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Embodied Ayurveda

Sarab Curtin

Introduction

Ayurveda is an adaptive term—a word used to describe anything from traditional Indian medicine to California massage studios. Simply put, Ayurveda, which refers to the indigenous medical system of India, is a Sanskrit word meaning “life knowledge,” and dates back at least 2,000 years.¹ This definition of Ayurveda does not capture the complexity of this Indian medical system as illustrative of both ancient India and Europe in the 1980s. The fluidity of its definition is what makes the investigation of Ayurveda an interesting one—a term for which the meaning shifts, context depending.

In this paper, Ayurveda will be defined in three ways: traditional, modern, and global. Traditional Ayurveda refers to Ayurveda in an ancient, “original” context, which changed after coming into contact with western biomedical conceptions during British colonization. Modern Ayurveda is what exists in India now; it is adapted to western biomedical standardization, institutionalization, and subject to the agenda of pharmaceutical companies. Modern Ayurveda is more accessible and transferable to a global context, leading to the recent development of global Ayurveda. Taken out of its original Indian context, global Ayurveda has some foundation in traditional Ayurveda, but has also grown into something completely different. Traditional Ayurveda is significantly different than modern and global Ayurveda because the latter two are the products of interplay between Indian and Western medical paradigms. The interaction between the two paradigms has developed an overall reconceptualization of the body. This paper explores different adaptations of Ayurveda through the avenue of embodiment as a representative aspect of the differences and similarities between the three.

Embodiment is essential to a medical system; it determines the way the body is conceptualized and therefore treated. Western biomedical systems are empirical, results-driven, and require proof of efficacy; this framework is problematic for Ayurveda and leads to questions of legitimacy. The three versions of Ayurveda discussed in this paper can be situated by how closely they are aligned with Western biomedical systems: traditional sits nearly opposite, modern is somewhere in the middle, and global is consumed by Western medical systems. The comparison of the three raises questions of cultural values, beauty and sexuality, and the role of

¹ Frederick M. Smith and Dagmar Wujastyk, “Introduction” in *Modern and Global Ayurveda: Pluralism and Paradigms*, eds. Dagmar Wujastyk and Frederick M. Smith (Albany: State University of New York, 2008), 1.

pharmaceutical companies in health care. Embodiment is a thread woven through all those questions: How is the body valued? Is medicine used reactively or preventatively? What drives people towards traditional or alternative medicine? Starting with traditional ayurvedic conceptions of the body, I will parse out a timeline of embodiment as shown through the application and use of Ayurveda. This paper follows the changes in Ayurveda through history, specifically after contact with Western biomedical systems. After engaging with Western biomedical definitions of embodiment, the Indian perception of the body has changed, as shown through different manifestations of Ayurveda.

Traditional Ayurveda and Pharmaceuticalization

An exploration of traditional ayurvedic embodiment begins with the ancient texts upon which the medical practices are based. Although many ancient texts speak to the same theories, the specifics are different, supporting the idea that within traditional Ayurveda “no single, common and uniform body exists.”² Three (among many) ancient texts that shape Ayurveda are the *Caraka-Samhitā*, *Sūsruta-Samhitā*, and *Pātañjalayogaśāstra*. According to *Caraka*, “the human body consists of two classes of constituents, viz. pure and impure ones. The class of impure constituents contains *inter alia*, the three pathogenetic substance wind, bile, and phlegm, but *Caraka* does not indicate the exact number of impure constituents.”³ The three pathogenetic substances appear in other writings as the three *doṣas*, but sometimes appear in other literature as part of a “set of twelve bodily constituents, including some waste products as well as bile (*pitta*) and phlegm (*śleṣman*).”⁴ Different ancient texts mention supreme parts (*sāra*), pathogenetic substances (*doṣa*), body tissues (*dhātu*), and waste products (*mala*).⁵ The organization and groupings of these components differ among texts, but the overarching concepts of the body have more similarities than differences. Regardless, these differences trouble the idea that traditional Ayurveda is capable of having one, uniform conceptualization of the body. With respect to these differences, all texts write about both physical and cerebral elements of the body, that together make one functioning body.

Ayurveda, as a medical practice, is being used less and less in India, in spite of its growing pharmaceutical industry. Ayurveda in part survives in an environment dominated by allopathic medicine because of institutionalization and pharmaceu-

2 Philipp A. Mass, “The Concepts of the Human Body and Disease in Classical Yoga and Ayurveda,” *Wiener Zeitschrift Für Die Kunde Südasien / Vienna Journal of South Asian Studies* 51, (2007): 143.

