Wujastyk, Dagmar and Smith, Frederick M. (eds.) 2008, *Modern and Global Ayurveda: Pluralism and Paradigms*. Albany, NY: State University of New York Press. Pp. 363. US\$89.50 (hbk), ISBN 978 0 7914 7489 1; US\$31.95 (pbk), ISBN 978 0 7914 7490 7

This edited volume with sixteen papers presents a wide range of topics on modern and global Ayurveda from economic, socio-political, anthropological, and practitioners' perspectives. In their introduction, the editors define 'modern' as the developments of Ayurveda that have taken place on the Indian subcontinent since the nineteenth-century revival with its processes of professionalization and institutionalisation. The main focus is however on 'global Ayurveda,' which is defined as "ayurvedic knowledge that has been transmitted to geographically widespread areas outside of India" (p. 2).

Within 'global Ayurveda' the editors distinguish three broad lineages: (1) Ayurvedic pharmacopeia (including early exchanges of Ayurvedic botanical knowledge in the sixteenth century), (2) recent trends of 'New Age Ayurveda,' and (3) scholarly Indic studies of Ayurvedic texts. They also suggest four paradigms as a suitable framework of analysis: (a) New Age Ayurveda, (b) Ayurveda as mind-body medicine, (c) Maharishi Ayur-ved, and (d) traditional Ayurveda in an urban world (p. 11). These frameworks are understood as interconnected categories and as "representations of certain kinds of Ayurveda" (p. 11).

The chapters begin with a brief historical outline by Mike Saks on how 'orthodox medicine' and 'complementary medicine' developed in a pluralistic 'East-West Dialogue' through the Western counterculture of the 1960s and 1970s, which led to Ayurveda being included in the wide range of 'Complementary and Alternative Medicine' (CAM) therapies in Europe and North America.

Next, Dominik Wujastyk sketches the pre- and post-independence health policy reports at state and central levels that reflect the struggle of indigenous medicines in India to receive adequate recognition and support in taking its place in twentieth century health care. His survey of two of these reports (the Bhore Report, 1946, and the Chopra Report, 1948) shows the political influence British state medicine had in India, aiming at the control of medical education and physician's licensing, which at the same time disenfranchised indigenous physicians (p. 61).

Richard Weiss then sketches the differences between Tamil or Siddha Medicine and Ayurveda. Presenting examples of Tamil medical practitioner's voices from the 1923 Usman Report, Weiss, at times repetitively, outlines what seems to be a standard Tamil narrative, where identity, politics, and medicine are closely interlinked in re-establishing Tamil medical tradition as divorced from Ayurveda. Unfortunately, the paper does not offer topical information on how contemporary Siddha medicine is applied in relation to biomedicine and Ayurveda in South India, data that would help the reader to better contextualise the ideological claims.

Rachel Berger explores how the practice of Ayurveda in the early to mid-twentieth century urban North India was shaped by the emerging middle-class, popular health publications in Hindi (especially on women's health), and by an increasing professionalization of Ayurvedic education and practice. The colonial state was influential in making indigenous medicine a vital part of North Indian society, because it made every effort to institutionalise and control its practices. These efforts were often opposed to the biomedical hegemonic views of the colonial state, but were a necessary response to a growing demand to handle the public health needs of large parts of the Indian population. Berger describes how these tensions played out in history and eventually led to the elevated status that Ayurveda received in the Hindi and Hindu nationalist struggle.

The book is enriched by the perspectives of two Western Ayurvedic practitioners, Robert Svoboda and Claudia Welch. Both had personal experiences and difficulties with Indian institutionalised Ayurvedic education—Svoboda graduating with a BAMS degree in 1980, Welch being turned down due to 'seats' being largely reserved for certain communities and castes, not

foreigners. Their inside perspectives on the availability and quality of the programs and their biomedical character (e.g. research methods that test Ayurvedic substances on mice) sketch a realistic picture of Ayurvedic education in India in the 1980s and early 1990s. Both outline the current options for Ayurvedic education in the US and UK. This is still hampered in both countries by the fact that Ayurveda is not legally recognised. Svoboda fears a “substantial dilution of standards” (p. 127) through speedy regulation and commodification of Ayurveda in the West, and Welch points to the option of a more lineage-based Ayurvedic training in the West.

Sebastian Pole, a practising herbalist in the UK growing, importing, and manufacturing organic Ayurvedic medicinal herbs, highlights the recent efforts to mobilise and lobby for appropriate legislation for Ayurveda in the UK. He summarises the challenges that affect practitioners, for example, the legislation of herbs, the problems of overharvesting, the trading of poor products threatening the image of Ayurveda, and the lack of high-quality education in the UK. Despite the challenges, he keeps a positive outlook on the overall developments towards effective and viable opportunities for Ayurveda to gain legal status in the UK.

