

Health and Popular Psychology: Ayurveda in the Western Holistic Health Sector

MAYA WARRIER¹

Department of Theology, Religion and Philosophy

University of Winchester

Sparkford Road,

Winchester, Hampshire

SO22 4NR

maya.warrier@winchester.ac.uk

ABSTRACT:

This paper examines a small selection of popular anglophone publications on ayurveda, authored by three well-known US-based writer-practitioners: Robert Svoboda, Deepak Chopra and David Frawley. It argues that these individuals' interpretations of ayurveda's principles and practices are deeply influenced by popular psychology, and by the therapy culture that it has spawned in Euro-American contexts. These writers draw upon some key tenets of popular psychology in their works: that physical illness is an outward manifestation of a psychological problem; that self-awareness and personal growth are essential for attaining optimum health; that individuals must assume active responsibility for maximizing health and wellbeing. Through their psychologized interpretations, Chopra, Frawley and Svoboda greatly expand ayurveda's scope. In their hands, ayurveda is not simply a medical tradition for remedying illness (its predominant focus in mainstream South Asian practice) but, more importantly, a means for personal growth, human potential optimization, and self-actualization.

KEYWORDS:

ayurveda, health, popular psychology, spirituality, seekership, therapy culture

¹ Maya Warriar is Reader in Religious Studies at the University of Winchester, UK. Her research and publications explore Hindu identities and traditions in modern, transnational contexts. She has published on aspects of modern guru traditions, Hinduism in the UK, and the transformations undergone by ayurveda in its contemporary anglophone manifestations. She is author of *Hindu Selves in a Modern World: Guru Faith in the Mata Amritanandamayi Mission* (Routledge-Curzon, 2005) and co-editor of *Public Hinduisms* (Sage, 2012).

There is to date a small but significant body of work examining key features of the Indic health tradition, ayurveda, as it manifests in Euro-American contexts.² What this literature demonstrates is that ayurveda here departs in significant respects from its mainstream forms in South Asia. In India and Sri Lanka, practice tends to focus mainly on remedial medicine and treatment. In its Euro-American manifestations, ayurveda's scope extends well beyond a pathology-centred focus; here, the emphasis is on health optimization, self-transformation, and personal growth. My aim in this paper is to examine these novel interpretations by means of an analysis of selected items of popular anglophone ayurvedic writing authored by some of the more widely-read and well known entrepreneurs seeking to popularize this tradition to Western audiences in the late twentieth and early twenty-first centuries.

Though ayurveda's multiple historical layers and interpretations make it difficult to pick one simple set of ideas as foundational (Wujastyk 2003a: xvii), traditionally primacy is often accorded to a central triad comprising the three humours (*dosha*), body tissues (*dhatu*), and waste products (*mala*). When the three humours, in their interactions with tissues and waste products, are in a state of equilibrium, health is maintained. Once this equilibrium is disturbed, and one or more *dosha* is aggravated and displaced from its usual seat in the body, the normal functioning of the body is disrupted, and disease manifests (p. xviii). Treatment may entail alterations in diet and lifestyle, and the use of mainly herbal remedies. Traditionally, ayurvedic therapeutic procedures also include enemas, massage, bloodletting, douches, sweating and surgery (p. xviii).

Over the centuries, ayurveda has absorbed influences from a range of other traditions, including, for instance, Greco-Arabic medicine, known as Unani (Basham 1996: 39-40; Leslie 1974: 89-90), and more recently Western biomedicine (Banerjee 2009; Bode 2008; Leslie 1973, 1976; Langford 2002). It has undergone significant change over the years, and there is considerable

² Eg. Frank and Stollberg 2002, 2006; Kessler et al 2013; Reddy 2000, 2002, 2004; Stähle 2010; Warriar 2009, 2014; Wujastyk and Smith (eds.) 2008; Zysk 2001.

diversity in its interpretations and modes of practice in its home context in South Asia. It is not my intention here to hold out for an 'authentic' or pure version of this tradition as the gold standard against which to measure its manifestations in the West. My endeavour, instead, is simply to explore the subtle manoeuvres and shifts in meaning by means of which promoters and practitioners of ayurveda adapt this tradition to suit its new social contexts.

In Western Europe and North America, the holistic health or mind-body-spirit sector serves as the ideological and practical prism through which ayurveda is refracted, transformed, and made accessible and attractive to potential clients (Reddy 2002: 100). Compared to yoga, ayurveda is a relatively recent entrant into this sector. It is only since the 1970s and 1980s that it has gained popularity in North America and Western Europe (Smith and Wujastyk 2008: 9).

Ayurveda's appeal and popularity extends well beyond South Asian constituencies in these locations; its development here has seen its uptake by non-Asian practitioners and clients (Frank and Stollberg 2002, 2006; Reddy 2002: 99; Warriar 2009). In the last four decades, there has been a spurt in popular anglophone publications on ayurveda, both in print and online, targeting a Western readership (see eg Reddy 2004; Smith and Wujastyk 2008:17-23). A number of spas, resorts and clinics now offer ayurvedic counselling, massage and therapy; a range of providers offers ayurveda training courses. There are significant numbers of practitioners and therapists trained outside South Asia, claiming different levels and types of qualifications in ayurvedic knowledge and practice.

A key focus of ayurvedic practice in Western contexts is the optimization of health through lifestyle coaching, dietary advice and the prescription of nutritional regimens (see eg. Kessler et al 2013; Ståhle 2010: 87; Warriar 2009, 2014). Treatment is intended as much for the well person as for the sick. Zimmerman (1992: 209) notes the preference for gentle treatments in place of the often harsh and violent procedures used in traditional South Asian contexts. Ayurvedic wellness treatments, borrowing from the culture of the spa or health

resort, are particularly popular; treatments here are aimed at stress-relief, relaxation and rejuvenation (Reddy 2004; Selby 2005; Zimmerman 1992).³

A particularly noteworthy aspect of contemporary Western manifestations of ayurveda, which some scholars describe as 'New Age Ayurveda' (eg Reddy 2002; Smith and Wujastyk 2008; Zysk 2001) is the emphasis on spirituality and its relationship to health-seeking. Practitioners often describe themselves as spiritual seekers (Welch 2008; Reddy 2002, Warriar 2009, 2014). Health, in their understanding, connotes not just physical wellbeing but also mental equilibrium, positive energy, joy, vitality, and self-knowledge. According to Zysk (2001: 13), the defining feature of this form of ayurveda is its presumed basis in 'mind-body medicine' and therefore its articulation within a psychosomatic framework. In Zysk's view, this privileging of the mind is achieved by integrating yoga into the regimens of healing, and uniting yoga and ayurveda into one system in 'New Age Ayurveda'. It is indeed true that most ayurvedic practitioners trained in the West incorporate yoga in both its postural and meditational forms into their practice.⁴ However, I argue here that far more than yoga, it is the framework of popular psychology and its culture of therapy that shapes Euro-American forms of ayurveda. In what follows, I will provide a brief introduction to popular psychology before going on to demonstrate its influence on popular anglophone representations of Ayurveda in the West today.

