

Science and Religion in Traditional Indian Medicine: the Laws of Nature and the Individual in Western Āyurvedic Practice*

Ciencia y religión en la medicina india tradicional: las leyes de la naturaleza y el individuo en la práctica ayurvédica occidental

REBUT: 14.12.2013 // ACCEPTAT: 16.06.2014

Laura Silvestri

*Università degli Studi di Torino***Abstract**

Traditional medicine (especially Āyurvedic medicine) was taken by Indian nationalism as a synecdoche for traditional culture. In the face of European claims for scientific and technological pre-eminence, Indian thinkers such as Aurobindo, Vivekananda, Radakrishnan, accepted European representations of Indian thinking as mystic and intuitive, to define it as distinctive of Indian identity, both as effective as Western scientific discourse and complementary to it. Āyurvedic medicine was regarded by some scholars as the leading field where the Indian ability to produce scientifically effective knowledge expressed itself. Reinterpretations of traditional medical concepts by means of biomedical theories helped to see them as grounded in natural prescriptions, instead of social rules, given by Āyurvedic texts. This accounts for the increasing interest that Āyurvedic medicine arouses in Western countries, especially among those who wish values to be reintroduced into biomedical theory.

Keywords: traditional medicine; Āyurvedic practice; nature; individual; medical anthropology; India.

Resumen

La medicina tradicional (*Āyurveda*) ha sido considerada por el nacionalismo indio como una sinécdoque por la cultura local y tradicional. Frente a la pretensión europea de superioridad tecnológica y científica, los intelectuales indios como Aurobindo, Vivekananda, Radakrishnan, aceptaron las representaciones europeas de un pensamiento indio caracterizado por el misticismo y la intuición, y lo convirtieron en un medio de definición de la realidad, distintivo de la identidad india, considerándolo tan eficaz como el discurso científico occidental, y aún complementario. La medicina *Āyurveda* ha sido considerada como la principal competencia india en la que es posible expresar un conocimiento científico eficaz. Re-interpretaciones de los conceptos tradicionales de la medicina según teorías biomédicas basaron las prescripciones de los textos ayurvédicos en leyes naturales, y no en artificiosas convenciones sociales. Eso explica el interés por la medicina *Āyurveda* en Occidente, sobre todo entre los que desean reintroducir los valores en la teoría biomédica.

Palabras clave: medicina tradicional; práctica ayurvédica; naturaleza; individuo; antropología médica; India.

* Editor's Note: this article was originally published in *QuAderns-e* 12/2008b (<http://www.antropologia.cat/quaderns-e-125>). At the author's suggestion that improperly updated character fonts were used in the original publishing, the Editorial Board of *QuAderns-e* decided to publish a revisited version of this article for a better scientifically transliteration of diacritic signs from Sanskrit.

Author's Note: part of this paper was presented under the title *Science and religion in traditional Indian medicine* at the EASA Conference 2008, "Experiencing Diversity and Mutuality", August 26-29, Ljubljana, at the workshop "Moralities of nature".

Introduction

In this paper I will look at the ways spiritual and scientific discourses are matched in modern views on traditional Indian medicine and affect ideas about nature and morality. My purpose is to highlight different kinds of strategies that can contribute to the emergence of some notions of nature.

First, I will specify what I mean by traditional Indian medicine. Then, I will briefly describe the processes of reinterpretation and rewriting of Indian medicine that have taken place since the 19th century, hinting at the main ideas underlying *Āyurveda*. Finally, I will attempt to analyse the concepts of nature that became apparent in interviews I carried out in Turin with Italian practitioners of Āyurvedic medicine.

Traditional Indian medicine

By traditional Indian medicine I will refer to Āyurvedic medicine. This is by no means the only traditional medical system existing in India (Leslie 1976a), even though it is the best known in Western countries for a number of reasons, which I will elaborate upon in this paper. Other traditional systems of medicine in India include *Ūnānī* and *Siddha* medicine. The former is the heritage of the ancient Greek medicine received by the Arabs that reached India after the Muslim invasions. The latter is a distinctive South-Indian system, more similar to Āyurvedic medicine, but showing a greater influence of tantrism.

I should also specify, for those who are not specialists on this topic, that traditional medicine is different from popular medicine in a very important way. While “popular medicine” is the term for orally transmitted medical knowledge, “traditional medicine” is supposed to have a scholarly tradition, transmitted through an ancient literature in a scholarly language (Zimmermann 1989 a, 1995). In the case of *Āyurveda*, Āyurvedic classical treatises are in Sanskrit and have allegedly been composed since the 5th century B.C. The ideas they convey, however, are even older, though the written versions of the most famous and ancient treatises – generally known as *Samhitā* (collections) – were composed during the first centuries of the Christian era.

The first systematic nucleus of Āyurvedic theories is believed to be the result of the rational observations and speculations on nature by those groups of heterodox ascetics among whom Buddhism found its origins (Wujastik 2003; Zisk 1990, 1991), even though its name – meaning “knowledge of longevity” (from *āyus*: “lifetime” and *veda*: “science, knowledge”) places *Āyurveda* among Vedic literature. Precisely, *veda* is a perfect form of the Sanskrit root *vid-*, meaning “to see”. So, *veda* is something that is known because it was seen. The same term applies to the literary corpus of the primeval revelation, or *śruti*, upon which brahmanical orthodoxy is founded.¹

¹ The literary texts known as *Veda* are difficult to date. Generally, scholars believe that the four most ancient collections or *samhitā*, *Rg-Veda*, *Yajur-Veda*, *Sāma-Veda*, *Atharva-Veda*, were completed by the 2nd millennium b.C., except for the *Atharva-Veda*. The rest of Vedic literature was probably composed by the first half of the 1st millennium B.C., even though there were more recent additions (Küng and Stietenron 1993: 135). While traditionally the *samhitā* are not believed to be any human's work, other texts, like the *Upaniṣad*, speculative commentaries upon the *samhitā*, are ascribed to the mythical seers, the *ṛṣi*.

