates on specific compounds. This is not inherently bad, but cannot be called Ayurvedic. Ayurveda takes full plants,

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41 Interview Dr. Anand Mehta, 10/25/2021
42 Rasa: When Ayurveda speaks of taste, it is not to be taken in the literal sense. The idea is not to suggest that if someone takes a tablet that it will taste pungent or like sugar. It is a system of classification that is representative of the medicines effect on the physiology. Sweet herbs for example are anabolic, they promote body tissues, and they are alkalizing so they balance pH values. If someone has a lot of acidification that is causing inflammation, sweet herbs will have a “calming” effect. Sour herbs are also anabolic, but sour herbs stimulate appetite and digestion as well. The classification of rasa is a system designed to help the human mind comprehend the karma (action) of plants on the body.
43 Vipaka deals with “post-digestive taste” or the final effect of an ingested substance after absorption once it has been metabolised by the small intestine. It mainly relates to pharmacokinetic effects, the biotransformation of a drug once it has been ingested, and its impact on digestion.
44 Prabhava: In the past, there were no microscopes and doctors were not aware of the existence of alkaloids, instead what they observed was that a herb can have a certain taste, quality, and a certain potency. Based on this information, it was deduced that certain qualities should yield certain effects. However, doctors found that despite having certain qualities there were still some botanicals that would work in unexpected ways. For example a spicy herb should increase metabolic rate or digestion, but when we look at pippali (Piper longum) it is very sharp, but it is also anabolic, it is a rasayana (tonic) that nourishes body tissues. This is abnormal because it is sharp so it should be catabolic and burn energy, so how is it that something sharp has an anabolic effect and is promoting tissue building in the body? Back in the day doctors only saw cause and effect. Another example is that ashwagandha has a heavy quality. The Latin name of ashwagandha is Withania somnifera – ‘somnifera’ meaning it induces sleep. At the same time ashwagandha is also called Indian ginseng, and ginseng is known to provide energy. Why does one herb produce these different actions? One on hand it causes someone to fall asleep, on the other it has a steroidal effect, is anabolic and supports autoimmunity. People in the past did not understand that these effects were due to certain alkaloids or chemical constituents, so these inherent special effects were listed under prabhava.
45 Interview Dr. Anand Mehta, 10/25/2021
leaves, stems, roots, fruit, and when dried can be consumed as a powder, decoction, infusion or tablet to retain the taste and potency of the substance. If the compound curcumin is extracted from curcuma, it is not curcuma anymore, because the fibre, tannins and other components have been removed. In this process, the *rasa* (taste), *guna* (quality), *veerya* (potency) and *vipaka* (post-digestive effect) is lost. This is a critical point that distinguishes how Ayurveda and biomedicine diverge in their approach to pharmacology.

As we step into the future, if countries wish to create Ayurvedic medicines using native plants, researchers will need to study the effects of the traditional pharmacopeia on concepts like *doshas* (configuration of the gunas), *dhatus* (essential tissue systems) and *malas* (by-products of metabolism), after which they may be classified according to principles of Ayurvedic pharmacology. To support this process, the Ministry of AYUSH ought to furnish a model for understanding pharmacological activity of Ayurvedic medicines so that herbal drug development guidelines can be referenced by stakeholders in foreign countries.

In the midst of Ayurveda’s universalization, a window of opportunity transpires to lead research on how to conciliate the impact of commodification on India’s medicinal plants with opportunities to apply the knowledge of Ayurveda to Western herbs. The section below looks at the case of the Europe Ayurveda Centrum, a pancha karma clinic in Witharen, the Netherlands, that based on an awareness of the endangered status of medicinal plant species in India decided to develop an in-house medicinal plant cultivation for creating herbal products to be used in the clinic for patient treatment.
6.2 Europa Ayurveda Centrum

Together with his wife Mohana Kumari, Dr. Cornelis Peters is an Ayurvedic physician that founded the Europa Ayurveda Centrum based in Witharen, the Netherlands. The seed that planted him on the path of Ayurveda was Indian thinker and philosopher Krishnamurti:

In my younger years, I was looking for what to do with my life. I was not too fond of the usual path of marriage, children, and a 9 to 5 job. What then?” was a big question. “What are you doing with your life? A question we all ask ourselves from time to time, especially when we are young”. It was the title of a book written by Krishnamurti. That title resonated with me, so I picked up that book from the library and immediately began reading it at home. Krishnamurti is the teacher who didn’t want to be a teacher, and what he said you were allowed to question. Truth is a path with many roads. That sentence runs like a thread through the life and work of this fascinating man. I asked many questions in my youth, and the answers in Krishnamurti’s books resonated with me a lot.46

At the time, Dr. Peters was working as a researcher in breast cancer where experiments had to be performed on laboratory animals that had no choice but to suffer from chemotherapy, with or without surgery, to find out what worked. Realizing that this was a reality he was dissatisfied with, he took some time to re-evaluate his career choice and travelled to Krishnamurti’s homeland of South India where he crossed paths with Ayurveda. As a scientist it initially wasn’t easy to grasp concepts like prakriti or purush (see Appendix B) as they cannot be proven by empirical methods. This is why scientists will oftentimes challenge Ayurveda under the premise that much of the concepts cannot be proven, and are believed to require a certain level of “faith” to accept. In time however with the study of Vedic knowledge Dr. Peters allied it with his biomedical background, and by a chain of events he stayed in India for over a decade where he studied Ayurveda, married his wife, and opened a center in Trivandrum, Kerala.

Upon returning to the Netherlands, they created a space that integrates various aspects of the knowledge of Ayurveda, an enterprise that led to the discovery of peoples misconstrued impression that Ayurveda is affiliated to religion:

Our center is located near the Bible Belt of the Netherlands. The Bible Belt is a strip of land in the Netherlands with the country’s highest concentration of conservative, orthodox Calvinist Protestants. Some people think that Ayurveda is a religion which it is not, although it has many aspects of spiritual knowledge.

The segmentation of clients drawn to the center began with yoga enthusiasts, in line with Sujatha’s (2020) analysis that yoga is one of the transmission mediums through which people arrive to Ayurveda, but in time started attracting people from more diverse paths:

At the beginning of our practice, more than 20 years ago, most of our clients practiced yoga and were female. Due to the slow but steady growth of new forms of alternative medicines, the landscape changed. At present, I can not say the difference anymore. People from all walks of life are coming to our place and choosing Ayurveda. It is the frustration in the shortcoming of our western medicine that thrives people searching for alternatives.

A unique feature of the Europa Ayurveda Centrum is a herb garden where medicinal plants are grown to be used in herbal preparations for the pancha karma treatments. In the garden, plants are grown not in rows but grouped according to diseases, so groups of plants will be found that pacify back pain, another group is beneficial for the intestines and so forth. The decision to cultivate in-house was

46 Email exchange with Dr. Peters on 11/19/21
motivated by two main reasons: (1) the alarming knowledge that a number of medicinal plants are on the brink of extinction (2) Mohana Kumari also had a passion for growing plants in a Vedic manner using *panchagavyam* - a method where the five products of the cow are used to fertilize the land and nourish the plants.

To create the medicines, the centre has a separate kitchen where products are ground, mixed and cooked. The recipes for the herbal preparations are derived from the prescriptions of: “Charaka, Sushruta, Vriddha Vag Bhatta, Yoga Ratnakar, Bhaishajya Ratanavali, Bhavprakash, Asthangaridaya and the descriptions of Mohana’s grandfather with extended knowledge on *Ottamooli*” (term for “single ingredient” healing plants within the context of medicines or treatment in Malayam). The oils and medicines are uniquely prepared for each client according their *doshas* and illness. In that, the Europa Ayurveda Centrum is unique in the Netherlands and probably also in Europe. This is why as a researcher it is often frustrating for the founder to find that colleagues do not take his work seriously:

> It is the ignorance that often ensures that a judgment is made which has no basis. Ayurveda is indeed a science and has so much to offer us even today. Therefore, it is my frustration and my passion to restore Ayurveda to its original strength by consciously seeking contact with knowledge institutions to substantiate its operation scientifically.