3 *Ibid.*

4 *Ibid.*

5 *Ibid.*, 141.

ticalization. The international strength of herbal pharmaceuticals does not speak to the popularity of modern Ayurveda in India. In modern Southeast Asia, “Western medicine is still the mainstream healing choice for the majority of people, and the largest share of the West Bengal state government health budget is allocated for allopathic medicine.”⁶ Ayurveda has transformed into a side medicine, used when those who can afford it exhaust all allopathic options.⁷ This shift away from Ayurveda can speak to connotations of status associated with allopathic medicine and affordability. Ayurveda in modern India, unless it is subsidized, is not affordable for the average Indian person: “Very few working class Indians with monthly incomes of INR 1000-5000 could afford to pay for a consultation with a private ayurvedic physician.”⁸ For reference, INR 1000-5000 is USD 14.92 – 74.76. Ayurveda is no longer the medicine of the Indian masses—despite slowly gaining popularity.⁹ This is important to note because in modern India, traditional ayurvedic texts do not speak to modern Indian concepts of the body. When traditional Ayurveda was widely used as the dominant medical system of India, it was reasonable to align ancient ayurvedic theories of embodiment with the Indian masses. In spite of Ayurveda’s diminished presence in modern India, Ayurvedic products and their marketing can still be used to gauge a modern Indian conception of the body.

Pharmaceutical companies have a significant impact on the ayurvedic landscape of modern India, arguably shaping the way Indians see their bodies now. Pharmaceutical companies’ involvement is a consequence of the standardization and professionalization of Ayurveda after being forced into the framework of western medical standards. This new context has shifted Ayurveda’s role as medical system: “The standardization of ayurvedic medicine production is radically influencing the internal structure and epistemology of this knowledge system. This results in what we call the ‘pharmaceuticalization’ of Ayurveda, where it is reduced to becoming merely a supplier of pharmaceutical products.”¹⁰ Ayurvedic medicine is not meant for mass production; the large-scale production of ayurvedic medicine has actually led to “nearly 300 plants used in traditional medicine are considered rare, endangered, or threatened.”¹¹ The ingredients are not the only things

6 Md Nazrul Islam, “Reviving Ayurveda in Modern India: Prospect and Challenges,” *International Review of Modern Sociology* 35, no. 1 (2009): 137.

7 *Ibid.*, 137.

8 *Ibid.*, 140.

9 *Ibid.*, 144.

10 Madhulika Banerjee, “Ayurveda and Modern India: Standardization and Pharmaceuticalization,” in *Modern and Global Ayurveda: Pluralism and Paradigms*, eds. Dagmar Wujastyk and Frederick M. Smith (Albany: State University of New York, 2008), 201.

11 Unnikrishnan Pavyappallimana, “Ayurvedic Pharmacopoeia Databases in the Context of the Revitalization of Ancient Medicine,” in *Modern and Global Ayurveda: Pluralism and Paradigms*, eds. Dagmar Wujastyk and Frederick M. Smith (Albany: State University of New York, 2008), 143.

suffering from the pharmaceuticalization of Ayurveda—the overall legitimacy of Ayurveda is also jeopardized. Ayurvedic medicine is not meant for mass-production: “But in modern manufacture, using this knowledge for large-scale suppliers is the biggest difficulty...Identification, place of purchase, and the surety that the observation of the specified times for picking (including those of day, month, and season) have been met to determine the expected levels of efficacy and action to be available from the plants.”¹² Ayurveda’s image in modern India is compromised by the carelessness that mass-production enables. When made and prescribed with care, ayurvedic medicines have proven their own efficacy through thousands of years of sustained use. Pharmaceutical companies, in this way, illustrate the forced fit of Ayurveda into a western bio-medical context; in which the Ayurveda suffers more than it thrives. Pharmaceuticalization is one significant difference between traditional and modern Ayurveda, but its importance to modern Indian embodiment lies in advertisement, target consumers, and availability.