As every branch of traditional knowledge in India, Āyurvedic texts claim godly origins. Every classical treatise begins with the telling of the mythical passage of *Āyurveda* from the divine to the human realm (Comba 1991), through a chain along which its divine unity and completeness becomes more and more fragmented. Originally, it was believed that medical knowledge exists in the Creator's mind and it is not intended for humans, whose minds could not contain such endless doctrine. This is the reason why it reaches humans through a chain of passages starting at the Creator's level. The Creator, Prajapâti, passes *Āyurveda* on the godly twins Āśvin, who pass it on to the god Indra. Between the divine and the human realm usually there is a mythical character who acts as a bridge, teaching *Āyurveda* to the seers, who begin in turn the chain of human masters. Part of the Vedic revelation is also ascribed to the mythical seers. Thus, *Āyurveda* is formally linked to religious revelation and, precisely, to the most authoritative corpus of Indian texts, Vedic literature, as I have already mentioned. This way, it places itself into the frame of brahmanical orthodoxy.

Vedic revelation is the core of the dominant pan-Indian tradition, carried on by the upper, priestly caste, the brahmins. Claiming to belong to Vedic literature, Āyurvedic medicine places itself within an ideology or world vision that used to be hegemonic, even though its origins are different and several passages in Āyurvedic treatises express values that challenge brahmanical ideology. For these reasons, *Āyurveda* finds itself in a religious frame, reinforced by the fact that Āyurvedic practice is veined by ritualism. Further, the divine origin of Āyurvedic medicine implies it is complete from its very beginning – no further development of Āyurvedic doctrines is possible, but only successive commentaries and further explications (Meulenbeld 1987).

However, *Āyurveda* has developed through the centuries. Simply, scientific progress is not a value for traditional Indian medicine. This is a characteristic not only of Indian systems of knowledge, but, more generally, of Indian cosmology. The universe is a manifestation of something that has always existed; nothing new is created. Developments of medical knowledge are passed on orally or expounded in commentaries that formally recognise the classical texts' authority. Classical texts continue to be studied entirely, even though certain sections are no longer relevant to clinical practice (Zimmermann 1983).

We can find in the pulse reading technique (*nāḍīparīkṣā*) an instance of both the development of medical knowledge in *Āyurveda* and of the cross-fertilisation between *Āyurveda* and other medical systems. Pulse reading is the most astonishing Āyurvedic technique, a very accurate diagnostic methodology based on the auscultation of the patient's pulse. Since in classical *Āyurveda* the circulation of the blood was not considered, pulse reading appraises the condition of the body constituents, or *doṣa* (see below) that circulate through the bodily channels. Then, what is read is not an artery, but a *nāḍī*, one of the bodily channels.

The *nāḍīparīkṣā* is not cited in the most ancient Āyurvedic treatises. The first reference to this technique appeared in the 13th century. Some scholars (Jolly 1994) include pulse reading in a group of techniques imported from Persia or Arabia during the Middle Ages; some underline the influence that *Ūnānī* and *Siddha* medicine, or yogic and tantric physiology, may have exercised (Chiantaretto 1997). Alberto Chiantaretto, an Italian physician who studied a medieval manuscript on pulse reading, highlights the process through which pulse reading was included in the authoritative tradition (Chiantaretto 1997). In an Āyurvedic treatise of the 15th century, the teachings on pulse reading are expounded by

Ātreya, the same character who expounds three of the major classical treatises, the *Carakasamhitā*, the *Aṣṭāṅgasamgraha* and the *Aṣṭāṅgahrdaya*. This shows that, by that period, pulse reading was accepted as part of the revealed medical tradition.

Diagnosis is one the strongest factors of attraction on Western physicians:

Io ho iniziato, come forse tante altre persone, la conoscenza della medicina Āyurvedica andando in India. E' stato nel '95. Sono andata in India per piacere ed è successo che lì, nella comitiva, una persona che era con me è stata male con un dolore al ginocchio, una cosa banalissima. Dove andare? E allora siamo andati da un medico penso Āyurvedico, in una farmacia, perché loro hanno questi buchini dove fanno farmacia e dottore insieme, per cui penso che fosse una stanzina quanto questa, né più né meno. C'è questo dottore in fondo e io ho accompagnato questo ragazzo perché sapevo l'inglese, quindi per poter comunicare con il dottore. Noi entriamo in questa cosa e io gli dico: 'Senta, il mio amico ha dolore al ginocchio.' Lui, seduto, senza neanche toccarlo, gli ha preso il polso, poi fa: 'Lei soffre di tiroide, soffre di questo, soffre di quest'altro, ha questo e ha quest'altro.' Certo, senza fargli né un esame né niente. Io ho detto: 'Io ho studiato otto anni medicina per nulla, perché questo lo guarda e fa la diagnosi.' Aveva azzeccato tutto, e in più ha azzeccato il farmaco da dargli, cosa più importante (Italian physician).²