To support the validation of Ayurveda with evidence-based practice, the Europe Ayurveda Centrum actively collaborates with universities and companies to corroborate scientific research on Ayurvedic herbal preparations, including Wageningen University where back in 2014, the center was involved in a three-year project that studied the effects of “Mohana Choorna” for treating type 2 diabetes mellitus. The center is additionally involved in agricultural research. MEDUWA has been conducted a study to using Ayurvedic plants to combat the issue of pharmaceutical contaminants in water via phytoremediation, antibiotic resistance and antibiotic side-effects. As one of the 27 partners, Dr. Peters and his wife selected a combination of 15 aquatic plants according to Ayurvedic principles that compose “the Bhima Choorna formula” that was presented in a pilot study. It was found that the group of plants as a unity purified water from tetracycline, metformin and erythromycin - two antibiotics and one medicine for diabetes, along with multi-resistant bacteria. As a next step, further studies will be performed and the Bhima Choorna formula is predicted to be on the market in 2024 as a herbal antibiotic for human and veterinary use (MEDUWA 2021).

Returning to Ayurveda’s principle of *desha* mentioned at the start of the chapter, the Europe Ayurveda Centrum exemplifies an active venture that utilizes plants grown in their local climate zone and accounts for geographical factors that determine which medicines are best-suited for an individual. Herbal products are specifically manufactured in the clinic according to patient needs. As such, the Ayurvedic physician is not alienated from the process but personally directs the prescription of the recipes. Medicinal and aromatic plants used in the formulations are cultivated organically in-house, enabling the physician to control and monitor factors that are problematic in India’s medicinal-plant chain such as inefficient harvesting/processing/storage practices and adulteration/substitution of raw herbs mentioned in section 6.1.1. In this process of translating the theories and medicines of Ayurveda to site-specific contexts, the initiative “could then be the basis for redefining universalism in medicine not as the replicability of a constant but the re-workability of the common” (Sujatha 2020).

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47 Email exchange with Dr. Peters on 11/19/21
The interviews in this chapter establish how the adaptation and translation of Ayurveda is a matter of importance for actors practicing in countries outside India. Within the context of medicine-making, chapter six delves into how intense pressure is being situated on India’s medicinal plants in the midst of Ayurveda’s revitalization as a multicultural phenomenon (section 6.1.1), and proposes a research pathway for understanding native plants in the language of Ayurveda (section 6.1.2). Such studies would have an expanding effect on knowledge production by applying Ayurvedic logic to a wider spectrum of plants (categorization, modes of action on the *doshas*, pharmacological effects…) that can be used in medicines and therapies - a subject that is gaining interest. The research wing of the Rosenberg Academy together with the All India Institute of Ayurveda in Delhi for example is leading a study on how to classify Western medicinal herbs based on Ayurvedic criteria. This would: (1) alleviate pressure on India’s MAP species (2) shorten transport distances between growers, manufacturers and end-consumers (3) provide opportunities for developing criteria to understand native plants according the principles of Ayurvedic therapeutics and pharmacology, and (4) contribute to knowledge production on how to increase the practical applicability of Ayurveda in different countries.

Important to note however is that local medicine production will influence commodity chain dynamics by shortening and potentially improving weak links in the supply chain as noted in section 6.1, it however does not respond to the phenomena of commodification or New Age Orientalist outlooks towards traditional medical systems where demand is driving the supply of custom Euro-centric Ayurvedic products and services (section 2.3 & section 4.4). This aspect requires critical coordination amongst the Ministries of the Government of India and EU institutions to work towards a situation where Ayurveda becomes officially recognized as a system of medicine. For instance in 2015, Switzerland became the first European country to declare legal status for Ayurveda as a discipline of Complementary Medicine within the larger health system. Norms were accordingly formulated and two new professions with certified national diplomas have been developed according to the WHO, AYUSH and Swiss regulatory directives. This means that Ayurvedic physicians trained under government-accredited schools can deliver consults under general health delivery recognized by basic insurances (Kumar 2020, Chapter 10). Switzerland’s initiatives serve as a template for how government regulation can support the development of Ayurveda in the West, and in that process implement standards on therapeutic products, services and education circulating in the name of Ayurveda.
The key objective of this thesis has been to capture the variables that are driving the evolution of Ayurveda’s identity to newly signified forms, and its impact in the medico-cultural milieu. The co-option of Ayurveda into a European context opens doors for the market to concentrate on those facets that are more amenable for commodification and capital gain, while dismissing those that are less. This raises concerns on the precedence being attributed to Ayurveda’s commercial potential, and on how the undertaking is sometimes powered by the expense of the systems inherent logic and ethics.

Ayurveda is a practical knowledge system that aims to restore balance across the complex of subtle bodies (as per the pancha koshas48 concept) that render us human (Aiswarya 2019.). Yet, several levels of ‘resignification’ and ‘symbolic displacement’ (Antony 2018) throughout the West are distancing this indigenous artifact from its prime theoretical doctrines. As Ayurveda travels, its very name becomes an amorphous signifier severed from the original ontological and epistemological assumptions that engendered its development. Today, the nucleus of Ayurveda founded on components such as dietary practices and internal purification have opened up a spectrum of possibilities for the delivery of commodified classical medicines across the globe. Yet unsurprisingly, the most important practices such as daily routine (dinacharya), seasonal regimens (ritucharya) or the core moral codes that individuals should uphold (sadvritta) - which cannot be sold for monetary gain - are almost entirely cast aside.

Commodification sets the stage for market processes through which cultural spheres can morph into material products, services, experiences that are sold to worldwide audiences, while often benefitting the interests of select few. Paradoxically, Ayurveda is a personalized medicine based on the founding principle of individualization. Yet, market forces found a route through globalization for manipulating the meaning of ‘Ayurveda’ so that it can become amenable to homogenization without being in conflict with the beliefs of organized religion or Western medicine (Islam 2012), and in this way reap greater economic benefits. This consequently enables alterations in the structure and epistemology of the knowledge system as the ancient artifact is transported, resignified and fed as a condensed version – misleading public perception as Ayurveda’s new identity is paraded across new localities.

The Ayurvedic discourse carried out by commodity-chain actors can thus at times be seen as divorced from India’s ancient philosophical ontologies that incited its origination, and interviews revealed an awareness of the commodification processes that are deconstructing Ayurveda’s core practices and principles. Ayurveda’s appropriation, rearticulation, and commercialization involves an essential decoupling of the artifact from its unifying theories and principles, as expressed in the commercialization of Ayurvedic medicines as food supplements (oils, teas, spices…) and pancha karma as the latest service commodity. Visible foreground processes as seen in the lucrative wellness & spa sector showcase that foreign elements can be seized, deconstructed, reconstructed and integrated within dominant Euro-centric narratives without existing as a menace to the theological virtues underlying Western beliefs, yet a sense of mistrust still ensues. During an interview Ayurvedic physician Dr.