A defining aspect of traditional ayurvedic embodiment is the co-existence of both physical and intangible aspects of the body. In traditional Ayurveda, a conversation about a physical ailment can quickly turn into a conversation of intangible theories of health and body composition. A primary, theoretical aspect of traditional Ayurveda is that of the three humors, or *doṣas*. Traditional ayurvedic conceptions of bodily health formed around the three *doṣas*: “wind (*vāta*), bile (*pitta*), and phlegm (*śleṣman*), which are said to exist in equal proportion in a healthy body.”¹³ These humors are used as parameters to diagnose and treat the body—a formative aspect of embodiment in traditional Ayurveda. The word “*doṣa*” can be semantically traced to “North Indian tradition where it first means an affliction—especially a pathological affliction of wind, bile, and phlegm—and then is a common term for these three components of the body.”¹⁴ While health is measured by the balance of the three humors, so is disease: “the body suffers from disease when the normal ratio of the three ‘humours’ is disturbed, which then turn from being mere elements of the body into pathogenic substances and that it is the physician’s task to establish their normal state.”¹⁵ The *doṣas* conceptualize the body in a unique way that provides the patient and physician the vocabulary to talk about otherwise intangible aspects of the body. Within the framework of the *doṣas*, patients and physicians do not see an affliction as an isolated problem within one

12 Ibid., 203.

13 Mass, “The Concepts of the Human Body,” 128

14 Hartmut Scharfe, “The Doctrine of the Three Humors in Traditional Indian Medicine and the Alleged Antiquity of Tamil Siddha Medicine,” *Journal of the American Oriental Society* 119, no. 4 (October 1999): 629.

15 Mass, “The Concepts of the Human Body,” 128.

part of the body, but rather physical manifestation of a total imbalance of the three *doṣas*. Although the concept of *doṣas* is just one aspect of traditional Ayurveda, it is illustrative of the ancient conception of the body.

Semen Conservation and Changing Ayurveda

As shown by the *doṣas*, traditional Ayurveda perceives the body as being composed of intangible things with tangible results, such as disease or health. In traditional Ayurveda, the body is composed of seven physical elements: “skin and blood and flesh and sinew and bone and marrow and semen.”¹⁶ Whereas the theory of the *doṣas* is a case in which intangibles become tangible, these physical elements of the body are tangible, but the significance plays into deeper theories of embodiment. An example of a physical element floating between tangible and intangible is semen; semen is material, while its significance is theoretical. Semen conservation becomes a representative, physical act for the conservation of “the life-giving power of the vital fluid, the ‘sukra’.”¹⁷ With this concept of embodiment, semen, and perhaps other sexual fluids, are transformed from a mere fluid into the crux of “healthy functioning of the body” and essential for “mental health, which includes intelligence and memory.”¹⁸ Traditional Ayurveda addresses the importance of *sukra* conservation in explicit terms, outlining the frequency in which a male should ejaculate: “In summer there should be only one ejaculation a week. In winter the frequency may be daily. The total ejaculations for one year should be no more than 168, according to a Vagbhata, a 4th century redactor of the *Samhitas*.”¹⁹ The importance of *sukra* cannot be empirically defined, measured, or proven; even still, a lack of *sukra* can be diagnosed and addressed by prescribing medicine. The prescriptions for *sukra* depletion encapsulate the totality of the ancient conception of the body: “To maintain a healthy level of *sukra*, as well as to restore a depleted level, the *Caraka* offers 50 prescriptions...All 50 prescriptions are given under a general heading of aphrodisiacs. According to today’s criteria, they fall into three categories: dietary, medicinal, and psychological.”²⁰ The dietary element of these prescriptions is a physical solution to a physical problem, whose significance is in the theoretical role of *sukra*. Aphrodisiacs, in their function, target sexual organs, but there are three different avenues suggested to solve one, physical problem.

16 Ibid., 130.

17 John Money and K. Swayam Prakasam, “Semen-conservation Doctrine from Ancient Ayurvedic to Modern Sexological Theory,” *American Journal of Psychotherapy* 45, no. 1 (January 1991): 110.

18 Ibid., 10.

19 Ibid.

20 Ibid.

By prescribing many solutions for semen depletion, which could be interpreted as impotence, traditional Ayurveda presents it as an essential health problem.

In addition to representing interplay between cerebral and physical conceptions of the body, semen conservation also speaks to ancient concepts of embodied masculinity. Embodied gender is as important to self-understanding as embodied health or disease: how does one define oneself as a healthy, functioning masculine or feminine body? Gender is considered when looking at a patient and all of their constituents; parts of traditional Ayurveda shape a person towards better fulfilling their gender roles, particularly when it comes to sex. In classical ayurvedic texts, sex contributes to embodied gender roles: "Concepts of embodied, masculine health in India are linked to the production, retention, and internalization flow of semen."²¹ By conserving semen, a man is not only increasing his *sutra*, but also embodies health by masculine standards. A woman's fertility defines her embodied femininity, because it determines how well she can perform her role as child-bearer. The utility of ayurvedic sex therapy has shifted with the medicalization and sexualization of the modern body. No longer is sex therapy merely a series of prescribed life-style changes to improve energy and *sutra* production; instead, sex therapy preys on insecurities of both male and female consumers. Interpretations of embodied masculinity and embodied femininity shifts as Ayurveda moves into a modern or global context, so it is a good avenue for comparison.