Ero uno studente, quando ho incontrato il dottor N. Uno studente tardivo. L'ho incontrato in Italia nel '95. Io stavo cercando una medicina che fosse alternativa alla nostra medicina allopatrica,³ perché anche durante gli studi mi stavo accorgendo che non era confacente con il mio modo di pensare. (...) ...io già cercavo, quindi anche durante il corso degli studi stavo già cercando qualcosa di differente, non sapevo che cosa. Quindi l'Āyurveda era completa, secondo me. Completa come approccio perché c'è un metodo, un metodo diagnostico, che è quello del polso, che questo va appreso, è un'arte, un'arte che è una scienza, scienza perché a certi segni corrispondono certe patologie, però arte perché bisogna maneggiare, bisogna imparare. E quindi dal punto di vista diagnostico è efficace, dal punto di vista terapeutico lo stesso, perché si usano, appunto, questi preparati che seguono la tradizione Āyurvedica, che secondo la mia esperienza, vedendo come agiscono, non hanno nessun effetto collaterale e sono molto efficaci. Quindi non ho avuto dilemmi (Italian physician).⁴

² Translation is mine: "Like many other people, I began to know Āyurvedic medicine when I went to India. It was in 1995. I went to India for leisure and it happened that, in the group, there was a person whose knee was sore, a very trivial thing. Where could we go? We visited an Āyurvedic physician, in a chemist's shop, because they have these little rooms where they do both the doctor and the chemist. I accompanied this young man because I speak English, so that I could talk to the doctor. We entered the room and I said: 'My friend's knee hurts'. He [the doctor] was sitting, without even touching him, he took his pulse and said: 'You suffer from thyroid problems, you suffer from this, you suffer from that, you have this and you have that'. Sure, without any test, nothing. I said: 'I have studied medicine for eight years for no purpose, because this fellow just sees the patient and can tell the diagnosis'. He guessed everything. Moreover, he guessed the right prescription, the most important thing".

³ "Medicina allopatrica": allopathic medicine. The expression *allopathic medicine* is often used to define biomedicine in opposition to the so-called *complementary medicines*, which are commonly believed to be homeopathic. Nevertheless, *Āyurveda* is actually allopathic, because Āyurvedic therapeutics is founded upon the opposites principle.

⁴ Translation is mine: "I was a student, when I met Dr. N. (an Indian Āyurvedic doctor). I met him in Italy in 1995. I was looking for an alternative to our allopathic medicine, because even during my studies I was already perceiving that it was not suited to my way of thinking. During my studies I was already looking for something different, I did not know what. Then Āyurveda was complete, in my opinion. It was complete because there is a method, a diagnostic method that has to be learned. It is an art, an art that is a science, science because specific signs match specific pathologies, art because you have to handle, to learn. Then, from the diagnostic point of view it is effective, from the therapeutic point of view it is effective as well, because you use these remedies that follow the Āyurvedic tradition. According to my experience, they do not have any side effects and they are very effective. So, I did not have any dilemmas".

Traditional medicine and modern Indian thinking

The success of *Āyurveda* in Western countries is mostly due to its being a holistic medicine. That is, it considers the person as a whole, it does not distinguish body from mind, it takes into account the relationships that connect humans with their geographic and social environment. It is also known as a natural medicine, because *Āyurvedic* physicians prescribe herbal preparations instead of chemotherapies. Another very important aspect is prevention. *Āyurvedic* medicine qualifies as a healthy lifestyle, giving many suggestions to prevent illness. The last very important factor is its religious frame, with the ritualising of treatments, and its spiritual implications, embodied in its suggestions for a healthy life. Moreover, several kinds of massage are an essential part of *Āyurvedic* therapy, an aspect very much appreciated by Western patients.

But we should trace in the colonial encounter, and in the mutual expectations it engendered, the reasons why *Āyurveda* is the most popular Indian medical system in Western countries. European orientalists looked at India to discover the origins of mankind. In their thought, Asia was the place where the primeval unity of the aboriginal wisdom of mankind was being preserved. This idea was also intertwined with a rhetoric of the “decline”, which attributed to Indian civilisation a bright past that ought to be revived. Traditional medical systems were regarded as evidence of the existence of a previous scientific thought which had subsequently been submerged by religious authority and ritualism (Leslie 1976 b). This was the British Orientalists' main argument in the momentous dispute which opposed them to the advocates of the building of an English system of education in India. There was at stake the creation of an Indian class of administrative and medical officers to help the British govern an extensive colony.

Concerning medicine, some regarded the local medical systems as pure superstition and believed it necessary to teach only the European medical science by means of the English language, while the so-called Orientalists argued in favour of an integrated system, in which the European and the local medical knowledge were taught side by side in English and in the vernacular languages. Each party prevailed at different moments, but the result has been the creation of colleges and hospitals in which the Indian traditional medical systems are taught in English (Kumar 1998), beside biomedical colleges and hospitals. Indeed, medical pluralism remains a characteristic of the Indian health system.

The professionalisation of traditional medicine has implied some great transformations in the transmission of medical knowledge. Traditionally, the physicians transmitted their knowledge to selected disciples along an uninterrupted lineage. Written texts are not sufficient to become doctors, for allegedly two reasons. Charles Leslie (1976 a) argued that it was necessary to become a physician's disciple because some relevant teachings were passed on only by oral transmission or imitation (Leslie 1976 a). According to Francis Zimmermann (1979), it is the difficulty of understanding Sanskrit treatises that accounts for their being esoteric. “Nothing remains unwritten” (Zimmermann 1979: 112), but Sanskrit texts require continuous explanations in the vernacular languages. The creation of colleges of traditional medicine and the printing of the most important treatises favoured the standardisation of traditional medical systems and of medical education. At the same time, as observed by Zimmermann, the internal logic underlying *Āyurvedic* classical treatises is no longer understood by university students. Emphasis on the esoteric character of lineage appears in the following

passage from an interview with an Indian Āyurvedic physician, trained in an Āyurvedic college. His autobiographic tale was recorded in Turin, where the physician used to come regularly to visit Italian patients and to spread Āyurvedic practice.