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48 Pancha koshas: 1) Annamaya Kosha (physical/material body) – the most dense body. Consists of skin, bones, muscles and internal organs, 2) Pranamaya Kosha (vital/energetic body) – Consists of breath, life force and the chakras, 3) Manomaya Kosha (mental body) – Consists of thoughts, emotions, 4) Vijnanamaya Kosha (intellectual/wisdom/intuitive body) – Consists of intelligence, wisdom, intuitive knowledge, 5) Anandamaya Kosha (bliss body) – The subtlest body, consists of our true innermost nature
Kembhavi recounts\textsuperscript{49}:

I still remember one interesting patient who came to me for a consultation in London, the very first sentence he told me was: “I do not want you to convert me to Hinduism or Hindu religion”. That is the kind of awareness and mindset that people come with. I said, “look I’m not here to change your beliefs or your spirituality, Ayurveda doesn’t believe in that. I’m not here to do that so be assured that I am not going to do it”. That way it’s a challenge, but we have to be open to such a challenge, people will criticize and talk and question the answer, so we have to give a logical explanation.

Unless these ideas are truly innate, for people to conjure such associations of Ayurveda with religious conversion or shamanism (section 4.3), there must be prompts circulating that are fanning the flames of these notions and shaping public understanding of the knowledge system. For this reason, there is a need to reinforce regulatory measures that manage Ayurveda’s application internationally, especially in the touchpoint areas of herbal medicines, therapies and education that shape how the medical tradition is delivered and cognized by audiences or consumers, and highlight the ways in which power relations in the healthcare sector are subverted.

Consumer expectations surrounding Ayurveda’s identity, together with the popularization of treatments and non-classical medicines driven by unconventional stakeholders, has created a conducive climate for diversion and reinterpretation opportunities across new channels of vending. This occurrence is in part fuelled by a desire to cater to emerging needs, such as consumer wishes for more palatable alternatives. In such instances, modernist science appears to aid in retaining consumers that otherwise would be unwilling to consume the medicines (as with extraction technologies described in section 2.4). In spite of this, the circumstance remains one where Eastern medicine or “ways of doing” are pressed to conform to Western aptitudes for the tradition to subsist in different countries. This incites a number of queries: How do power relations influence the nature of cultural transfers? How are certain groups benefited by these processes, or does the act sustain existing power imbalances that privilege the dominant group’s hegemony or capitalist endeavours? Vaidya Atreya Smith points out: “One of the main reasons why “Wellness Ayurveda” was presented in the West instead of Ayurvedic medicine was to avoid legal conflicts with the existing medical and insurance industries” (Kumar 2020, Chapter 10, p. 223), an understanding that demands we question deeper who benefits and loses from the integration of new forms of biomedical wisdom.

In investigating the power of commodification as an impetus for altering meaning-making around health in society, what can be found is a cultural extension of Ayurveda whose practice and consumption has evolved to bring about “new consumers, new category of commodities, new spaces, new stakeholders” (Kudlu 2013) across new geographies. Similar to the cultural exportation of yoga as a global commodity, Ayurveda has become a product of transculturation and contemporary “neo-capitalist globalization agendas (Anthony 2018)” that benefit from ‘Indian medical indigeneity (Hardiman 2009)’. This “one-size-fits-all” format proliferates its utility to global consumers, maximizing its economic potential. This phenomena is however the exact fear that resonates in the minds of some in the Ayurveda community. Dr. Kembhavi argues during an interview that the world has readily witnessed the widespread ridicule of naked yoga, yoga raves, goat yoga, cannabis yoga. This is shocking and for him Ayurveda – sister science of yoga - is one, and to behold the development of such paths for Ayurveda would be another undoing of sacred tradition. For this reason, just as Ayurveda emphasizes preventative practices for health, national and international regulations on standards ought to be strengthened to protect the condition of Ayurveda’s integrity.

\textsuperscript{49} Interview with Dr. Kembhavi on 10/27/21
From an epistemological perspective, protection of theoretical and academic integrity of traditional medical systems can be approached in the realm of education in the countries where knowledge is being (re)produced, accepted or denied. This allows for a more detailed understanding of what constitutes certain subjectivities that are hindering Ayurveda’s advancement in an integrated manner. Traditionally in India, there is the practice-centric Gurukul system that enables the experiential transmission of knowledge and metis from teacher to aspiring students. Along with the Gurukul system there is a growing shift towards the B.A.M.S. (Bachelor of Ayurvedic Surgery & Medicine). This is a full-time 5.5 year program for training Ayurvedic physicians in India, and an institutional format of education that has been indicated to play an important role in the deskilling of the physician (Kudlu 2013; Bode 2017). In the context of Europe however, the B.A.M.S. is not offered which in part contributes to public scepticism or uncertainty as to whether Ayurveda classifies as a system of medicine or wellness. If students wish to study Ayurveda, the diplomas available are generally part-time studies of shorter duration with an adapted curriculum for practitioner programs, the depth of study and skill demands between the two is incomparable. As we move into the future, interviews with directors of Ayurveda academies revealed their aspirations to bring the B.A.M.S. to Europe to transmit the knowledge in a more aggregate way, though important logistical, regulatory, cooperative and financial impediments exist that must be overcome before this can become a reality (Ch. 5).

Interviews declared that one of the macro factors that engenders the varying expressions of Ayurvedic education is that Ayurveda is recognized as an official system of medicine in India, whereas in Europe it is primarily classed as a system of complementary and alternative medicine (CAM). A foremost argument for this designation is that much of the principles at the foundation of Ayurvedic theory are not evidence-based. Yet, if Ayurveda needs to provide evidence-based scientific research in order to be accepted as a verified system of medicine, then this is a major fly in the ointment. In my conceptual framework I explain that there are many concepts like “prana” or “consciousness” that cannot be measured. Yet the hegemony and exalt of scientific categories and biomedical parameters are dictating codes of medical validity, a structure that is intertwined in power relations that are impeding Ayurveda’s – and other forms of traditional healing systems – from advancing in research to gain acceptability and support (Bode 2013). In other respects, while evidence-based scientific research aids in the affirmation of Ayurvedic theory, the question remains whether the rational, secular, analytical language of modern science holds the appropriate vocabulary to interpret the variables of indigenous realities and ontologies, many of which have evolved from acceptance of the claims in the classical literature as testimony.

Although negating the reliability or validity of the literature may surge as an innate response due to the intangible or unverifiable quality of much of the knowledge, there is value in delving into past perceptions for tailoring solutions to the complexities of the modern world. The realm of Ayurvedic research is developing and interesting studies have been unfolding in recent years. In 2015, a study was published where phenotypic traits were correlated with the doshas in a genome wide analysis that confirmed the genetic basis in which prakriti (individual nature) is embedded (Govindaraj 2015). More and more, Ayurveda is progressing towards scientization and information is being compiled in databases such as the AYUSH research portal. Such initiatives help to bridge the divide amongst audiences by speaking a contemporary language that helps to demystify the seemingly arcane. With scientization also comes the opportunity to truly understand and expand Ayurveda by studying how we might apply the founding principles in various countries (Ch. 5), in place of being reductive by solely imitating or appropriating the format as it exists in the Indian subcontinent as part of a commodification venture.

As a contribution to commodification theory, this research accordingly proposes that the
commodification trajectory of Ayurveda and traditional medicine systems be discussed within the context of the “the commodification of medical evidence” (Bode 2013) with which they are entwined. Who benefits and loses from wider societal acceptance and commercial success of traditional medicine systems in a non-diverted form? So long as the hegemony of biomedical stakeholders are commandeering the definition of what counts as scientific truth and evidence, the opportunities for alternative healing systems to develop as integrated participants in the primary health care sector are restricted. FDA approved medical substances are the outcome of hundreds of millions to a billion dollars invested in research framed by biomedical logic, a volume of money that is not available for funding in traditional medicine research (TRM). In 2013 AYUSH healthcare systems in India received about two hundred million US dollars yearly in financial support budget from the union finance minister (Bode 2013), though budget provisions have since increased four-fold over the last seven years (Press Information Bureau 2022).