Popular psychology, therapy culture and ayurveda

Popular psychology emerged in the latter half of the twentieth century as a major force shaping human self-understanding in day-to-day contexts. Following Illouz (2008: 7), I use the term 'popular psychology' to refer not to texts and theories

³ Ayurveda retreats and spas promising rejuvenation and stress relief have mushroomed in South Asia in recent years; many of these target clients from overseas (Cyranski 2016).

⁴ This is particularly significant in the case of Maharishi Ayurveda, introduced to the West by the late Maharishi Mahesh Yogi (founder of the Transcendental Meditation movement). This version of ayurveda relies on meditation as one of its central healing modalities (Humes, 2008; Jeannotat 2008; Reddy 2000: 148-170; Zysk 2001: 18-23).

produced by experts, or the professional and academic expertise of trained psychologists, but instead to the vast body of psychology-based popular knowledge, diffused worldwide through a variety of media, including self-help books, workshops, television, talk shows, radio call-in programmes, movies, novels, and magazines, all of which perpetuate what scholars have variously described in terms of the ascendancy of 'the psychological man' (Rieff 1987); the 'psychologisation of social life' (Rose 1989); 'therapy culture' (Furedi 2004), and 'therapeutic discourse' and 'therapeutic habitus' (Illouz 2008). Illouz (2008: 10) notes that the boundaries between professional expertise and popular knowledge here are porous, and that both address the self using similar metaphors and narratives.

Popular psychology is best understood as an offshoot of Freudian psychoanalysis. With the founding of psychoanalysis, Illouz (2008: 35-36) notes, Sigmund Freud (1856-1939) created a new language to describe and manage the self. He blurred the distinction between normality and neurosis, or between the healthy and the pathological. Health or normality came to be defined not as the default state but as an elusive ideal. This understanding has resulted in new ways of thinking about the self and its relationship to others, new ways of managing selfhood, and indeed new ways of imagining the individual's potential and the means of realizing it in practice (pp. 14-15).⁵ It has also created 'a large reservoir of dysfunctions' which need treatment (p. 45).

⁵ The roots of therapy culture can arguably be traced further back to American Puritanism and its preoccupation with self-examination as a means to monitor one's spiritual progress and identify signs of divine approval (Altglas 2014: 202-203). Particularly significant here is New Thought, a motley crowd of ideas and practices popular in the late nineteenth and early twentieth centuries among affluent white Anglo-Saxon Protestants. New Thought is associated with the belief that god/ divinity lies within the 'true' self, understood to be an inexhaustible source of happiness. It is also associated with the Mind Cure movement, based on the healing power of faith and positive thinking, and with American Harmonial Piety, based on belief in an indwelling cosmic force flowing through all things, which could be harnessed and made to manifest in every dimension of personal life (Albanese 2007, Fuller 1989, Hanegraaff 1997).

Freud was pessimistic about the possibility of attaining normalcy through personal striving. In his view, endurance, perseverance, virtue and will power could only take the individual so far on the road to recovery and health; the unconscious was too powerful to be thus controlled and mastered (ibid: 153-54). In striking contrast to this perspective, the culture of therapy in mainstream Euro-American contexts today is highly optimistic and rooted in self-improvement. This optimism, as well as a shared skepticism towards intellectual elitism (inherited from the 1960s countercultural movement), set contemporary forms of therapy culture apart from Freudian psychoanalysis. For these reasons, therapy culture, though it derives from psychoanalysis, is perhaps best described as 'post-psychoanalytic' (Castel, as cited in Altglas 2014: 204).

The writings of a number of key figures and movements in North America contributed to the growing influence of popular psychology and therapy culture in the twentieth century. Samuel Smiles (1812-1904) had claimed, in his widely read work, *Self Help*, that individual responsibility, self-reliance, moral strength, and voluntarism could lead the individual to happiness, health, and well-being. The self-help culture that this work spawned in the US brought together basic Freudian tenets with the belief that self-help is within everyone's reach (Illouz 2008: 155). With the emergence of humanistic psychology in the mid-twentieth century, and the closely-linked Human Potential Movement which arose out of the countercultural movement of the 1960s, psychology made further inroads into American popular culture (Alexander 1992: 36-46). Abraham Maslow (1908-1970) and his mentor Carl Rogers (1902-1987) were both key figures in the founding of humanistic psychology. According to Rogers, humanity has an innate tendency towards self-actualization and every life form is designed to develop its potential to the maximum (Rogers 1961: 35). He claimed that lives that were unfulfilling were lacking in self-realization. Maslow (1993: 25-26) similarly posited that in every human being there is 'an active will toward health, an impulse toward growth, or to the actualization of human potentialities'. He proposed a 'new way of approaching the problem of humanness' (ibid.) based on an acknowledgement of the possibility of self-actualization.

Illouz notes that putting self-actualization at the very centre of models of selfhood has greatly enlarged the area of operation for therapists: all those not self-realized are in need of therapy (Illouz 2008: 161). Post-psychoanalytic therapies 'shifted the focus from treating pathology to the realization of the self' (Altglas 2014: 204). All behaviours and states falling short of the idealized states of health, wellbeing and optimum human potential now require treatment. The resultant culture of therapy is steeped in the values of individualism, self-responsibility and self-improvement. The self here is turned inward in its search for authenticity and is called upon to be rational. It is enjoined to gain self-knowledge by turning a detached gaze upon itself in a process of self-scrutiny that is believed ultimately to lead to freedom and self-mastery (Illouz 2008: 50). This understanding of selfhood has a strong moral component—self-change is the chief source of contemporary self-worth (p. 184).