When I became a doctor, I thought I would have changed the world. I thought that I would see that the world is a very, very good place to live, this planet, and I was having a very big desire to help humanity through Āyurveda. But when I started practising I then found life was not working, I was not successful. I found that whatever I was taught was not helping me, so I was very depressed, I was very confused and I was becoming nervous. So what was happening? I was working on a 'maybe' theory. Do you know 'maybe' theory? 'Maybe' theory means, now suppose somebody has got stomach-ache. Maybe you see a patient and you say: 'Maybe it is gas, or maybe it is acidity, or maybe there is some block in the stomach, or maybe some cancer, or maybe nothing is working, then psychosomatic'. So like this I used to give...medicines, of Āyurveda. For this, for this, for this, everything, but then things were not working, so I was becoming frustrated, I was thinking maybe a five-thousand-year-old saint is no practical man, or maybe herbs, herbal preparations, which herbs which were very, very good before, are not good now. So I was thinking this. One day, I was thinking of leaving this Āyurveda and turning to some other business or something, not to do with Āyurveda because I was not happy. One, I was not happy, second I was not making any money, third I was depressed, and fourth I was not helping humanity that was my purpose of studying Āyurveda. So one day, I met one of my patients, whom I was treating for two years without any results. I said: 'How are you?' He said: 'Very, very good.' I said: 'Because of my medicine?' He said: 'No, not because of your medicine. Because I met one great master who saw my pulse and told me what my problem was.' I said: 'He only saw the pulse? I was told that in the books but I never saw any real master.' So he suggested I went to see this master, and then I started learning from him for one thousand days. That was my new life, so new life, when I learnt from him the secret art and science of pulse reading and from that I had more time practising and then I started becoming successful (...).

There are two Āyurvedas, very honestly. One is academic Āyurveda. Academic Āyurveda is taught in schools and colleges. But it isn't practical (...).

So, we believe, we come from the school of thought 'Knowing is not doing, but doing is doing.' If knowing was doing, nobody would have got married, people would have read books on marriage. So, reading books on marriage is one thing, and getting married is another thing. This is something like swimming. To learn swimming, if you read a book and you don't feel the technique, what will happen? Nothing. So you need to go to a swimming pool. So for that you need a coach. So in our school of thought we have a guru. A guru gives his skills, not knowledge, skills, strategies, and techniques for the secret art and science – so it is known, a secret art and science, not science, science comes second, first art – secret art and science of pulse reading (...).

The decline argument was extremely successful among Indian scholars, especially among Āyurvedic physicians. Since medicine, especially *Āyurveda*, was the branch of Indian scientific knowledge most represented in classical treatises – that is to say, there are very many manuscripts concerning medicine – it was taken to represent Indian scientific thought and its achievements (Arnold 2000; Leslie 1976 a, 1993; Kumar 1998). Medical manuscripts began to be printed and translated, while before they were known only to Āyurvedic physicians.

Several Indian scholars argued that Āyurvedic classical treatises were the results of a tradition of pure scientific inquiry, which had been superseded by superstition. Inspired by Western positivism, they wrote books in which Āyurvedic

theories were reinterpreted in the light of biomedical theories (Leslie 1993). But they did more, adopting European representations and reverting them, as pointed out by Wilhelm Halbfass (1988) with regard to modern Indian thought in general. Reading Āyurvedic treatises in a positivist frame, the seers' intuitive vision was taken literally and identified as the distinctive Indian way into nature's laws, a way as objective and as universal as Western experimental method and complementary to it. It was also argued that Āyurvedic treatises anticipated modern scientific theories such as Darwinism, relativity, and quantum mechanics (Leslie 1993). Of course, to include traditional medicine in a universal discourse involved understating its great local variability, in favour of the more general and common features that unify local traditions.

As stated by Francis Zimmermann (2002), Indian scholars subverted the power relationship that made Indian medicine the object of European studies and revealed it as a knowledge system. Traditional medicine, then, was given a much wider task than simply to confront biomedicine. It was taken as a synecdoche for traditional culture, in the face of the global historical processes of modernity which were involving India (Langford 2002). Further, the framing of *Āyurveda* into brahmanical ideology made it the medical system nearest to the notion of Hinduism, which was being constructed in that period (Thapar 1985; Sontheimer and Kulke 1989), reinforcing its connection with religion and spirituality. With an ambiguity also noted by Charles Leslie (1993), the religious frame in which Āyurvedic medicine is inscribed was regarded at the same time as a superstructure to be removed and as the basis of the distinctive Indian way to gain insights into nature. This way, Indian moral values expressed by Āyurvedic texts became natural values.