The significance of *sukra*/semen conservation contributes to a larger conversation about conceptions of embodied masculinity. Conceptions of gender are essential to understanding a culture's conceptions of embodiment; the differences between *sukra* conservation of traditional Ayurveda and quick-solution potency prescriptions of modern Ayurveda are illustrative of this. Embodiment of masculinity, as shown by Ayurveda, has shifted: "Although men's sexual health has been presented in classical ayurvedic texts as associated with semen, physiology and reproduction, ayurvedic companies in modern India relate men's sexual to the 'power of masculinity' with an emphasis on sexual prowess, focusing on premature ejaculation, erectile dysfunction, etc."²² This shift speaks to an overall shift in gendered embodiment found between traditional and modern Ayurveda; embodied masculinity transforms from health-related semen conservation to an issue of sexual prowess and performance.

21 Joseph Alter, "Ayurveda and Sexuality: Sex Therapy and the 'Paradox of Virility,'" in *Modern and Global Ayurveda: Pluralism and Paradigms*, eds. Dagmar Wujastyk and Frederick M. Smith (Albany: State University of New York, 2008), 178.

22 Md Nazrul Islam, "The Promotion of Masculinity and Femininity through Ayurveda in Modern India," *Indian Journal of Gender Studies* 20, vol. 3 (2013): 415.

Although both avenues address the same problem of male impotence, their methods and solutions are representative of different conceptions of the body. Semen retention, in a traditional context, is a means to achieve a better balance of the whole body by preserving the most essential, vital fluid. Conversely, the modern ayurvedic solution to the same problem is a quick fix marketed by pharmaceutical companies that do not align themselves with traditional ayurvedic concepts of the body, despite using Ayurveda in the label and marketing strategies. Traditional Ayurveda encourages a slow, intentional life-style change: “While *vajikarana* therapy discussed in the classical ayurvedic text, *Súsruta-Samhita*, requires following a routine and life-style change to enhance sexual energy...ayurvedic drug manufacturers in modern India are reluctant to highlight such requirements in promoting impotence products.”²³ The dissonance between traditional and modern Ayurveda is illustrated; both exist within the same umbrella term and address the same problem (impotence) with separate attitudes towards the body. The slow, life-style change of traditional Ayurveda addresses the physical problem of impotence, with the importance of sukra-conservation as the primary motivator. Conversely, the modern ayurvedic approach emphasizes quick-fix formulas with false promises to enhance sexual performance.

Modern Ayurveda, Class, and Gender

Pharmaceutical companies have been instrumental in defining modern Ayurveda, particularly marketing to the anxieties of their customers with cosmetic and impotence products. Those who prefer and can afford ayurvedic medicine are often middle class, so modern Ayurveda addresses this demographic group’s problems: “Today, the preference for Ayurveda has largely become an urban middle class phenomenon, and ayurvedic products have turned into fast moving consumer goods that are offered as remedies for urban middle class disease of affluence such as obesity, stress, impotence, etc., as well as to enhance body–beauty–health consciousness.”²⁴ This target audience does not necessarily care about the health benefits of sukra conservation or the balance of their *doṣas*. Instead, the customer recognizes the diseases of affluence as flawed parts of his or her life, and aims to solve them through natural, life-style changes to spark a long-term remedy. This model of Ayurveda is not necessarily reactive, but rather preventative and enables people to self-prescribe instead of actually seeking medical attention. For example, when men seek a solution for impotence, they choose an impotence pill rather than consult an ayurvedic physician: “First, although in the classical ayurvedic

²³ *Ibid.*, 417.

²⁴ *Ibid.*, 416.

text, *Susruta Samhita*, *vajikarana* or virilisation therapy is a recognized form of treatment for men's sexual problems, Indian men in modern India are reluctant to view their sexual problem as a health issue, much less admit it publicly. Thus, by consuming impotence pills bought over the counter as opposed to consulting a doctor, Indian men consciously reject the idea that sexual impotence could be a medical problem."²⁵ Through the purchasing of over-the-counter pharmaceuticals, both the consumer and drug manufacturer are changing how sex is medicalized, shaping what afflictions require medical attention and what can be self-diagnosed and self-treated. The market for impotence pills reveals aspects of modern masculine embodiment, which is fueled by sexual prowess and dominance—enhanced by ayurvedic drugs.