The culture of therapy today forms the basis of 'New Age' mind-body-spirit workshops and seminars, as well as discourse and practice in the holistic health milieu. It garners legitimacy across a range of social groups, organizations and institutions. It has come together with other key elements in Western popular culture to generate a vast industry of therapy, addressing issues such as intimacy, child rearing, leadership, assertiveness, relationships at home and in the workplace, anger management, dieting, and de-stressing (Illouz 2008: 155). Mind, body and spirit are the objects of close self-examination and monitoring. This culture, reinforced in America throughout the twentieth century, now transcends national and linguistic boundaries (p. 6).

Discourse and practice in significant sections of the Western holistic health sector reflect key features of the therapeutic outlook. First, practitioners place major emphasis on self-responsibility (Lowenberg and Davis 1994: 587-588). Individuals are deemed ultimately responsible for their own wellbeing. They are deemed to be 'creators of their own reality' (Partridge 2005: 16) through their attitudes, thoughts and feelings. The individual must personally strive for self-understanding, self-transformation, and healing, with the therapist as friend and

guide. In the holistic health sector, this means that practitioners often exhort clients to assume active responsibility and accountability for their states of health/ disease, and their health-related decisions. There is an emphasis on personal choice here, and, in more radical versions, also a subtle note of moral condemnation in relation to individuals who 'choose' to be ill (Lowenberg and Davis 1994: 588).

Second, physical symptoms of disease are often attributed to emotional stresses and other psychological causes (Hanegraaff 1996: 54). Patients are often tasked with finding the deeper meaning of their illness, using the illness as a means for learning about the self, and enabling inner growth (p. 54). Great emphasis is placed on an affirmative attitude, unbridled optimism, and self-reliance. Physical and psychological wellbeing are understood to be not only interrelated, but also person-specific. Partridge (2005: 16) notes that within the holistic milieu, 'each person is unique and important'. Health and wellbeing is 'a personal *bricolage* project, tailored according to the individual's needs' (p. 16).

Third, the psychological and the spiritual are deeply linked, resulting in what Hanegraaff (1996: 224-229) describes as the psychologization of the spiritual, and the sacralization of psychology. The elevation of one aspect, the experiential, above all else, is directly related to this coupling of the spiritual with the psychological. Powerful inner experiences and altered states of consciousness are understood to be particularly meaningful and revelatory for the individual undergoing the experience.⁶ Though there is no clear consensus in the holistic health sector on what 'spirituality' means (Partridge 2005: 28), practitioners often aim to facilitate contact with the 'transpersonal' or the 'divine', enabling experiences of the self as part of a greater whole (p. 16). The idea that 'everything is connected' (p. 18) is a central tenet in the holistic health milieu.

⁶ The writings of Carl Jung and William James, which were significant precursors to humanistic psychology, contributed in no small measure to blurring boundaries between the religious and the therapeutic, and placing inner experience and altered consciousness at the heart of therapy.

These central themes and ideas are readily discernable in the significant and growing volume of popular anglophone literature on ayurveda generated particularly in the US, but also elsewhere in North America and Western Europe. As noted earlier, popular publications are an important means by which readers are made familiar with exotic and unfamiliar health traditions from across the globe. These works 'domesticate' these traditions by simplifying them, making them readily accessible, and adapting them to the sensibilities of the target readership. Joseph Alter's (2004) observations about what he calls 'Yogic pulp non-fiction' hold true for the ayurvedic publications that circulate in the holistic health milieu. This vast body of work

is not completely different from other genres of 'popular' literature. But it is significantly deep, rich, and idiosyncratic enough as to defy any sort of totalizing synthesis. This chronic open-endedness is exactly what brings it to life.

(Alter 2004: xix)

'Chronic open-endedness' and idiosyncrasy are crucial features of the holistic health complex generally, and certainly characterize the popular material on ayurveda. This open-endedness is reflected in the nimble manner in which some of the popular writers move between Indic traditions (ayurveda, yoga, tantra), popular psychology, and spiritual seekership, in their discussions. Some of the most prolific, well-known, and widely read authors of these works are based in the US, where they practise and promote their versions of ayurveda, and also (in some cases) train new generations of practitioners.

I will examine here selected writings of three key US-based writers on ayurveda, Robert Svoboda, David Frawley and Deepak Chopra, all household names for most ayurveda practitioners in the West. These writer-practitioners are among the early pioneers who, in the closing decades of the twentieth century, sought to make familiar and comprehensible to a Western readership a tradition that was hitherto foreign, strange, and exotic. Inevitably, authoring introductory works on

ayurveda for a readership unfamiliar with its principles and practices entails a process of cultural translation, adaptation, and improvization. Some ayurvedic concepts are invested with new meaning, others are sidelined or ignored, even as ayurveda gets reworked to suit particular sensibilities. The ayurveda promoted by these authors rests on some basic therapeutic assumptions: that every individual can and should gain insight into his or her own personal mental, spiritual, and emotional nature; that each person has the capacity and autonomy to do so; and that living in accordance with this insight and knowledge will lead to optimum health and wellbeing.

The three practitioners-cum-writers to be examined here have significantly different backgrounds; only one, Svoboda, is formally trained as an ayurvedic practitioner. Frawley rose to prominence as a yoga promoter, and Chopra is a trained biomedical doctor. All three writers often figure in academic writing about 'New Age Ayurveda' (see, for instance, Zysk 2001, Smith and Wujastyk 2008). All three present a psycho-spiritual version of ayurveda, with a strong emphasis on self-help and self-development, leading to the ultimate goal of optimizing self-potential. Most of their major works on ayurveda, published in the 1980s and thereafter, have run into multiple editions and translations. These entrepreneurs command the necessary cultural competence required to operate effectively in the holistic health sector. They are well-versed in its idioms, expressions and sensibilities, and are able to translate basic ayurvedic ideas and concepts in ways that can make sense to their audiences.⁷

Robert Svoboda (b. 1953) spent ten years in India in the 1970s and 1980s. According to the brief biography posted on his website (Svoboda 2018b), he studied ayurveda at the Tilak Ayurveda College in Pune, completing a BA programme in Ayurvedic Medicine and Surgery (BAMS) and receiving the title of

⁷ These authors typically also promote their particular versions of ayurveda through other means such as courses taught either on-line, or face-to-face; workshops, lectures, seminars and retreats; CDs and DVDs; and web-based material such as blogs, webinars, and video and audio-recordings posted on-line (e.g. Svoboda 2018a; Vedanet 2018; Chopra Centre 2018).