These reinterpretations were part of a more general process which involved the religious and philosophic sources of Indian tradition. As Wilhelm Halbfass observed, the need for self-representation and self-assertion was fulfilled by tracing in Indian tradition the frame to which modernity could be connected. To do that, modern Indian thinkers borrowed some concepts from the Western philosophy of the 18th and 19th centuries and applied them to Indian textual sources. Thus, the potential to face modern claims for universalism and objectivity was found in tradition itself (Halbfass 1988). Religious and philosophic sources were reinterpreted as documents of inner experience by several modern Indian thinkers, who also paralleled mystical experience and scientific experiment: both require some sort of training and a disposition to go beyond appearance.⁵

On that ground they stated the need for complementarity between Eastern and Western cultures. While India had to learn quantitative, analytic scientific method and technological applications from the West, it was the West that ought to learn from India the metaphysical truth of the unity of reality and experience. It was Debendranath Tagore (1817-1905), father of the poet Rabindranath, that interpreted the *Upaniṣad*, part of the Vedic literature, as documents of the inner experiences lived by the ancient seers. They ought to be reproduced and actualised in the individual's inner experience. Drawing inspiration from European philosophy, in particular from the Scottish school of common sense, and from Bengali mysticism, Debendranath identified in individual consciousness and in inner experience the criterion to judge the validity of religious sources. He thereby placed intuition

⁵ We can recall the celebrated book by Fritjof Capra, *The Tao of Physics* (1975), which draws inspiration from neo-Indian thinkers such as Vivekananda (1863-1902), Aurobindo (1872-1950), and Radhakrishnan (1888-1975).

above scriptural authority, opening the path to those ideas of universalism and of religion as experience that characterise more recent authors (Halbfass 1988). Among them, Keshab Chandra Sen (1838-1884) definitely assigned preeminence to intuition above written revelation and looked for inspired sources among other scriptures, especially Christian. It was with Keshab that the influential idea of the mutual exchange of knowledge between East and West first appeared (Halbfass 1988).

Another authoritative exponent of modern Hinduism was Vivekananda (1863-1902), disciple of the well-known saint Ramakrishna (1836-1886). Vivekananda devoted part of his life to travelling throughout Europe and America as the spokesman of Hinduism, to regenerate Indian self-awareness and self-confidence. His impressive speech to the World Parliament of Religions, held in Chicago in 1893, largely contributed to develop great interest in Oriental religions among Western societies. Vivekananda emphasised the model of complementarity: since the West had lost contact with the meaning of the universe and the East was in decay from a practical and social point of view, they had to learn from each other. Religion became for him, as stated by Wilhelm Halbfass (1988), a vehicle of Indian self-assertion and self-definition.

We owe to Aurobindo Ghose (1872-1950) the parallel between scientific experiment and mystical experience, while it was especially Sarvepalli Radhakrishnan (1888-1975) who favoured the interpretation of *darśana* as vision. The word *darśana* defines the six orthodox Indian philosophical systems that recognise the authority of Vedic literature. To highlight the origin of this word from the root *dr̥ṣ-*, ‘to see’ (the same of the word *ṛṣi*, ‘seer’), means to increase the value of immediate experience as a way to knowledge, even though it does not mean to discard rational reasoning.

Such emphasis on experience mirrors some quasi-coeval developments of Western thinking (we can recall William James' *Varieties of Religious Experience*, 1902). Especially in the United States this line was pursued in several ways and fed by the reception of Indian classical and recent works. The significance of Oriental philosophy and religions for some cultural movements that developed in the United States from the end of the 18th till the 20th century and that also reached Europe is well known. I will only make reference, through the words of Theodore Roszak (1970), to counterculture and its assimilation of vision and experience as means to build an alternative to technocracy.

In order, then, to root out those distorted assumptions, nothing less is required than the subversion of the scientific world view, with its entrenched commitment to an egocentric and cerebral mode of consciousness. In its place, there must be a new culture in which the non-intellective capacities of the personality – those capacities that take fire from visionary splendour and the experience of human communion – become the arbiters of the good, the true, and the beautiful (Ibid: 50-51).

The exploration of the non-intellective powers assumes its greatest importance, not when the project becomes a free-for-all of pixilated dynamism, but when it becomes a critique of the scientific world view upon which the technocracy builds its citadel and in the shadow of which too many of the brightest splendours of our experience lie hidden (Ibid: 83).

“Furthermore, what is it to assert the primacy of the non-intellectual powers but to call into question all that our culture values as ‘reason’ and ‘reality’? To deny that the true self is this small, hard atom of intense objectivity we pilot about each day as we build

bridges and careers is surely to play fast and loose with psychopathology. It is to attack men at the very core of their security by denying the validity of everything they mean when they utter the most precious word in their vocabulary: the word 'I'. And yet this is what the counterculture undertakes when, by way of its mystical tendencies or the drug experience, it assaults the reality of the ego as an isolable, purely cerebral unit of identity (Ibid: 54).

The young people of the counterculture tried to explore their inner potential by appealing to several traditions, ranging from Western mysticism to Oriental religions and philosophies. Among them, Oriental sources had already been made popular by the Transcendentalists and the Beat Generation. The novelty with the Beat Generation and the counterculture was that the people's interest in Oriental cultures was not any longer purely intellectual. It addressed instead to experience (Roszak 1970; Cox 1977), through mysticism and the bodily techniques. Their criticism against society converged with the modern Indian thinkers' reflections about the West's needs and the contributions Indian tradition could make.

I want to highlight that the kind of 'Oriental culture' in general, and of Indian medicine in particular, we know from counterculture, New Age, etc. descends from the reinterpretations and mediations I have just exposed. It is the result of a dialectics by which the meaning of words is negotiated. Differences are emphasised not only to better define identities, but also to better reconcile them in the idea of a mutual relationship grounded in complementarity. While Indian thinkers were committed to reinterpret and assert their cultural heritage in the face of the modern world, several cultural movements in the West were trying to retrieve that conception of nature as an inner source of morality that modernism had discarded (Taylor 1989).

Causes of illness in Āyurveda

Only after having clarified that the practice of Āyurvedic medicine in Western countries could not be possible without the dialectic that has made it intelligible to the West, I can briefly expose the main ideas that underlie *Āyurveda* as it is received in Italy. I will first note that there is not one Āyurvedic tradition. There are many local medical traditions called *Āyurveda* in India, which differ in the properties ascribed to foods and remedies and in some other details (Das 1993; Leslie 1976 a), but some points are essential to all traditions and Italian practitioners tend to take into account only this nucleus. Some sort of universal *Āyurveda* has been extracted.