Pharmaceutical companies have reshaped the way Ayurveda subscribers view themselves and in doing so, have created a gender bias, in which products are marketed more towards women. While impotence pills and remedies are popular among men, the primary audience for ayurvedic pharmaceuticals is women. Ayurvedic pharmaceuticals can have medical benefits, but have become far more cosmetic than traditional Ayurveda. Women's embodied health has shifted: "Women's health is presented in the classical ayurvedic texts in terms of human reproduction, but ayurvedic companies today, problematically, redefine women's health in terms of beauty."²⁶ Pharmaceutical companies have reshaped the idea of embodied health, which was once defined by traditional ayurvedic texts. Health, according to traditional Ayurveda, meant balance between the three *doṣas* and further examinations of all other bodily constituents. Now, defined by pharmaceutical companies, health is likened with white teeth, whiter skin, etc., which unsurprisingly Ayurveda can all fix *naturally*. This concept of natural, which is perpetuated by ayurvedic pharmaceutical companies, is another marketing strategy that plays upon anxieties about "the hazards of synthetic cosmetic use."²⁷ Modern Ayurveda considers embodied female health to be natural and beautiful—two qualities that can be achieved through intake of ayurvedic pharmaceutical products.

This shift in conception of the female body appears to be shallow and exploitative of modern women's anxieties; while this is true, it also has provided numerous opportunities for women within Ayurveda where there once were none. In a traditional ayurvedic context, women's health was secondary to men's: "Such a depiction of the female body framed within male-dominated ayurvedic discourse presented women's health concerns as secondary, only significant for satisfying

25 Ibid., 423.

26 Ibid., 415.

27 Ibid., 416.

men's needs. Women's duties... are twofold: to give birth to children for a man; and to act as a sexual partner for man's enjoyment. Medical treatment for a woman was meant to keep her fit to perform these two functions."²⁸ Women's involvement in ayurvedic medicine is a noteworthy shift from traditional Ayurveda to modern: "Indian women are not only great consumers of ayurvedic products but since the 1950s, have also begun to train as practitioners of ayurvedic medicine with the active encouragement of the government."²⁹ Although modern embodiment of femininity can be problematic, it has also afforded women the opportunity to seek medical attention from a female ayurvedic doctor or use a product designed by women for a woman's use. There are many aspects of modern Ayurveda that maintains its role as a medical system in India, one of which is the recent inclusion of women: "The increase in female ayurvedic doctors has impacted greatly on the popularity and consumption of ayurvedic products for health and beauty. To a large degree, the intertwining of health and beauty has taken on a modernist twist where the promotion of a healthy body as a beautiful body, and inner health as outer beauty, has become the norm within India as well as the world."³⁰ This ameliorates a modern embodiment of femininity; no longer are women using Ayurveda to better play the role as child bearer, but instead use it as means to a healthy body that in turn will be beautiful. This complicates the idea that one version of Ayurveda is better than the next; while certain aspects of traditional Ayurveda are lost within the framework of modern Ayurveda, others aspects, such as feminine embodiment, are developed.

Globalized Ayurveda

Ayurveda's farthest reach is a global one—spread far beyond the borders of India and western Europe and America. Global Ayurveda is a curious phenomenon because while it exists under the same umbrella term as traditional and modern, some ayurvedic practices do not resemble traditional Ayurveda: "Global Ayurveda is identified in the more recent trend of a globally popularized and acculturated Ayurveda, which tends to emphasize and reinterpret, if not reinvent, the philosophical and spiritual aspects of Ayurveda."³¹ The most telling figure about the global spread of Ayurveda is how lucrative it is: "there has been a great change in the international climate on 'herbal medicinal products,' with a fast-growing market of nearly USD\$7 bn."³² This speaks to a new, global appreciation

28 *Ibid.*, 428.

29 *Ibid.*, 427.

30 *Ibid.*, 427.