As research in TRM advances, it is important to ensure that the techniques and parameters employed accommodate the systems medical logics and therapeutic goals – where treatment outcomes are often the result of changes and synergies at the level of medicines, diet, behavioural and spirituality. The intertwined and experiential nature of these elements increase the complexity of evidence-based research, compounded by the fact that the therapeutic objectives of TRM are not the same as those of biomedicine (Bode 2013, p. 10):

TRM does not have the specific and machine objectified goals of biomedicine such as diminishing cholesterol or elevating the number of red blood cells. Balancing functional systems, cleaning channels, optimizing digestion and reinforcing tissue building are the treatment objectives of the traditional medicines of India and China.

The theories, practice and rationalities of traditional medicines have unique, local aetiologies for explaining and treating (psycho)somatic conditions. The mechanic parameters and methods of biomedicine are thus unfitting to capture or measure indigenous worldviews towards health and healing. By not catering to other local realities, the system by design fails to acknowledge any other potentially medically significant prospects. In the midst of these impediments, the model, products, therapies, and knowledge being propagated in new settings are bound to depart from the beaten path. In this process, the model of Ayurveda and its accompanying knowledge andmetismay be driven to adjust to the receiving cultures logics and praxis, so as to be able to practice in any capacity.

As a contribution to future studies on comparable commodities, findings demonstrate that there are a number of forces (historical, sociocultural, economic, regulatory) in the process of transcultural transfers that incentivize or inhibit the ways in which indigenous wisdom or common property resources become embedded in set contexts. To get to the root cause of why this transformation is taking place, it becomes necessary to distinguish how the subject or object being studied traditionally exists in its site of origin and how it is being expressed in new contexts. This thesis for example employed classical Ayurveda as a reference point to contrast the conveyance of Ayurvedic theory and practice in Europe. To demonstrate the trajectory of commodification, ecological and economic bodies of anthropology have proven useful where commodity chain analysis and interviews with both “traditional” and “non-traditional” actors enabled the capture of reasonings and worldviews as to why decisions are made to operate in set manners. This thesis was additionally concerned with medical anthropology in the study of Ayurveda as a common property resource and medical tradition, where its medicines and “healing substances have been commoditized” (Bode 2006, p. 227), a field that can inform future research on the commodification of pharmaceuticals and medical systems.
The problem situation that my research addresses aims to understand the medico-cultural implications of Ayurveda’s commercial exploitation as an artefact to be commodified. The ‘social lives’ (Appadurai 1988) of Ayurvedic pharmaceuticals was studied to develop a more nuanced picture of the trajectory of commodification, and to capture the dynamics of how meaning is extracted and embedded in medicine commodities. Firstly it is important to understand the factors that are hindering and enabling commodification processes. I explain that the Ayurvedic physician and tridosha (three dosha) theory act as “barriers to commodification” (Kloppenburg 2004). To manoeuvre around the doshic context, the Ayurvedic industry both nationally in India and abroad have targeted the selling of prescription and OTC products, enabling people to self-medicate (section 2.1). Ayurveda’s repute of yielding no adverse side effects has also made it convenient for manufacturers to bring forward new products in different countries. This distends the commodity context as medicines are evolving to new forms (extracts), new categories (memory, aphrodisiac…), new vending channels (OTC, online sellers) and new spinoff identities (hybrids, traditional, modern…) On a medical level this means that people may be consuming medicines without an awareness of their prakriti (unique body constitution) or without the Ayurvedic physicians deliberation (section 2.3). This in turn may lead to complications, or render the medicine ineffective.

On a cultural level, when diverted Ayurvedic commodities are propagated, consumers that may be encountering Ayurveda for the first time may draw interpretations based on products driven by market logic where new meaning and identities have been strategically constructed. Novel chains of significance are created as Ayurveda is displaced, ‘rearticulated’ (Antony 2018) and introduced as an artifact grounded in Eastern spirituality (Kessler 2013), through which its establishment has been bolstered by connecting its content to Western biomedical frameworks (Warrier 2009) and wellness paradigms. In this process, the orientalist discourse of Ayurveda has been deconstructed so that it no longer exists in dispute with conventional Western medicine. The outcome has been the coupling of Ayurveda with massage menus that are curated to the desires of affluent health consumers seeking New-Age spiritual renewal – as opposed to its primary purpose of preventing illness, transmitting knowledge for restoring health, or extending lifespan. To attest to the fact, certain Ayurvedic treatments have been espoused (shirodhara, abhyanga, pancha karma…) while other Vedic practices have been dropped, (e.g., profound lifestyle changes, daily routine ‘dinacharya’, cleansing methods ‘kriyas’…), demonstrating a clear-cut catering to the proclivities of the dominant group.

The commodity trajectory of Ayurvedic pharmaceuticals in the Netherlands consist of a mix of classical and proprietary medicines. On one hand, classical medicines are derived from “open-source knowledge” (Kudlu 2013) that by virtue are embedded in Ayurveda’s doshic context, rendering them more resistant to commodification. On the other hand, there are new stakeholders and ethical proprietary-focused companies that are diverting products from the established path as a strategy to circumvent doshic logic by using “Indian herbs” as source of new active pharmaceutical ingredients to catalyse commodification potential. Outside the scope of medicines and therapies, it is important to note that commodification processes have also borne new segments like cosmetics, nutraceuticals, fragrances amongst others. Having said that, these product types are not dragging and diverting classical products out of their original context, rather, they have more of an expanding action. The primary risk lies with the evolution of branded industrial commodities that can potentially displace classical medicines, and thereby traditional medicine-making principles and process too. To control this, the
Ministry of AYUSH ought to implement stricter regulatory guidelines for defining which products can classify as Ayurvedic Patent or Proprietary medicines (section 2.1).

Deskilling of the physician was understood by analysis of the metis (Scott 1998) aspect of Ayurveda, which relies on a large body of knowledge set in classical texts and collective metis (Kudlu 2013). This provided the framework to comprehend how practitioners and manufacturers are reconciling ancient wisdom with the pressures of modern consumer and industry needs. To characterize this challenge, the influence of industrial commodification was studied to understand the impact on practitioners involvement in medicine-making. I demonstrate that industry has employed technologies to standardize formulations, streamline manufacturing for mass production and for quality assurance purposes (section 3.1). Yet there is one indispensable factor that cannot be mechanized which is the physicians yukti in medicine-making, a cognitive process that has been coined ‘thinking medicine’ (Kudlu 2013) and has hitherto enriched the production of Ayurvedic knowledge over the years. Should industry alienate the involvement of original skill holders from medicine-making, the link that connects clinical practice and innovation will be ruptured.

This complexity is further compounded as Ayurveda is a system that relies heavily on India’s native plant species for treatment (section 6.1.1), so the involvement of pharmaceutical companies in the manufacture and distribution of herbal medicines has been yielding a significant impact on the Ayurvedic landscape and its ‘pharmaceuticalization (Patwardhan 2011; Kudlu 2013)’ - both in India and worldwide. As a result, industry leaders in the Ayurveda sector have voiced a number of problem areas in the medicinal-plant chain that are threatening the future of endemic species (Alam 2009), and compromising the integrity of the herbal formulations distributed to consumers. A multitude of cases describe the consequent outcome of current value chain operations such as adulteration in raw materials, batch-to-batch variation in products, lack of toxicity profiles, and poor quality assurance protocols amongst other bottlenecks (Sagar 2014; Kumar 2018), compromising Ayurveda’s positioning to compete in both local and international markets. This is relevant when considering development implications as the structure of the commodity chain, along with enabling or constraining policies, can lead to trickle down effects that reach actors across the chain from farmers to end-consumers.