According to Āyurvedic physiology, the human body is formed by the same five elements that form everything in the universe: ether, air, fire, water, earth. Āyurvedic physiopathology is dominated by the ideas of circulation of vital fluids and of correct relationship between the individual and the natural and social environment (Zimmermann 1983). The combination of the five elements in the human body produces the three *doṣa*: *vāta*, *pitta*, *kapha*. The translation of these terms is controversial. Francis Zimmermann (1989 a, b) proposes to define the *doṣa* as humours, considering the parallel with Greek and European humoral medicine. Precisely, the term *doṣa* derives from the Sanskrit root *duṣ-*, which means a vice, a fault. So the *doṣa* are the morbid agents that are deemed to flow through the system of the bodily channels. *Vāta* is most often defined as a combination of ether and air and could be paralleled to wind, *pitta* as a combination of fire and water that could

be paralleled to bile, *kapha* as water and earth, comparable with phlegm. These three morbid agents, or body constituents, have to circulate within the human body without prevailing the one on the other. When one *doṣa* increases excessively, the channels can get obstructed, the body tissues are damaged, and a disease is generated. What is meaningful is to consider the causes of the *doṣa*'s imbalance.

Human beings exchange their vital fluids with their environment. This is the reason why they have to connect properly with the worldly objects. Diet should be appropriate to the individual's constitution and excesses in food, sleep, exercise, etc. should be avoided. *Āyurveda* also advises to abstain from impure actions, words and thoughts. In fact, thoughts, feelings, and emotions, as well as the bodily tissues, are nurtured by food. At the same time, thoughts, feelings, and emotions can rise bodily illnesses. The corruption of the *doṣa* is the process which mediates these two aspects of the individual's life (Kakar 1982; Zimmermann 1983, 1989 a). The physician's task is first to identify the altered humour, then to prescribe the appropriate remedies and treatments. In order to restore balance, it is necessary to purify the body, to increase the defective humours, and to remove the cause of the imbalance.

A metaphor of dynamic balance at the physical and moral levels is thus conveyed by *Āyurvedic* physiopathology. The alteration of the humours is, at last, the effect of a transgression of the laws of nature. There are, consequently, some moral implications in the *Āyurvedic* guidelines for a wholesome way of life. *Āyurvedic* classical treatises, with their recommendations, depict a portrait of an ideal personality, the characteristics of which are due not only to medical considerations, but also to *hindū* values (Zimmermann 1982, 1989 a, 1995). The individual is a microcosm, where the universe is mirrored in its physical, social, and moral order. So, Western *Āyurvedic* patients find in *Āyurveda* not only a natural medicine, but a cosmology, even though only a faint echo of that is apparent. It is for this reason that Zimmermann (2002) remarks that traditional medicines are very often reduced to cosmology by their Western advocates. However, despite the fact that what is received in Western countries is a somehow universalised, standardised *Āyurveda*, it offers a chance to reintroduce values in medicine, if they have ever been turned out. Here lies another ambiguity, because the *Hindū* values underlying *Āyurvedic* medicine are understood as spiritual values rooted in nature's laws, so that they are taken as universal facts. Thus, they claim a deeper objectivity than biomedical knowledge. But this is not enough, in my opinion, to explain the success of Indian medicine in Italy.

I have already touched on the fact that differences between *Āyurveda* and biomedicine are emphasised by *Āyurvedic* practitioners. As a branch of Western modern science, biomedicine is regarded by many practitioners, not only of *Āyurveda*, but of many kind of complementary medicine, as pretending to be purely objective, rational, and universal. According to them, biomedicine considers diseases as the results of alterations of biological processes and nothing more. According to *Āyurveda*, instead, illness is the result of an alteration of the *doṣa*, in its turn caused by a fault in the individual's relationship with the objects of the external world. This is the reason why Italian *Āyurvedic* practitioners say *Āyurveda* investigates the causes of illness, while biomedicine does not.

In realtà si ragiona continuamente sul sintomo, ma il sintomo è un po' come la spia dell'automobile, in realtà quando si accende una spia noi sappiamo che non è la spia che non funziona, c'è qualcosa nel motore, allora apriamo il cofano e andiamo a guardare nel motore, non cambiamo la lampadina della spia, no? Ecco, un sintomo per l'*Āyurveda* è

semplicemente indice che qualcosa a monte non funziona, quindi c'è uno squilibrio di tipo psicosomatico (Student of Āyurveda).⁶

Biomedicine is interested in causes. It is by recognising the alterations of biological processes that physicians prescribe a treatment. The investigation of Āyurvedic physicians, however, does not stop at this level. It goes beyond biological alterations, to look for the cause of the imbalance of the *doṣa*.