Ayurvedacharya (ayurveda scholar). He claims also to have received informal training in ayurveda, yoga, jyotish (astrology) and tantra under the mentorship of his tantric guru, Vimalananda. His major works on ayurveda, many of which are of particular interest to students and practitioners, and have been translated into multiple languages, include *The Hidden Secret of Ayurveda* (1980), *Prakruti: Your Ayurvedic Constitution* (1989), *Ayurveda: Life, Health and Longevity* (1992), and *Ayurveda for Women: A Guide to Vitality and Health* (1999). He has served as adjunct faculty at a number of ayurvedic training institutes in the US, and now runs his own courses in collaboration with another ayurvedic practitioner-cum-teacher, Claudia Welch (Svoboda 2018a). His writings introduce ayurvedic ideas in an authoritative manner—his expertise in the subject is readily evident, and he does not shy away from dealing with the more complex terms and concepts.

Deepak Chopra (b. 1947) grew up in anglophone India, trained in biomedicine there, and made his initial forays into ayurveda while practising as an endocrinologist in the US (Zysk 2001: 18). In the 1980s, he became a disciple of Maharishi Mahesh Yogi, the founder of the Transcendental Meditation (TM) movement. On Mahesh Yogi's behest, Chopra took up informal study of ayurveda. After a brief period of tutelage with a prominent Indian ayurvedic physician, Brihaspati Dev Triguna, Chopra went on to become Director of the Maharishi Vedic Health Center in Lancaster, Massachusetts, the principal health and training center for 'Maharishi Ayurveda'. Chopra was also the main force behind the establishment of Maharishi Products International, which marketed and distributed herbal remedies and food supplements (p. 18).

Though Chopra played an active role in promoting Maharishi Ayurveda in its early years, he left the TM organization in the 1990s in the wake of a controversy about the integrity of a publication he had co-authored in the *Journal of the American Medical Association* (Zysk 2001: 21-22). He went on to become a major proponent of ayurveda in his own right, setting up a health practice of his own, along with his associate, David Simon, at the Chopra Centre of Wellbeing in

California. He has continued since then to promote his ideas on 'perfect health' and successful living through a range of media; a great many of his publications in print have been bestsellers. Among his major works on holistic health and healing in general, and/or ayurveda in particular, are *Creating Health* (1987), *Quantum Healing* (1989), and *Perfect Health* (1990). His part-autobiographical work, *Return of the Rishi: A Doctor's Story of Spiritual Transformation and Ayurvedic Healing* (1988), explains to some degree the early context of Chopra's engagement with ayurveda. Chopra's version of ayurveda is closely modelled on the Maharishi version; however, he taps into the discourse of popular psychology and therapy culture to a far greater extent than practitioners of Maharishi Ayurveda.

David Frawley (b. 1950) is largely self-taught, but also spent several years visiting India and studying under the tutelage of an ayurvedic physician, Dr B. L. Vashta, in Mumbai (Smith and Wujastyk 2008: 19-20). He is a prolific writer on 'Vedic' subjects, and his writings on ayurveda rely heavily on making connections with postural and meditational yoga, tantric theories on energy centres (*chakra*) and energy points (*marma*) in the 'subtle' body, Indian astrology, and Vedanta. He is founder of the American Institute of Vedic Studies, where he runs training programmes. As Singleton (2014) notes, some of his writing, where he seeks to establish the antiquity and superiority of Vedic civilization, has proved to be highly controversial, with historians and Sanskritists taking serious exception to his claims.⁸ His work on ayurveda is often creative and complex, and would appear to be largely based on his own attempts to draw connections and correspondences between ayurveda, yoga and tantra. His major works on Ayurveda include *Ayurvedic Healing* (1989), *Ayurveda and the Mind* (1997), and *Yoga and Ayurveda* (1999).

In the works of all three authors, ayurvedic healing is aimed as much at the well person as at the person suffering any form of disease. Health is presented as an

⁸ The Harvard Sanskritist, Michael Witzel, has been a particularly vocal critic of Frawley's claims about Vedic civilization (e.g. Witzel 2002).

elusive goal that has more to it than just physical wellbeing; here intimations of the 'true self' are understood to be indispensable to health. These writers emphasize the power of the mind and the significance of positive thinking, introspection and self-knowledge, as well as self-cultivation, in the pursuit of health. Their interpretations reflect the influence of popular psychology on the Western holistic health milieu; physical manifestations of disease are often attributed to underlying mental and emotional problems. In what follows, I will examine these key themes in some detail.

Constitutional types and self-knowledge

In their introductory works on ayurveda, all three writers claim that ayurveda assists individuals to learn about themselves, and develop self-awareness. According to Svoboda (1993: 47), 'Knowing what is good and what is not so good for your personal self enables you to make informed choices in your life, which is Ayurveda's goal'. Frawley describes the ayurvedic regimen as a 'yoga', a discipline for coordinating and harnessing one's resources in order to discover, through close observation and reflection, the rhythms and patterns of one's own being. The aim is to establish the 'right rhythm' in one's life, maintain a certain 'harmony and consistency', and live creatively (Frawley 2000: 60).

The first step in developing self-awareness, according to these authors, is to identify one's *prakriti* (one's physiological tendency towards the preponderance of particular *doshas*), enabling individuals to make informed choices in order to optimize health. *Prakriti* is translated as one's 'psycho-physiological' constitution or 'psycho-spiritual' nature. These authors understand *prakriti* to be fixed at the moment of conception, and read recent discoveries in genetic science back into ayurveda; thus, *prakriti* is 'etched permanently into the genetic material' (Svoboda 1993, 78). To know one's *prakriti* (in terms of the ayurvedic conception of three humours (*tridosha*) — *vata* (wind), *pitta* (bile) and *kapha* (phlegm), or a combination of these — is, these authors promise, to know one's strengths and weaknesses, and to be able to adjust for them, thus making one's life happier and healthier (eg. Frawley 2011: 11-12; Svoboda 1993: 80).