Today, Europe’s (and other continents) inclination to resignify Ayurveda as an alternative remedy (often cross-practiced with allopathy) ensures an ideological hegemony where the health system does not exist in conflict (economic, theological) with established Western structures. As a result, when consumers engage with Ayurveda, people are naturally bound to be unaware of the complex principles and individualized practices that underly the science in order to reap its integral benefits. Treating yourself here and there to a generic Ayurvedic “spa treatment” in an ornate hotel (rather than the customary ashram50, Ayurvedic hospital or treatment centre) is simply not a conducive environment to reach the levels of inner silence needed to support the dynamic actions of the treatments. Beyond therapies like pancha karma, important lifestyle changes must be made that are simply impossible to commodify because you cannot commoditize a person’s thinking or feeling – though companies certainly try. Consumers are not to blame though. The industry has been formatted to cherry pick desirable components from the master signifier ‘Ayurveda’ so that it can be carved and infused into the borrowing cultures mainstream milieu and socioeconomic variables. To overcome this, it is the need of the hour for the government of India to have greater oversight over how their ancient tradition is being

50 Ashram: Spiritual hermitage where people can reside for personal evolution by following activities like meditation, studying scriptures for deepening knowledge, offering selfless service (karma yoga), or other devotional practices rooted in Vedic tradition.
diffused around the world, and to moderate the overexploitation of India’s medicinal plants in global value chains.

This paper argues that Ayurveda is being cast to fit into Western frameworks. The bottom line is that Ayurveda is not a legal system of medicine in the West, and each country have unique legal regulations governing herbal medicines and CAM. This leave little room for Ayurveda to operate traditionally and clinically. Within these limitations, to get out of Ayurveda’s pigeonhole as an elite spa & exotic wellness trend, education is a promising way forward. The B.A.M.S. is not offered because it is a medical syllabus, but even for the practitioner study programs in Europe the Indian government ought to furnish guidelines for developing a standardized syllabus that is adapted to the context (environmental, cultural, legal) of the practicing country. As Ayurveda becomes articulated and applied in a more relevant and relatable way, perhaps the same situation as in Switzerland will repeat where consumer demand for Ayurveda will burgeon to a point where national governments will revise their laws and provide federal diplomas in accredited schools. These are realistic, practical steps that can be taken to protect Ayurveda’s integrity within the regulatory frameworks of Western countries. The Ministry of AYUSH can additionally tighten general guidelines on drug development for Ayurvedic patented and proprietary medicines to prevent radical product diversions. Granted that the Ayurveda market is a growing multi-billion dollar industry, there may be economic apprehensions to downregulate businesses capitalizing off of Ayurvedic commodities - then it becomes a matter of finding an ethical middle ground between protecting traditional knowledge and money-spinning.

The results reported herein should be considered in the light of some limitations. First, I found that my chosen research subjects of herbal medicines and pancha karma as commodities, are areas where access to literature and research studies are lacking. The literature found was sufficient to warrant the phenomenon being observed, but the majority of the work that has been done are based in India which meant that there were little papers to consult explaining the commodification of Ayurveda in the West. Fortunately an email exchange with Vaidya Atreya Smith, whom at the time was writing a book chapter on this exact topic, confirmed that my observation was justified and provided insights as to how the model of Ayurveda can become more relevant in Western contexts. With that being said, the literature didn’t offer direction for how to approach the matter of commodification, specifically herbal medicines and pancha karma. To overcome this, literature review and interviews helped to understand aspects of the commodity chain in India, and interviews with actors in Europe provided data on Ayurvedic practice in Europe that I used in analysis for comparison.

The sample profile for interviews was random with the exception of the interviews conducted with Maharishi Ayurveda Europe B.V. and the Maharishi Ayurveda Health Center. Answering my main research question required that a commodity chain analysis be performed to characterize the stages of the supply chain and capture how forces, actors and activities are shaping Ayurvedic culture in Europe. It was a challenge to find companies willing to disclose this information, and most refused. I resorted to reaching out to contacts I had from a previous visit I did at the Maharishi European Research University (MERU) in Vlodrop, the Netherlands, from a previous research I was conducting on Vriksayurved and Vedic Organic Agriculture. I was liaised with the scientific advisor from MAE B.V. who accepted to share their steps with me, and due to the time constraints for this thesis, I took the decision to base my case study on their company. In retrospect, while this was not entirely random I do not view it as a strong limitation as the findings provided interesting insights on the experience being
one the pioneers in bringing Ayurveda to the Netherlands, and the mechanisms through which the company aims to bridge tradition with modernity was brought to the fore.

Another point relating to the challenge of securing interviews is that this led to a sample group that is not very regionally focused. Chapter four on pancha karma draws data from clinics that are based in Germany and the Netherlands. Chapter five draws data from the Delight Academy in the Netherlands and the Europe Ayurveda Academy in Paris, France. While insights are not pulled from a regionally concentrated area as the sampling strategy here was opportunistic, findings from the interviews nonetheless reached a saturation point as the claims made were repeated and paralleled one another. For a more comprehensive view on how transcultural transfers of biomedical wisdom - or comparable commodification phenomena - embed themselves in specific localities, future research could include larger sample pools with a more local focus. In this way, more thorough insights can be obtained on the elements that are attracting consumers to Ayurveda, and on the factors that are inciting companies to propagate Ayurvedic products and services to certain sites in certain ways.

As concluding thoughts, areas of research for the future could include a deeper analysis on how we should assess the global commodification of Ayurvedic products and services, and comparable commodities derived from indigenous knowledge. As a contribution to commodification theory, research objectives could aim to identify which assessment criteria and theoretical perspectives should be employed in such studies. Another area that emerged in interviews that requires attention was the role of regulation in countering the externalities of commodification. Research could aim to characterize the steps that may be taken both on behalf of the government of India and the governments of Western countries to support the integration of Ayurveda as a medical system rather than a pseudoscience for wellness, in order to strike an ethical balance between culture and commerce. As a final suggestion, to subdue global reliance on India’s resources as a corollary of intensive commodification, a third research I propose would be an inclusive study that brings together Ayurvedic physicians, herbologists, practitioners of traditional medical systems in other countries to investigate how we might apply the founding principles of Ayurveda to local contexts. For example, a case study in Switzerland could look into how we might classify and understand Swiss Alpine plants based on Ayurveda’s conceptual frameworks. Interviews in this thesis revealed that certain actors encourage this initiative while others do not believe it to be realistic, so it may be of interest to assemble different actors to debate and reflect on the topic.
Appendix A: *nuances in meaning and the vagaries of language*

This section aims to explain the consequence of loose, oversimplified translations of Sanskrit terminologies, and examines the medical and cultural impact of their propagation on Ayurvedic epistemologies and ontologies.

Ancient rishis of India understood through meditation that the self is a microcosm of the universe manifest in physical form by the *pancha mahabhutas*, the five structural elements that serve as the building blocks of all matter. From subtle to gross we have: *akash* (ether / space), *vayu* (air), *agni* (fire), *jala* (water) and *Prithvi* (earth) (Lad 1984). Based on this knowledge Ayurveda asserts that optimal health can be achieved by harmonizing the internal environment of the body with the fluctuations and ever-changing conditions of the external world. This rationale serves as an important basis for understanding the vast ocean of theoretical principles beheld by Ayurveda, including the *tridosha* theory (three vital bioenergies) that arise from these eternal substances. One is *Vata* which is dominant in air and space, it’s function relates to movement and the utilization of energy. Second is *Pitta* which is dominant in the elements of fire and water, it’s governing function is metabolism and the transformation of energy. Third we have *Kapha* that is dominated by the elements of earth and water, associated with the storage and conservation of energy. *Vata* is regulating of *Pitta* and *Kapha* (Travis 2015), and the body is constantly trying to strike a dynamic equilibrium between these regulating principles for life to exist.