Insoddisfazioni, malesseri, un lutto, una perdita di una persona cara, la rottura di un fidanzamento, un cambiamento di lavoro, di casa, una situazione sgradevole, questi sono disagi interiori. Emozioni, cose mentali, quindi anche stati d'ansia, rabbia, invidia, gelosia, sono tutti stati che alterano il nostro equilibrio psicosomatico e protratti per lungo tempo, naturalmente, creano tossine, mentali e fisiche, che poi vengono portate in giro per il corpo e naturalmente vanno a depositarsi negli organi più deboli, a cui noi siamo ereditariamente predisposti. Solo che quando ci ammaliamo, ecco a cosa serve la consapevolezza, diciamo: 'Ho la bronchite', ma quello che l'Āyurveda ci aiuta a capire e che il medico Āyurvedico conosce, sa, è che questa bronchite ha avuto origine tanti mesi prima, tanto tempo prima si preparava questa bronchite, non è che ho preso freddo ieri o il virus mi ha attaccato. Il virus mi ha attaccato perché le mie difese immunitarie sono basse, perché io evidentemente sono già in uno stato di squilibrio interiore (Student of Āyurveda).⁷

That is to say, according to Western practitioners of Āyurvedic medicine, *Āyurveda* encourages patients to identify which wrong habit, action, thought, feeling, emotion, or relationship causes the alteration of the *doṣa* which engenders the pathological process. As a woman told me about the influence of *Āyurveda* on her life: "Quello che si acquisisce con lo yoga, con la pratica dello yoga, e con l'Āyurveda, è consapevolezza. Si è consapevoli di sé, ci si conosce meglio, e allora anche le scelte cambiano a loro volta. Io mi avvalgo dell'Āyurveda per me stessa e quindi le mie scelte di vita quotidiane sono in armonia con me stessa".⁸ A woman masseur said about her Āyurvedic practice: "Questo è il mio modo per potermi esprimere. Questa è la mia espressione".⁹

The *doṣa* model becomes the means to understand the functioning of nature in oneself. So *Āyurveda* is also perceived as a chance to better know oneself. This is a distinctively modern fact. Before medical revivalism, Āyurvedic texts were not in print and there were not Āyurvedic faculties. Medical knowledge used to be passed on by a teacher, a *guru*, to his disciples. An apprenticeship that took years to be

⁶ Translation is mine: "Usually we only pay attention to symptoms, but symptoms are like warning lights in our cars. Actually, when a light turns on, we know that it is not the light that is not working, but something in the engine is not working. So, we open the boot and see the engine, we don't change the light, do we? So, according to Āyurveda, a symptom simply shows that something at the source is not working".

⁷ Translation is mine: "Dissatisfaction, uneasiness, mourning, the loss of a beloved one, a broken engagement, a new job, a removal, a sad plight, all these are inner discomforts. Emotions, mental things, such as rage, envy, jealousy, are conditions that alter our psychosomatic balance and, protracted, obviously create toxins, both mental and physical, that spread throughout the body and accumulate in the weakest organs, those that are the most predisposed because of heredity. So that's the importance of awareness. When we fall ill, we say: 'I have a bronchitis'; but what Āyurveda helps to understand, and the Āyurvedic physician knows, is that our bronchitis originated months ago, it was being prepared very earlier, it isn't that I got a cold yesterday or a virus attacked me. A virus attacked me because my immune system is weak, because evidently I am already in a condition of inner imbalance".

⁸ Translation is mine: "What you acquire with yoga and Āyurveda is awareness. You are aware, you better know yourself, and your choices change. I follow Āyurveda, then in my daily life I make choices in harmony with myself".

⁹ Translation is mine: "This is my way of expressing myself, it is my expression".

completed and that involved studying by heart the treatises that founded the tradition to which the *guru* belonged. So patients depended on their physicians; it was impossible to study *Āyurveda* by oneself. Furthermore, it is not classical *Āyurveda* that encourages self-expression. It rather speaks in favour of social order, while the people I interviewed often find in *Āyurveda* a stimulus to do choices that challenge the social order around them, whenever it is deemed to damage their wellbeing. For instance, some decided to divorce or to change their job after having met *Āyurveda*. Social order is questioned in the name of nature, but what nature?

I would like to recall at this point some remarks by Charles Taylor (1989) concerning the conceptions of nature inherited by modern Western culture. According to Taylor, it is with Romanticism that nature became an inner source of morality. It is not a novelty that morality can be looked for in nature. What is new with Romantic literature is that this source has to be found inside man and its expression is also a creative act. The idea of a hierarchical cosmos having set down, the meaning of the universe cannot be grasped simply by looking through its order. Nature is concealed inside the living beings. It is man's task to discover what nature tells in his/her inner self and then realise the peculiar form it has extended for him/her. It is only by individual experience that the meaning order of the universe can be caught. This way, self-discovery becomes self-expression. This conception of nature as a good inner source was undermined by modernism, but the cultural movements I talked about strongly reasserted it and the *Āyurvedic* practitioners I interviewed are their heirs. As an *Āyurvedic* masseur puts it, speaking about his clients: “alcuni continuano a venire una volta a settimana dopo due anni, come se fosse una medicina da prendere, e intanto uno cresce, si apre, evolve”.¹⁰

This vocabulary linked to evolution is very frequent among *Āyurvedic* practitioners, as well as the idea that evolution consists in discovering oneself. A student of *Āyurveda* said:

Più noi siamo in armonia con noi stessi e manifestiamo al meglio la nostra unicità, più siamo in armonia con l'ambiente circostante e portiamo armonia all'ambiente circostante, e quindi esauriamo, secondo l'*Āyurveda*, il nostro compito nei confronti dell'universo, il nostro debito.¹¹

The role of Romanticism and Darwinism at the time when medical revivalism took place is apparent. Darwinism is not unimportant, even though it was not received in all its aspects. Maybe it is worth remembering that, as I stated at the beginning, there is no place for novelty in Indian cosmology. To introduce evolution in cosmology implies that nature is not given *a priori*, but that something new can be created. What I argue here is that modern *Āyurveda* is placed in a conception of nature not exactly Romantic, but partly inherited from Romanticism, so that the idea of a hierarchical cosmos is regained and reconciled both to the modern individual's need for self-expression and to a universe where the creation of something unexpected can take place.