Knowledge of one's mind-body-spirit type, moreover, according to these writers, enables the individual to move every aspect of life — personal relationships, work satisfaction, spiritual growth, and social harmony — to a 'higher level' (e.g. Chopra 2001: 47).

Readers are invited to identify their constitutional type by means of a *prakriti*-chart, table, or questionnaire. *Prakriti* self-identification by these means has virtually become a staple in all popular writing on ayurveda. The questionnaires/ tables are usually self-report inventories, asking direct questions about the reader's physical, mental and emotional characteristics, or requiring the readers to score themselves against characteristics set out for each type (See eg. Chopra 2001: 38-44, Frawley 2002: 44-45, Svoboda 1993: 81-82). Questionnaires are typically formatted along a Likert scale or use the 'forced choice' technique where statements are provided about the three *dosha* types, and the individual is required to choose the one that best represents him/her. *Dosha*-specific characteristics are listed according to a number of categories. These usually include aspects of one's physical appearance (type of body frame, weight, quality of skin, type of hair, colour of eyes), aspects of bodily routines and processes (appetite, regularity of bowel movement, tendency to sweat, intensity of sex drive, sleep patterns), as well as aspects of personality and temperament (quality of speech and gait—rapid/ slow, ambling/ purposeful—tendency towards particular emotions such as anger and fear, the quality of memory). Such *dosha*-calculation is understood to indicate whether the respondent's psycho-spiritual and psycho-physiological 'type' is *vata*-predominant, *kapha*-predominant, *pitta*-predominant, or a combination type—e.g. *vata-pitta*, or *pitta-kapha*.

Most writers of popular manuals, and certainly the ones under discussion here, explain ayurveda as a system that does justice to the highly individualized nature of health and disease and treats no two individuals the same. Some, like Svoboda, are careful to explain that the *doshas* can occur in different proportions in different individuals—resulting in not three but an infinite variety of

constitutional types. *Prakriti*-typing is thus ‘neither a way to reinforce limitations nor a source of convenient labels for pigeon-holing people. It is instead a tool for self-examination and self-development, for use in locating and settling into one’s own niche in the cosmos’ (Svoboda 1993: 84). Yet the *dosha*-calculations in these works in fact have the opposite effect: they reduce the individual to a fixed set of characteristics by *prakriti*-type. The *doshas* here are transformed from indices of health and disease (as in the conventional ayurvedic understanding) to a fixed set of bodily and temperamental traits. Rather than describing a symptom as being *vata*-induced, an individual is now described as ‘a Vata’. This kind of type-casting would seem to make little allowance for the conventional understanding that one’s *prakriti* undergoes subtle changes throughout one’s life depending on a host of factors such as age, the prevalence or otherwise of chronic conditions, and the influence of food and climate.

In order to make ayurvedic concepts readily intelligible to, and usable by, laypersons with limited background in the subject, these authors present a version that is considerably simplified, even simplistic, in its approach. The version that they present is highly reminiscent of personality tests developed by psychologists (like the Myers Briggs Type Indicator (MBTI), for instance) and clearly draws inspiration from these. Healing, correspondingly, becomes the exploration and eventual expression of one’s ‘true’ inner self, as a Vata, Pitta or Kapha person. Ayurveda, true to the ethos in the holistic health sector, is now about ‘self-description, self-reification, and self-enframing’ (Langford 2002: 59). The individual is to be developed to his or her fullest human potential through elaborate *dosha*-based self-attention and self-nurture.

Most popular publications on ayurveda provide wide-ranging information about how best each *prakriti*-type needs to adjust dietary and lifestyle habits and routines in order to ‘balance’ the *dosha* and to optimize health and wellbeing.⁹

⁹ Wujastyk (2003a: xli) notes ‘the platitude that one finds repeated numbingly without exception in all secondary sources on ancient Indian medicine’ that disease is caused by an imbalance of humours. This, he argues, does not do justice to disease causation as described in the ancient

Chopra, Frawley and Svoboda all offer elaborate advice on such things as bodily cleansing, massage, clothing, exercise, sleep, and diet for optimizing health. They provide detailed dos and don'ts relating to the tastes and foods appropriate for each constitutional type, and discuss the properties of different foods in terms of ayurvedic categories.¹⁰ They discuss herbal remedies commonly used in ayurveda, explaining the properties of each herb and the *prakriti*-specific disease symptoms it can be used to cure. In some cases they also recommend specific yoga postures and *pranayama* (breathing) exercises for each *prakriti*-type, and prescribe mantra chanting and forms of meditation for the different doshic constitutions.

These authors furthermore apply the logic of *prakriti*-typing to the contexts and concerns of modern living; Svoboda, for instance, offers career advice and relationship counseling. A typical passage on employment and work-life reads as follows:

V [Vata] people love to work at jobs which require sudden bursts of intense energy, because they naturally work that way. Such work exhausts them, however, and should be avoided. Even though they despise and resist anything boring, repetitive or routine, ideal employment for a V is somewhat repetitive, to discipline the normally erratic V nature. V people should avoid places where the air is exceptionally cool and dry, such as the clean room of an electronics manufacturing outfit [...] even though such work would be routine.

(Svoboda 1996: 113).

texts, where disease aetiology is mainly a matter of misplacement or displacement of *doshas* rather than their imbalance.

¹⁰ It is noteworthy that the 'ayurvedic cook-book' or 'ayurvedic recipe book' is a fairly recent addition to popular writing on ayurveda, and this type of work often offers recipes classed in terms of the *prakriti*-type for which they are most suited. See eg. Lad, Usha and Vasant Lad 2006 [1994], Morningstar 1995, Yarema et al 2006.

Svoboda also discusses the choice of one's spouse, indicating what *prakriti* types should ideally pair, what kind of relationship they can expect, and how best to manage the relationship. A typical passage in this section reads:

Ps [Pitta-types] can give Vs [Vata-types] organization for their mental chaos, and Vs can give Ps continuous communication challenges. But if there is imbalance, the V wind will blow like a bellows on the P fire and incinerate the relationship, or the P fire will heat up the V air and expand it like a balloon until it flies off and bursts.

(Svoboda 1996: 116).