The Susruta Samhita (Sutra Sthaana, Chapter 15, verse 4) defines the state of health as:

\[\text{Samadoša samāgni ca sama dhātu malakriyah} \]

\[\text{Prasanna ātma indriya manah svastha iti abhidhiyate} \]

From this verse, the Central Council for Research in Ayurvedic Sciences [Ministry of AYUSH] (2018) has provided the below translation:

The concept of health encompasses physical, mental, sensory and spiritual domains. It is also indicated that a person with Swastha Mana (healthy mental state), Prasanna aatmendriya (delighted soul with proper functioning of sense organs) along with sama dosha (well balanced state of dosha), Sama Agni (proper metabolism), Sama Dhatu (proportionate body organs and tissues) and Sama Kriya (proper physiology) is perfectly healthy.

The definition speaks of *samadosha*, a Sanskrit term that alludes to the proper calibration of the *dosas*. *Dosas* are specific configurations of the *gurvadi gunas* (properties) that are susceptible to derangement. The *gunas* are opposite on a continuum and combine to create a matrix, the physiochemical conditions, for the expression of structural and functional manifestations of the body. For simplicity in this paper, *dosas* will be described as *a pattern or sequence of gunas* that configure the internal environment of the body.

*Dosha* roughly translates to “fault” in English. By nature, the human body is programmed to self-destruct, on this basis Ayurveda contends that the very constituents that support life are the same factors...
that lead to destruction, “the life lines are also the fault lines” (Malhotra 2020). Popular terms used to characterize the doshas however are “energy”, “functional principle” or “humours”. Greek physician Hippocrates suggested that humours are the vital bodily fluids such as blood, yellow bile, phlegm, and black bile that make up the body. This analogy of doshas with humors is a very superficial correlation, because reducing doshas to fluids is a gross oversimplification. Dosha represent qualities that have a tendency to be deranged. The physiology is constantly changing, sometimes it is more cold, sometimes it becomes hot, sometimes it is catabolic, sometimes it is anabolic. These are indications of how the gunas are shifting across a gradient, and the doshas represent the patterns of these gunas in the body. For example, Kapha is the constructive principle, so when kapha is dominating it means that there has been a shift of the gunas onto a particular gradient. Once the ‘construction’ is done, there comes a time for releasing energy in which case there will be a shift in the gunas that enable the activation of pitta (the transformation principle). Once the energy is released it needs to be channelled and utilized, which is expressed as Vata. Fluctuations in the gunas enable the normal functioning of physiological functions, but when thresholds are crossed physiological functions will get disturbed. If the heat in a room increases, it can be tolerated up to a certain point, but past a certain limit substances will be denatured and the system will collapse (Malhotra 2020). For this reason it is important to be mindful of the language used in dialogue. The association of doshas with humors detaches Ayurveda from its vernacular and correlates it to humoral theory, an act that suggests that the knowledge is derived from the ancient Greek system of medicine.

Recurring terms that are also employed to characterize the aim of Ayurveda are “homeostasis” or “balance”. This oversimplified definition is adrift, and such misconceptions stem from “a confusion of tongues” (Bode 2017) when trying to correlate Ayurvedic logic with that of biomedicine. If we break down the etymology of ‘homeostasis’ – homo means maintaining the same state, and stasis refers to a stable or unchanging situation. Here is where dissonance between the Sanskrit and English definition arise. Ayurveda teaches that nothing is static and that the body is in a state of continuous flux, so to imagine that the physiology preserves itself in rigid state is an antithesis to Ayurvedic logic that views ‘balance’ as a dynamic state. As Heraclitus observed “change is the only constant”. What may be considered as ‘balanced’ is hence relative and proportionate to the context, and dependent on whether the bodies response is appropriate to the situation or not. Health is thus not solely a state of internal harmony, but one of optimal union with all that exists outside the bodies physical boundaries like the cycles of nature, the seasons, the local ecosystem. Balance means that the conditions are created for life to express.

The basic premise underlying this modern notion of “balance” is that each individual, based on his or her unique constitution, has an optimal concentration of the three doshas for maintaining health and vitality. This state may get deranged for a variety of reasons including karma (Jain 2018), diet, lifestyle, behavioural and environmental factors (Goyal 2018). Samyakyoga is the key term in classical Ayurvedic literature that is representative of this principle of ‘homeostasis’. Under this umbrella term are: dhatusamya (“homogeneity of the tissues”), doshasamya (equilibrium of the doshas), and samayogavahitva (inherent inclination towards self-healing) (Shashirekha 2016). There is an order to achieving these conditions. Once the doshas are in equilibrium (doshasamya) then the seven dhatus (essential tissue systems) can modulate (dhatusamya) so that the functional and structural integrity in the body can be maintained with normalcy (samyakyoga).

As previously mentioned, Ayurveda talks of gunas (properties) that exist in a nominal scale on a continuum. In life, the body moves across a gradient to achieve a functional state that is most appropriate for the given situation. This is not to say that Ayurveda condemns stress, it is needed for body to come
alive and survive, but in extremes problems will ensue. This leads to question which mechanisms enable the body to calibrate with the outside. Ayurveda says that the *doshas* move in cycles across the states of *kshaya* (hypofunctional state), *vriddhi* (hyper functional state) and *sama* (balanced state) (Verma 2018). The body’s ability to shift across these states is called *dhatusamya*. With osmosis, when there is an area with higher concentration of salt and another compartment with less, the concentrations of the solutions will equalize. Comparably, the outcome of health relies on the body’s ability to neutralize the effects of stress and regain stability following extreme circumstances. To realize this, the body ought to operate in an agile adaptive manner for the *tridoshas* (three doshas) to move across functional states, like a pendulum. As is the case with the term *doshas*, it is through loose casual translation of Sanskrit terminology that the subtlety of meanings can easily become fragmented or lost in translation.
Appendix B: *alchemy of the universal principle: journey of Purusha to Prakriti*

The statue above is of the deity Shiva Nataraj that was gifted to CERN, the European Center for Nuclear Research in Geneva, by the Indian government in 2004 (CERN 2017). Lord Shiva in the form of Nataraja represents the eternal cosmic dance of creation and annihilation that manifests across all aspects of life, a dynamic that also appertains to the dance of subatomic particles in physics. This continual phenomenon of evolution and dissolution occurring simultaneously act as source from which all of diversity emerges, and the symbols featured in representations of Nataraj remind us that the many forms in the world are not constant but ever-changing products concealed by the veil of *maya* (illusion). Iconographies of Nataraj often feature a *damaru* (drum) that produces the vibration and primordial sound of creation “OM”, Shiva’s lower right hand makes the *abhayamudra* gesture to dispel fear and confer protection, the circle of flames symbolize destruction, the right foot treads on *Apasmara* (a figure that symbolizes ignorance and the overcoming of illusion), and the lower left hand in the *gaja hasta mudra* (a gesture imitative of an elephant trunk and alluding to Ganesha, remover of obstacles) points to his left foot lifted from the ground as a blessing for attaining salvation.
Samkhya philosophy was founded by sage Kapila around 700BC, and is based on the Samkhya sutra (526 sutras). Samkhya describes 24 principles that are responsible for the entire creation, and is a dualistic theory, meaning that reality can be understood in terms of principles that are opposite in nature. In Samkhya, the two main objects to be known are prakrit (the unconscious principle) and purusha (consciousness). Purush is the illumination principle that controls all of creation, and is the ubiquitous causal material from which universal matter evolves, a non-descript type of energy that has been compared to dark matter in Vedic cosmology (Aggarwal 2020). When Purush comes into contact with Prakriti (materiality, the unmanifest creative potential of creation), the principles of Mahat or Buddha (cognition) transpire. Next to evolve is Ahamkara (the ego, “I”-consciousness) which gives life to the three interlaced gunas (primal attributes) that are: (1) Sattva (sentence, purity, intelligence, illumination), (2) Rajas (dynamism, movement, action-oriented, expansiveness, passion) and (3) Tamas (inertia, lethargy, tenebrosity, ignorance, matter, apathy). The final evolutes to arise are the tanmatras (the five subtle elements or sense perceptions that connect the somatic physical body with consciousness, and the five gross elements (ether, air, fire, water, earth) that compose all of materiality.