31 Frederick M. Smith and Dagmar Wujastyk, Introduction to *Modern and Global Ayurveda*, 2.

32 Banerjee, "Ayurveda and Modern India," 211.

of alternative medicine, despite the problematic focus on products rather than professional medical diagnosis and treatment. The fast-growing market of herbal medicinal products speaks to the presence of ayurvedic drugs, while there may not be professional physicians distributing them. There are institutionalized versions of Ayurveda established in the west, namely Maharashi Ayur-Ved (MAV), which are perceived as representative of traditional Ayurveda. Conversely, Ayurveda is just used as a general term, which connotes exotic, natural health. Companies attach Ayurveda to beauty parlors, spa treatments, massage studios, and essential oils. These are neither necessarily exploitative nor benevolent; more so, it is an illustration of the ignorant sweeping use of Ayurveda as a term that connotes natural health. For example, "...Vick's Vaporub...falsely claimed to be ayurvedic, proof of an ambiguous trend in contemporary ayurvedic commodification."³³ This misuse of Ayurveda reveals a certain vulnerability of global Ayurveda audiences; there is little to compare Ayurveda to in a primarily allopathic medical system.

This vulnerability is possibly the only characterization to be made of global embodiment as perceived through Ayurveda. In the advent of globalized Ayurveda, MAV is instrumental in popularizing Ayurveda in Europe and America in the 1980s.³⁴ A controversial model of Ayurveda, MAV is also "among the most successful models of a globalized Ayurveda, and as such it is likely to provide essential elements to the understanding of this phenomenon."³⁵ The practice of MAV is based in Transcendental Meditation and over time, developed into a system to achieve perfect health. A combination of twenty different practices or approaches, only some can be found in the classical ayurvedic texts.³⁶ Although MAV is not representative of all global Ayurveda, it has concrete idea and theories, which a lot of global ayurvedic systems lack, lending itself to better analysis. Also, many traces of MAV are found in other manifestations of global Ayurveda, so while the overall landscape of global Ayurveda varies heavily, MAV will be the primary access point. For instance, MAV outlines four features of its Ayurveda, which act as common features throughout other forms of global Ayurveda. These features speak to conceptions of the body, as defined by global Ayurveda. For example, global Ayurveda has "an approach of 'mystical self-improvement'...The emphasis will be put on the pursuit of happiness as a state of fulfillment and harmony, implying a particular concern for one's health and body (well-being, vitality, beauty and

33 Islam, "The Promotion of Masculinity and Femininity," 417.

34 Françoise Jeannot, "Maharishi Ayur-Ved: A controversial of Global Ayurveda," in *Modern and Global Ayurveda: Pluralism and Paradigms*, ed. Dagmar Wujastyk and Frederick M. Smith (Albany: State University of New York, 2008), 285.

35 *Ibid.*, 286.

36 *Ibid.*, 295.

so on).³⁷ This returns to traditional conceptions of harmony and balance in the embodiment of health. Other common threads of global Ayurveda as outlined by MAV is that one should learn “a sense of responsibility towards one’s own life and the possibility to reach a state of global well-being, and consequently a desire for personal transformation through corporal and mental techniques or exercises, diet, astrology, and other divinatory practices, belief in karma, and so on.”³⁸ These fluffy versions of Ayurveda that appear to be based in traditional concepts of embodiment shape the global atmosphere of Ayurveda today. As a whole, the practice of MAV seems less cosmetic, and returns to some of the essential, cerebral aspects of Ayurveda.

Conclusion

No version of Ayurveda is better than the other; the differences between all versions represent important cultural shifts and the joining of different thought paradigms. Through ancient ayurvedic texts, one can see the conceptions of the body upon which Ayurveda was created and first used. The theory and practice of this ancient medical system is illustrated through analysis of embodiment: how are health and disease perceived? Traditional Ayurveda floats between the cerebral and the physical in a way that troubles Western medical paradigms. When the two come into contact with each other, a new form of Ayurveda is born. Modern India primarily uses allopathic medical systems, but if that fails, ayurvedic medicine is still available through physician visits and pharmaceuticals. The pharmaceuticalization of Ayurveda has changed the face of the traditional medical system to be more adaptive to western biomedical framework. More commonly used for cosmetics, preventative medicine, or guidance of a natural lifestyle, Ayurveda has adapted to the medicalization and sexualization of the body. This new form of Ayurveda has benefits, such as a new emphasis on female consumers and physicians, readjusting and empowering the embodiment of femininity in a modern context. Ayurveda keeps spreading into a global context, through which some efforts are made to return to a more traditional form of Ayurveda. These efforts are troubled by questions of legitimacy and a context of domineering allopathic, western biomedical cultures, into which Ayurveda does not fit. This exploration of embodiment illustrates the social and cultural consequences of interplay between two medical paradigms.

37 Ibid., 301.

38 Ibid.

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