Through such descriptions and prescriptions, ayurveda's scope is significantly extended—the *prakriti* typology can now serve as a basis for advice and counselling, as well as self-examination and problem-solving, in relation to a very wide range of domains of everyday living. Ayurvedic therapy and self-help here are directed not so much at people suffering particular diseases, but at the well person keen on self-improvement. The three *doshas* now serve as indices for developing self-knowledge and empowering the self. Drawing on the general understanding that all forms of distress, physical and emotional, emerge from a lack of self-knowledge, it is presumed that ayurveda facilitates healing and health optimization by removing the barriers to self-knowledge and enabling the actualization of human potential.

Mind, spirit, consciousness

A central refrain in these works is the importance of personal agency in making the right health-related choices. 'The first secret you should know about perfect health' according to Chopra (2001: 10), 'is that you have to choose it'. Frawley (2000: 63) reminds readers: 'And you must put YOURSELF to work, No one else can heal you [...] Be the master of your own destiny...' (uppercase in the original).

These writers refer to the ayurvedic concept of *prajnaparadha* (literally a ‘lapse in judgement’) to make their point. This concept places responsibility for disease with the sufferer; disease is caused by lapses or mistakes (*aparadha*) in judgment (*prajna*), that is, by irresponsible and unwise decision-making and action. The opposite, or the exercise of *prajna* (one’s wisdom and better judgment) is indispensable for safeguarding health. In the traditional ayurvedic understanding, lapses of judgment, stemming from impaired intelligence, weak will power, and/or faulty memory (Wujastyk 2003b: 403), are in effect instances of improper engagement of the senses with sensory objects, causing the individual to act contrary to his or her own self-interest, as for instance when one fails to protect oneself against the cold or the rain.

Though wisdom/ judgment/ discernment are central to the concept of *prajnaparadha*, this does not mean that traditionally ayurveda gives the mind primacy over the body in its approach to health and disease. On the contrary, mind and body are often difficult to separate in traditional approaches to healing. Disturbed mental and physical states are often diagnosed in terms of disturbed *doshas*, and treated accordingly (Obeyesekere 1977). In the works of Svoboda, Frawley, and Chopra, however, the mind is pre-eminent. Mental processes, thoughts, emotions are understood as the ultimate determinants of states of health and disease.

Nothing in the world, according to Svoboda, is immune to the influence of thought. ‘As we believe, so we become, and so our world becomes as well’ (Svoboda 1993, 43). These writers emphasize an affirmative attitude, mental courage, faith, and optimism as among the most significant factors in fighting disease and maintaining good health. No therapy can work, they claim, if the patient is determined to remain sick. If the patient develops the conviction that s/he will get well, that conviction alone is enough to effect a recovery. The following passage illustrates this understanding of the power of the mind with reference to a certain ‘Mary’ and her steely resolve:

When a woman I know, whom we can call Mary, finds herself out of sorts, she sits down, gives herself a serious talking to, and 'sends her shadow self packing'. Her shadow self, which is generated from the petulance and selfishness that motivate her to perform 'crimes against wisdom' [the author's translation of *prajnaparadha*], is her own personal disease-being. Sending it packing removes from her consciousness the cause of her problem.

(Svoboda 1993: 188).

Svoboda acknowledges, however, that not everybody has the energy and/ or courage to act thus, for removing the 'disease-being' in such instances also entails replacing 'old sick habits and beliefs with new healthy ones'. Most people, he notes, need assistance from a healer they can trust. However, even here, he writes, faith in one's capacity to heal must be absolute. 'If your faith is dwarfed by doubt, your healing will take time. Everything works well when you have true faith that everything will work' (p. 189).

Frawley (2000: 315) asserts that most physical diseases result from underlying psychological factors and that as a general rule in treatment, psychological factors outweigh physical factors. Psychological factors are explained in terms of the 'blockage' of emotions within the individual. Suppression of the emotions is understood to be counter-productive; emotional healing is believed to occur when emotions are spontaneously released and expressed in a positive form (p. 317). He emphasizes the need to treat one's emotions with love and respect, gradually working towards 'transforming negative emotions like lust and hatred into positive emotions like devotion and compassion' (ibid.).

This emphasis on the power of the mind is most pronounced in the writings of Deepak Chopra. Chopra's vision is highly optimistic—in his view, by using the powers of the mind, one can change anything and everything; one can alter reality. He claims, on the basis of this mind-over-matter perspective, that 'life is a field of unlimited possibilities' (Chopra 1990: 212), and that 'we all have the power to make reality' (p. 219). He claims that subtle processes take place in the

mind which can result both in immaterial thoughts of fear translating into physical manifestations of disease, and the opposite—positive and optimistic thoughts translating into spontaneous cures and remissions. Ayurveda, he asserts, is commonly classified as a system of medicine, but it could as well be understood as a system for curing delusions, for stripping away the convincing quality of disease and letting a healthier reality take its place (p. 189). Chopra writes:

In Ayurveda, this is the first and most important step in healing. As long as the patient is convinced by his symptoms, he is caught up in a reality where ‘being sick’ is the dominant input. [...] This is the principal delusion that needs to be shattered.

(Chopra 1990: 189).

The influence of popular psychology is readily evident in all of this. Unresolved conflicts, traumatic experiences, negative emotions are all understood to inhibit self-expression, personal development, spiritual fulfillment, and health. Negativity and unhappiness are understood to result from ‘incorrect’ ways of thinking. Victimhood, and negative emotions in general, are understood to impede health and success. The focus of change is therefore not any external source of distress that may be beyond the individual’s control, but the individual’s own mind, emotions and habits.

Discussions about the mind and emotions in these writings bleed imperceptibly into discussions about the spirit and spiritual seeking. Zysk notes the ‘religious sentiment’ running throughout Svoboda’s writings, and comments that ‘one is never sure if one is reading a book about Indian medicine or one individual’s personal religious quest through the ancient tradition of Ayurveda’ (Zysk 2001: 17). It is important to emphasize here that an underlying personal religious or spiritual quest is in fact evident in most contemporary best-selling anglophone works on ayurveda. This personal quest is very important—it is the means by which the writers establish their authenticity as modern interpreters and

mediators of ayurveda, and it is their highly personal quest that lends these works their authority; most such writings are an expression of the author's 'authentic self'. The authors in turn exhort their readers to nurture and express their authentic selfhood through their engagement with ayurveda and other Vedic traditions.