In this context, the processes of creation, maintenance and destruction happen simultaneously, and is analogous to a beam of light striking a hall of mirrors that refract from one another in a perpetual manner, an action that capacitates multiplication, and thereby diversity, expansion and evolution.

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51 Interview with Prof. Venkat Joshi on 19/10/21
Appendix C: *from the sun of the heart to the moon of the brain*

According to Ayurveda, vital energy (*prana*) and matter (nutrients, tissues, waste..) circulate throughout the body via thirteen channels known as *srotamsi* (translates to river/stream in Sanskrit referring to the body’s transport system). Of these channels there are the *manovahasrotas* – the ten great bodily channels associated with the mind and responsible for mental functions such as thinking, feeling, inquiry, discernment, communication, and memory. This channel is rooted in the heart and opens to the five sense organs. Of the ten great vessels, the three that are considered most influential are the *ida* (left of the spine, lunar), *pingala* (right of the spine, solar), and *sushumna* (central) channels. These *nāḍis* (subtle energy channels) travel from the base of the spine to the crown of the head, intersecting at each of the seven chakras, and are said to carry the flow of *prana* (the breath of life). The *nadis* establish an important relationship between *prana*, the subtle bodies, the heart, and the mind. These channels integrate to compose mind-body-energy matrix, which is why Ayurveda views these components on a singular continuum rather than as isolate parts (Welch 2005). Ayurveda contends that the heart is the reservoir of our feelings, thoughts, actions, and desires. As such, all negative or unresolved emotional impressions (mental *ama*) reside in the seat of the heart:

*From the heart as root, ten great vessels carrying ojas pulsate all over the body… one who wants to protect the heart, the great vessels and the ojas, should particularly avoid the causes of the affliction of the mind.* – CS: Sushrastana: XXX:1-15
Ayurveda accordingly views the mind as the interface between the physical body and the self. Transient in character and elusive because of its immaterial quality, its existence can only be inferred. In Cartesian tradition a dichotomy is created that partitions the mind from the body, reducing cognition to a phenomena of brain chemistry. From an another vantage point, the science of Ayurveda is an inheritance of the Vedas and Upanishadic system of thought where the body is viewed as a crystallization of the consciousness, and where the body and mind are believed to inextricably influence one another across a dynamic continuum. On these grounds every physical expression has roots in the mind, and the seeds of disease sprout from afflictions of the mind by diffusing to denser planes or levels of being “koshas”.

For instance, there is a Sanskrit term prajnaparadha (mistake of the intellect) that if broken into its comprehensive parts, we find that prajna means wisdom/intelligence and apradha means offence/crime. Prajnaparadha may thus be construed to be “an offence against wisdom”. Practically speaking, this translates to error prone action, thought or speech that actively goes against what our deeper judgement knows to be right or wrong. Often in spite of awareness, actions may go against what the intellect knows to serve a higher good. As such, urges that stem from negative aspirations of the ego may manifest in the form of poor habit choices that subject the body to long-term chronic stress. This is the mistake of the intellect. By cultivating intentional awareness, Ayurveda teaches that it becomes possible to regain control over the permutations of the mind that are unwholesome and connect to the subtle silence, the unwavering self, that resides beneath the agitated mind. This creates space to observe and discern whether certain belief systems stem from the restless impressionable mind, or whether they are grounded in a deeper sense of inner knowing. Prajnaparadha as a self-referring framework helps to re-orient thinking and align with life-supporting actions (Kumar 2018). For this reason, Ayurveda highlights the importance of supporting the channel of the mind as doing so will lead to a sequence of effects that will positively impact every cell, tissue, and pathway throughout the body.

Asatmendriyartha samyoga (misuse of senses) is another fundamental factor that deranges the doshas. Typically, the five sensory perceptions (tanmatras) are so overwhelmed with day-to-day stimuli that it becomes easy to accept that tumultuous dynamic as standard. According to Ayurveda, sensory faculties (indriyas) are avenues of consciousness for channelling experiences from the outside world through the filter of the mind to the innermost heart as feelings. The information gathered through the senses infiltrate consciousness leaving imprints in the mind and are stored in the koshas (subtle bodies). Just as nourishing foods serve as fuel a healthy body, the senses ought to be cared for by favouring exposure to experiences that leave positive impressions for a healthy mind.

Mental stressors, as well as hereditary and environmental factors, lead to irregular functioning of agni (digestive and metabolic processes). Derangement in agni leads to the accumulation of ama (metabolic waste) that weakens the immune system, rendering the individual prey to illness. The Ayurvedic physician by excellence is thereby the one who is capable of entering the inner core of the patients mind to initiate the process of healing by awakening the mind – the herbal formulations prescribed in Ayurveda are just an addendum.

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52 In the Vedic text Taittiriya Upanishad, a model of the self is given where the being is described as consisting of five subtle bodies “panchakosha” – where each body is referred to as a “sheath” or “kosha”. 1) Annamaya Kosha (physical/material body) – the most dense body. Consists of skin, bones, muscles and internal organs, 2) Pranamaya Kosha (vital/energetic body) – Consists of breath, life force and the chakras, 3) Manomaya Kosha (mental body) – Consists of thoughts, emotions, 4) Vijnanamaya Kosha (intellectual/wisdom/ intuitive body) – Consists of intelligence, wisdom, intuitive knowledge, 5) Anandamaya Kosha (bliss body) – The subtlest body, consists of our true innermost nature.
Appendix D: *the three stages of pancha karma*

**Pancha karma is a three-step process:**

**Step 1: Purvakarma (preparatory treatment before pancha karma)**

*Purva* (foremost) *Karma* (action) are preparatory procedures that include a set of actions that last for three to seven days depending on the duration of the patients pancha karma therapy. The treatments have been designed to mobilize and channel *Ama Visha* (endogenous toxins) from the periphery (*Shakha*) to the gastrointestinal tract (*Koshtha*). This is meant for *Niramikaran* (removal of ama), so that they can be expelled in the following *pradhanakarma* stage (main procedures), so that the patient returns to a state of *nirāma* (devoid of Ama). Without these preparatory steps complications may arise as the body has not been primed to receive the treatments and waste products will not be dislodged from the system properly. Important *purvakarma* techniques include:

1. **Deepana-Pachana** (appetizer-digestives) – treatment that enhances *agni* (transformation principle)

   *The Ayurvedic classic Varghbatt states: “Roga Sarve Api Mandagni” – this means that all diseases manifest due to mandagni (improper functioning of agni). Oral administration of *pachananiya dravya* (digestives) in the form of powder, tablet or decoctions or *deepaniya* (appetizers) helps to enhance *jatharagni* (metabolic fire). This in turn helps to liquefy *ama* (undigested toxins) which facilitates elimination by the proceeding *pradhanakarma* treatments. This step is important because the next *snehana* (oleation) therapy can only be performed in the case where *agni* is strong and functions properly (Choudhary 2021).*

2. **Snehana** (internal and external oleation)

   *Snehana* (oleation therapy) consists of: 1) *Bahya Snehana* (external oleation) and 2) *Abhyantara Snehana* (internal administration of *sneha* [lipid]). Internally, the patient is given ghee (medicated or non-medicated) or other unctuous substances (depending on the patients doshic constitution and condition to be treated) in a specific increasing dose pattern for three to seven days. Externally, the application of medicated oils, ghee and herbs are applied to the body to help loosen *ama* and vitiated *doshas* (Parida 2020).