¹⁰ Translation is mine: “Some keep on coming once a week for two years, as it were a kind of medicine, and they grow, they open, they evolve”.

¹¹ Translation is mine: “The more we are in harmony with ourselves and we realise our unique being, the more we are in harmony with our environment and we give it harmony. This way we perform, according to *Āyurveda*, our task in the universe”.

Bibliographic references

ARNOLD, D. (2000) *Science, Technology and Medicine in Colonial India*, Cambridge: Cambridge University Press.

BOUILLIER, V. and TARABOUT, G. (eds) (2002), *Images du corps dans le monde hindou*, Paris: CNRS Editions.

CHIANTARETTO, A. (1997), *Il Nāḍīvijñāna di Kaṇāda. La pulsologia nei testi della medicina Āyurvedica*, MA dissertation, Facoltà di Lettere e Filosofia, Università degli Studi di Torino.

COMBA, A. (1991) *La medicina indiana (Āyurveda)*, Torino: Promolibri.

COX, H. (1977) *Turning East – The Promise and Peril of the New Orientalism*, New York: Simon and Schuster.

DAS, R.P. (1993) 'On the nature and development of 'Traditional Indian Medicine'', *Journal of the European Āyurvedic Society*, 3, pp.56-71.

HALBFASS, W. (1988), *India and Europe. An Essay in Understanding*, Albany: State University of New York Press.

JOLLY, J. (1994) (1951), *Indian Medicine*, Delhi, Munshiram Manoharlal.

KAKAR, S. (1982) *Shamans, Mystics and Doctors*, New York, Knopf, 1982.

KUMAR, A. (1998) *Medicine and the Raj. British Medical Policy in India, 1835-1911*, New Delhi: Sage Publications India.

KUNG, H. and VON STIETENCRON, H. (1993) (1985), 'Hinduism and Christianity', in Küng, J. et al. *Christianity and World Religions: Paths to Dialogue with Islam, Hinduism and Buddhism*, New York: Maryknoll, pp.135-288.

LANGFORD, J. (2002) *Fluent Bodies: Āyurvedic Remedies for Postcolonial Imbalance (Body, Commodity, Text)*, Duke University Press.

LESLIE, C. (ed) (1976a), *Asian Medical Systems: A Comparative Study*, Berkeley, Cal.: University of California Press.

----- (1976b), 'The ambiguities of medical revivalism in modern India', in Leslie, C. (ed) (1976a), pp.356-367.

----- (1993) 'Interpretation of Illness: Syncretism in Modern Āyurveda', in Leslie, C. and Young, A. (eds) (1993), pp.177-208.

LESLIE, C. and YOUNG, A. (eds) (1993) *Paths to Asian Medical Knowledge*, New Delhi: Munshiram Manoharlal Publishers.

MEULENBELD, G.J. (1987) 'Reflections on the basic concepts of Indian pharmacology', in Meulenbeld, G.J. and Wujastik, D. (eds) (1987) pp.1-17.

MEULENBELD, G.J. and WUJASTIK, A. (eds.) (1987) *Studies on Indian Medical History*, Groningen: Egbert Forsten.

SONTHEIMER, G.D. and KULKE, H. (eds) (1989) *Hinduism Reconsidered*, New Delhi: Manohar Publications.

TAYLOR, C. (1989) *Sources of the Self. The Making of the Modern Identity*, Cambridge, Massachusetts: Harvard University Press.

THAPAR, R. (1985) 'Syndicated moksha?', *Seminar*, 313, pp.14-22.

WUJASTIK, D. (2003) *The Roots of Āyurveda*, London: Penguin Books.

ZIMMERMANN, F. (1979) 'From tradition to profession. Intellectual and social impulses behind the professionalisation of classical medicine in India', *Journal of the Japan Society of Medical History*, pp.99-118.

----- (1982) *La jungle et le fumet des viandes*, Paris: Éditions du Seuil.

----- (1983) 'Remarks on the conception of the body in Āyurvedic medicine', in Pfeiderer, B. and Sontheimer, G.D. (eds.) *Sources of Illness and Healing in South Asian Regional Literature*, Heidelberg: South Asia Institute, pp.10-26.

----- (1989a) *Le discours des remèdes au pays des épices*, Paris: Editions Payot.

----- (1989b) 'Terminological problems in the process of editing and translating Sanskrit medical texts', in Unschuld, P. (ed.) *Approaches to Traditional Chinese Medical Literature*, Dordrecht and London: Kluwer Academic, pp.141-151.

----- (1995) *Généalogie des médecines douces. De l'Inde à l'Occident*, Paris: Presses Universitaires de France.

----- (2002) 'Ce qu'un hindou dit à son corps. La réécriture des représentations traditionnelles', in Bouillier, V. and Tarabout, G. (eds) (2002), pp. 49-69.

ZYSK, K.G. (1990) 'The Indian ascetic traditions and the origins of āyurVedic medicine', *Journal of the European ĀyurVedic Society*, 1, pp.119-124.

----- (1991) *Asceticism and healing in ancient India: Medicine in the Buddhist Monastery*, New York and Oxford: Oxford University Press.

© Copyright Laura Silvestri, 2014

© Copyright *Quaderns-e de l'ICA*, 2014

Fitxa bibliogràfica:

SILVESTRI, Laura (2014), "Science and Religion in Traditional Indian Medicine: the Laws of Nature and the Individual in Western Āyurvedic Practice", *Quaderns-e de l'Institut Català d'Antropologia*, 19 (1), Barcelona: ICA, pp. 235-248. [ISSN 169-8298].