In the works of the authors under review here, the 'spiritual' tends to connote one or more of a few different things. The 'spirit' is often used to refer to notions of the divine or sacred, in the sense not of a transcendent god, but of an immanent divine force that can be harnessed for healing. 'Spiritual harmony' is used to refer to attunement and correspondence between the individual and the cosmos. Notions of 'spiritual awakening' refer to altered consciousness and heightened states of awareness which open up new experiences and can (as in Chopra's writing for instance) enable spontaneous healing as well as the realization of one's full potential.

While all three writers under discussion here share a general concern with spirituality (spiritual healing, intimations of the presence of god/the creator/divine will, notions of cosmic unity, and belief in transcendent states of consciousness enabling perceptions of this unity), the specific routes and pathways that they take in their attempts to explain ayurveda's spiritual elements tend to differ, and depend to a very large extent on their personal journeys as spiritual seekers. They weave together strands of ayurveda with strands derived from a range of other traditions, developing highly individualized interpretations of the spiritual aspect(s) of this tradition.

Svoboda's engagement with spirituality rests on positing a clear distinction between ayurveda, yoga, and tantra. According to him:

Because every embodied individual is composed of a body, a mind and a spirit, the ancient Rishis [sages] of India who developed the Science of Life organized their wisdom into three bodies of knowledge: Ayurveda which deals mainly

with the physical body; Yoga, which deals mainly with the spirit; and Tantra, which is mainly concerned with the mind.

(Svoboda 1996: 4).

This superimposition of a particular triadic understanding of the human being onto the three traditions is unusual and idiosyncratic. Svoboda notes that whereas tantra and yoga are centrally concerned with spiritual enlightenment understood in terms of one's relationship to the Absolute Reality, ayurveda is not. 'Ayurveda', he explains, 'concentrates upon the effects of desire on health', and 'the ability to function harmoniously in the relative reality of the world' (Svoboda 1993: 187). Yoga and tantra, in this representation, are 'paths to freedom from dependence on the world', whereas ayurveda is for 'those who want to enjoy the world healthily' (Svoboda 1996: 4).

Ayurveda in this understanding focuses on 'the physical basis of life, concentrating on its harmony to induce harmony of mind and spirit' (ibid.). Nevertheless, ayurveda, and indeed its goal of bestowing good health, he claims, is deeply enmeshed with spiritual development. Svoboda makes the connection between ayurveda and spirituality with reference to Vedic sacrificial ritual. He notes that in the Vedic period, the sacrificial ritual was the means by which people sought to preserve cosmic harmony. Consecrated substances were offered into a sacred fire, to the accompaniment of Vedic hymns. The aim was to align the human microcosm with the macrocosm. Fire mediated between the human and divine worlds. Conceived as a divine personality, the fire deity had the fire altar for his body, and the sacrificial offerings were his food. Fire was understood to purify the offerings and carry their essence to the gods, gratifying and nourishing them. The gods responded by bestowing their beneficence on the worshippers, sending timely rains, and ensuring the fertility of their cattle and their land. The humans fed the gods and the gods fed the humans in what Svoboda describes as a 'symbiotic relationship' (Svoboda 1993: 52).

Drawing parallels between the ritual sacrifice and the act of eating, Svoboda notes that the everyday process of eating is ayurveda's fire sacrifice. This is a 'daily offering of food into the sacred fire of digestion for the purpose of maintaining microcosmic harmony' (ibid.). Transposing ayurvedic healing on to biomedical conceptions of physiological processes within the body, Svoboda explains:

The 'fragrance' (the chemical constituents) of these food offerings ascends to the brain, where the 'gods' (the various parts of the brain and mind) are nourished. The gods then send 'rains' (hormones, neuropeptides and other metabolites) on to the 'earth' (the body) to make it fruitful.

(Svoboda 1993: 52).

In this understanding, the digestive fire purifies food and clarifies thought. The administration of therapy to a patient, he writes, is a sacrifice, 'an offering of drugs and procedures into the microcosmic sacred fire for the propitiation of one's personal gods when they are afflicted by disease' (ibid.). 'Disease therapy', he asserts, 'is a sort of spiritual advancement' (p. 195). Svoboda describes the visit to the healer as a 'pilgrimage', which culminates in a 'healing ritual' performed by the 'doctor-guru' (ibid.). This ritual serves to remove the 'sins', dietary and other, stored deep within the self. Ayurveda, he claims, has the potential to revive and improve humanity through spiritual upliftment and by refining the 'manifestation of consciousness on Earth' (p. 319). Through such novel interpretations, Svoboda thus expands ayurveda's scope into the spiritual realm; he also invests practitioners with a degree of religio-spiritual legitimacy and potency, elevating them (and indeed himself) to the status of ritual specialist and 'guru'.

Chopra establishes the connection between ayurveda and spirituality by means of 'quantum healing', which he relates to quantum physics in highly dubious

ways.¹¹ In Chopra's view, the phenomenal world is a psychological projection and one's experience of this world can be transformed by altering one's consciousness. Disease therefore, like everything else, is a projection of the mind, and changing one's mental state can lead to healing. To enable this, the mind must 'sink vertically' to reach the inner depths of the self—this 'vertical descent', Chopra writes, 'is transcending, meditation, dhyan,¹² "going beyond" ...' (Chopra 1990: 174). He uses the term 'quantum healing' to refer to the spontaneous remission of disease, which he attributes to the mind-power of the patient. 'Quantum' in his writing refers to a discrete jump from a lower to a higher level of consciousness, and a transmutation resulting from this jump. This jump and resulting transmutation also constitutes the smallest and most basic unit of healing. The quantum leap, in this context, is the switch from a mental state dominated by anxiety and worry to a state of optimism and confidence that one will be well.