3. **Swedana** (sudation)

   *During Swedana* or fomentation (sweat) therapy, perspiration is induced in the patient using hot steam (with the exception of the head and heart which are kept cool) to increase blood flow. This enhances the liquefication of pent-up mental, emotional, and physical *ama* seated deep within the tissues, which are then channelled to specific sites. Many different forms of Swedana exist with varying herbal mixtures and application methods (Shiwaji 2014). This is usually conducted as the last step of purvakarma.

**Step 2: Pancha karma / Pradhana karma (principal procedures – five elimination therapies)**

After purvakarma, panchakarma therapies are administered to the patient. The term panchakarma is a combination of two words – “pancha” (five) and “karma” (action). Description of these five-fold procedures are available in *Charaka Samhita, Shusruta Samhita* and *Ashtanga Hridya*. In *Ashtanga Hridya*, Vagabhatta describes five types of *samshodhanas* (bio purification procedures):
1. *Niruha / Anuvasana basti* (medicated / herbal decoction enema)
2. *Vamana* (therapeutic emesis)
3. *Virechana* (therapeutic purgation)
4. *Nasaya* (nasal administration of medicaments)
5. *Rakatmokshana* (bloodletting)

During treatment the patient is gradually given a steady diet of easy to digest foods like kitchari as the tissues are in a state of heightened receptivity and any excesses in food, exercise or exposure to the elements may yield ill-effects on the recently acquired health improvements.

**Step 3: Paschata karma / uttara karma: post-pancha karma guidelines**

Once the Panchakarma treatment is complete, an Ayurvedic practitioner will present guidelines like diet and lifestyle recommendations to follow, and prescribe herbal medicines (rasayana herbs) to consume for the next 3-6 months.
Appendix E: Sample semi-structured interview guides

Interview guide: Philosophy of Ayurveda

- Introduce research project, purpose of this interview & ask permission to record

1. Could you share with me a little bit about your story and the journey for how you became a scholar of Ayurveda?
2. In which ways does the knowledge of Ayurveda trace back to classical Indian schools of thought?
3. Ayurveda is often said to translate to the knowledge of life - would you agree with the statement that Ayurveda can help advance an individual towards the path of knowledge? (evolving from Nyaya to Vedanta schools of thought)
4. I have read a little bit about the philosophical roots of Ayurveda – would it be correct to say that Ayurvedic thinking is mostly influenced by Samkhya philosophy?
5. Ayurveda has been gaining a lot of traction in Europe in recent years, why do you think the reason for this is?
6. Do you feel that the modernization of Ayurveda (industrialization of herbal medicines and commodification of therapies), comparable to what has happened with yoga, is compromising the integrity of the lineage and knowledge of classical Ayurveda?
7. What are your thoughts on what can be done to balance tradition with modernity in this increasingly globalized health practice?

Interview guide: Panchakarma

- Introduce research project, purpose of this interview & ask permission to record

1. Could you tell me a little bit about yourself and the path that led you to Ayurveda?
2. Would you characterize Ayurveda more as the “science of life” or the “science of longevity”?
3. Could you share a little bit about the origin and history of panchakarma?
4. In the past, brahmins, seers, sages would undergo Kuti Praveshika Rasayana. One of the aims was to shelter sensory points from outer stimuli as a means to facilitate the individuals journey within (antaratma sadhana). How important is it for the individual to reach states of inner silence for successful physiochemical restructuring during Ayurvedic treatments?
5. In today’s world, a growing number of consumers with stressful contemporary lives will partake in a panchakarma procedure and then return to normal life without following through with proper diet and lifestyle changes. Why do you think this occurs?
6. Literature has been emerging claiming that there is a shift in Ayurveda from treating illness (physiological and mental) to wellness (relaxation, beauty). Do you think that the fact that many panchakarma treatments across Europe are packaged as a ‘mild detox’ might be correlated to its association with wellness, as opposed to a powerful cleanse?
7. What is your opinion on why Ayurvedic treatments tend to be altered/modified/repackaged as the practice travels from India to abroad?
8. What impact do you think this has on public perception and understanding of Ayurveda, and on the integrity and protection of the knowledge?
Interview guide: **Europa Ayurveda Centrum**

- Introduce research project, purpose of this interview & ask permission to record

1. Could you tell me a little bit about yourself and the path that led you to Ayurveda?
2. Prior to becoming a doctor of Ayurveda, you studied medical sciences in the Netherlands. As you transitioned to Ayurveda, what was the experience like for you having to learn new frameworks for health (diagnosis & treatment)?
3. Was it difficult for you to accept concepts like *prana*, *doshas*, or philosophies underlying Ayurveda like the travel of the body from *purusha* and *prakriti*? I ask this because scientists will oftentimes challenge Ayurveda under the premise that much of the concepts cannot be proven, and are believed to require a certain level of “faith” to accept.
4. You have started the Europe Ayurveda Center – what was the vision / mission for creating this space?
5. What has been the response from your European clients to this healing modality? Have you found that people sometimes have misconceptions as to what Ayurveda is?
6. I saw on your website that you do scientific research with medicinal plants, could you tell me more about that?
7. You have a herb garden at the center, what was reason for deciding to start cultivating medicinal plants in-house?
8. What recipes do you follow for creating the herbal preparations?
9. Is the plant material fully processed in-house (grinding, cooking...) to create the different products?
10. Are the products sold to your patients or other buyers?
11. Are there restrictions on which kinds of pancha karma procedures can be performed at the health center (compared to what is possible in India)?
12. Your center offers a standard 5 day pancha karma treatment (with the possibility of longer). I understand that people in Europe are very busy and generally have no time, but do people sometimes come for 2 weeks or 1 month to go deep into the healing and reap the integral benefits that pancha karma has to offer?
13. Based on my research thus far, I have been seeing that it is often people with an inclination towards philosophy, psychology or medicine that gravitate towards Ayurveda. Have you noticed patterns in which kinds of clients come to you for treatment (age range, nationality, profession...)?
14. What are your hopes for the future of your center and the future of Ayurvedic practice in the Netherlands?

Interview guide: **Herbology & pharmacology**

- Introduce research project, purpose of this interview & ask permission to record

1. Could you tell me a little bit about yourself and the path that led you to Ayurveda?
2. What are popular herbal formulations used in India and what are popular ones in Europe?
3. I know that in the past specific procedures such as the boiling of the medicines over firewood, checking the fineness of powder particles, checking the smell, color of oils etc. were monitored by a physician. I was wondering if you think that the industrialization of medicine-
making has an impact on the physicians yukti? Because this is almost like a sense or intuition that is cultivated through practice.

- Do you think that modernization of ayurvedic medicine-making processes will substitute or alienate the need for the expert Vaidyas unique skills?

4. Do you know which kinds of technologies are used nowadays in the production of Ayurvedic medicines? (fermentation vessels, grinders, steamers, vessels for decoctions ...)

5. Beyond these challenges at the production phase of the commodity chain, actors at the delivery end have been called out for associating Ayurvedic products and services with terms like “balance”, “relaxation”, “spirituality”, “wellness” — what are your thoughts on this trend?

6. What are your thoughts on companies today that brand supplements under the name of Ayurveda, but that do not manufacture according to Ayurvedic principles or processes?

7. I understand that it is important for Ayurvedic treatments to be adapted to local climate and ecosystems. When ayurvedic practitioners prescribe medicines to patients in Europe, how important is it for the patient to consume formulations based on local plant species as opposed to prescribing remedies based on plants that are endemic to India?
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