The 'mind', in Chopra's usage, refers to much more than the brain or the nervous system, and encompasses more dimensions of the self than just one's personality, subconscious, attitudes and orientations. He uses the term to refer to what he calls the body's 'inner intelligence' or knowhow, which, he explains, is everywhere in our bodies, in every cell—it forms a delicate web that binds the body together. When this inner intelligence is fragmented, he writes, it starts a war in the mind-body system, and this causes disease (Chopra 1990, 241). Ayurveda, according to Chopra, is a 'medicine of consciousness' (p. 3), which provides the means to trigger the appropriate mechanisms for transforming the body's intelligence. It is a system for curing delusions, for stripping away the illusion of disease, and letting a healthy reality take its place. The doctor's role is

¹¹ Chopra uses a range of concepts borrowed from quantum theory, such as non-locality, interconnectedness, singularity, and the invisible field, in his expositions on the mind-body relationship and the implications for 'perfecting' health. This has undermined his credibility to some extent, with scientists accusing him of misunderstanding and misrepresenting quantum theory, and therefore misleading the public (e.g. Steadman 2014; Quora 2018).

¹² *Dhyāna* is the Sanskrit term for meditation.

to cure the patient by getting people 'not to be so convinced by their disease' (p. 189).

In Chopra's version, ayurveda, in essence, thus relies on the transformation of human consciousness. As noted previously, traditionally ayurveda has little to do with transforming consciousness; its focus is instead on the bodily humours, their states of equilibrium or disturbance, and the physiological changes resulting from their aggravation and displacement. The 'consciousness model' of ayurveda, promoted by Chopra (and by Maharishi Mahesh Yogi before him) is particularly novel and innovative. It comes as no surprise that in Chopra's discussions of consciousness and the infinitude of human potential, he cites figures like William James (Chopra 1990: 140) and Abraham Maslow (p. 156). Though he presents his rediscovery of ayurveda in the 1980s (at a time when he was practising biomedicine at a US hospital) in terms of his reconnection with his Indian roots (Chopra 1991), it is evident that in fact his engagement with this tradition is routed through key elements of popular psychology integral to the American holistic health milieu.

In David Frawley's writing, the emphasis is on 'opening up' to the 'Divine will' in order to heal and awaken spiritually. Working with notions of 'grace' and the 'development of the soul' (which he describes as 'our inner consciousness' (Frawley 2000: 56)), he claims that healing, and 'the spiritual evolution of humanity' requires 'seeking the truth in whatever way is closest to our heart, following the spiritual path that is truest to our nature' (ibid.).

Disease, within this framework, is an opportunity to nurture 'spiritual meaning' in one's life, and develop insights into one's inner consciousness. 'Once this communion with our inner consciousness is gained, we will find an inner harmony and joy that can overcome all external difficulties' (p. 57). The experience of disease, in Frawley's perspective, must be seen as part of a larger journey towards self-knowledge and self-realization. Awareness development, he writes, 'requires a spiritual approach to life' (Frawley 2011: 9) and can be

achieved by means of what he describes as ‘ayurvedic psychology’, a term he uses interchangeably with ‘yogic psychology’.

Ayurvedic psychology aims at the proper development of consciousness so that we can go beyond the problems of the mind, which are all caused by unconsciousness or lack of awareness. Then we can complete the journey from conditioned consciousness to pure awareness, in which nothing external can any longer cause us sorrow.

(Frawley 2011: 91-92).

In his discussion of ‘ayurvedic psychology’ (which, he claims, is superior to modern psychology, because of its active concern with the spiritual), Frawley moves seamlessly between ayurveda and yoga, seeing yoga as an integral and important part of ayurveda, particularly significant for treating psychological disorders. He refers to the concept of the *chakras*, central to hatha yoga and tantra, to explain mental problems. Here he asserts that disruptions in the flow of energies through the *chakras* in the subtle body cause psychological disease. ‘Our mental energy can stagnate or move in the wrong direction, resulting in various forms of misapprehension and confusion’ (Frawley 2000: 318). The practice of yoga, or ‘inner integration’, he writes, ‘reverses all psychological problems by merging the mind back into its immutable sources of pure consciousness, in which resides perfect peace’ (Frawley 2011: 259).

Frawley’s work often reads like a butterfly collection of different concepts and categories picked from a range of Indic traditions and practices all of which he draws into his exposition on ayurveda, spirituality and healing. In his discussion of ‘ayurvedic psychology’ it is difficult to identify a clear defining logic for his choices and combinations of ideas from different systems. He offers little by way of an explanation or a rationale for a seemingly random journey through not just ayurveda, yoga and tantra, but also image worship, gemology, astrology, even aspects of aromatherapy and colour-based therapy, all of which are deemed conducive to spiritual healing/ inner awakening. A rich assortment of techniques

and methods are offered up as practical means to 'detoxify' the mind and enable shifts in one's consciousness. The underlying assumption throughout is that physical healing is only the first step towards a more profound process of spiritual healing. The ultimate goal of healing, according to Frawley, is 'to heal our relationship with God or the inner Self' (Frawley 2011: 42).

Conclusion

Altglas (2014) notes the tendency in contemporary Western societies to appropriate exotic religious resources and reinterpret them as a means to support and develop the self. Traditions like yoga and meditation, shamanism, Buddhism, Sufism and Kabbalah, she argues, have become vastly popular in advanced-capitalist societies, precisely because they are understood to contain ancient and timeless wisdom, as well as practical and efficient means, for the actualization of the self. They are seen to provide tools that can help the individual to effect inner change, which in turn can 'unblock' difficult or painful situations, and enable healing and growth. Life is seen as 'an ascending trajectory of personal progress' (p. 212), and learning, growing, improving oneself are seen to give life its meaning. The aim is to become a strong and autonomous individual who commands the necessary skills, control, and self-mastery to overcome challenges and difficulties.

Ayurveda is one more tradition that has come to be appropriated in similar ways and for similar ends. Whereas in most South Asian contexts ayurveda is practised as a form of remedial medicine, in its more popular Western manifestations it is a resource for self-development. Writer-practitioners who share the sensibilities central to the contemporary culture of therapy are able to interpret ayurveda in ways that make it relevant to those seeking personal growth, health-optimization and self-actualization. In their interpretations, individual effort and personal volition, as well as self-empowerment through the acquisition of physical, mental and spiritual skills and techniques, are central to ayurvedic self-nurture, perfect health, and spiritual awakening. Mind, spirit and consciousness have primacy over the body/ matter. Ayurveda is more of a

method of self-betterment than a medical tradition. Disembedded from its traditional contexts, ayurveda is thus domesticated, adapted and reworked to meet the needs of a clientele whose understanding of health, spirituality, and wellbeing is shaped by the psycho-therapeutic outlook that predominates the Western holistic health sector, and indeed society at large.

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