His paper is complemented by Suzanne Newcombe’s analysis of the history of Ayurveda in Britain, which mainly focuses on a controversial trial for professional misconduct by two registered medical doctors practising Maharishi Ayur-Veda (MAV) on HIV positive patients. Newcombe critically analyses the tautological logic behind the arguments of the movement’s most famous representative, Deepak Chopra, whose “project is ultimately grounded on faith” and “cannot be scientific” (p. 265). Newcombe argues that MAV health theories work when complementing biomedicine, but become very controversial when used as an alternative model to HIV treatments, which was the case in the 1991 trial.

Unnikrishnan Payyappallimana outlines how an Ayurvedic pharmacopoeia database has become a part of revitalizing Ayurveda. He is very critical of the state of Ayurveda in India, describing its unhealthy condition and claiming that Ayurveda is “losing its identity in a struggle to prove itself to modern science” (p. 141). He argues that uncritical methodologies in the past have led to multiple and confusing botanical identifications. His experiences with botanical databases through the ‘Foundation for the Revitalisation of Local Health Traditions’ (FRLHT) would be valuable to anyone working with medicinal plants in Asian medical traditions.

Jan Meulenbeld revisits *ojas*, the obscure vital force that has remained a rather ill-defined substance in the theoretical framework of Ayurveda. Despite the textual “absence of correlation between *ojas* and virility or fertility in general since Vedic times” (p. 165), contemporary Ayurvedic circles now frequently link *ojas* to concepts of immunity, equating it with semen, sexual hormones, or chemical substances, such as albumin and glycogen, vitamins, and others. His critique is that contemporary pharmacological research demands that Ayurvedic physicians explain ‘immunity’ in Ayurvedic terms, and that this is done by linking *ojas* to *vyādhikṣamatva*, a Sanskrit term from the *Caraka-Samhita* indicating “resistance against a disease or disease in general” (p. 164). Meulenbeld finds this marriage “illegal” since no textual link between the two concepts can be found. I can understand his textual critique, which rebuts the claims of certain Ayurvedic physicians. However, from an anthropological perspective this claim is an interesting example of how medical terminology is reinterpreted by practitioners on their own terms for certain reasons. This in itself offers meaningful insight into their ways of medical reasoning. Nevertheless, Meulenbeld voices a valid concern that explaining immunology in Ayurvedic terms could harm Ayurveda’s credibility.

Joseph Alter takes the subject of *ojas* further by linking it to larger issues concerning Ayurveda and sexuality. In an attempt to outline why masculine health in India is linked to semen retention, he explains what he calls “the paradox of virility,” by which he means that both celibacy and sexual vigour are linked to a single theory of vitality. Explaining the value of “conserving semen” in classical Ayurveda, he critically contrasts this with the “medicalization of sex” in India today,

where aphrodisiacs are seen as enhancing sexual potency “as an end in itself,” and rejuvenation is “fused and confused” with the goals of virility (p. 191).

Madhulika Banerjee adds a political science perspective to the Ayurveda globalisation debate, addressing problems of standardization and pharmaceuticalization. She argues that Ayurveda has been reduced to a “supplier of pharmaceutical products” (p. 201). She discusses and summarizes the changes that Ayurveda in India is facing in terms of raw materials, production processes, and quality control. A very valuable contribution of this paper is her focus on alternative research on evaluating efficacy, which has hardly found media or academic attention. She introduces the ‘Update Ayurveda’ project, a regular debate among Ayurvedic and biomedical scientists held in Mumbai every three years (p. 208), which was already offering an interesting alternative to randomised control trials back in 1984.

Manasi Tirodkar’s paper presents rather stereotypical images of four categories of contemporary Ayurvedic practice in Maharashtra: (1) the traditional lineage-based trained practitioner, (2) the modern institutionally educated BAMS degree holder, (3) the commercial spa centres and health resorts, and (4) the over-the-counter self-help approaches catered to by modern pharmacies and pharmaceutical companies. Even though the author acknowledges at the beginning of her paper that these categories do not correspond to reality, and concludes that the ways health care is used in India is fractioned and pluralistic, she does not explain why she finds it still useful to work with such stereotypical categories. Ethnographically this paper is weak in that it presents the ‘most cited answers’ of her informants, but unfortunately gives very few details of who they are or in which circumstances her interviews took place.

With Ayurveda having multiple definitions in its globalised practice, it is intriguing to read Chopra’s paper on the Habichtswald Klinik in Kassel, Germany, where biomedical and Ayurvedic diagnoses go hand in hand. Chopra clearly distances his Ayurveda practice from ‘wellness,’ ‘spiritual practice’ and ‘New Age Ayurveda.’ Patients come to the clinic to *treat* and *prevent* disease. This is quite contrary to the ‘rejuvenation’ focus in the commercial Ayurvedic sector in India (see Tirodkar’s paper, p. 229). In Germany, hardly any medicines are used (probably because of legal issues, which are not addressed by Chopra); the focus in Kassel is on *panchakarma* treatment and results are impressive, judging by his two case studies. Arguing that Ayurveda in Germany is a “matter of intelligent ‘translation’” (p. 246), Chopra is of the opinion that any Ayurvedic practitioner in Germany should also be a qualified biomedical practitioner.

The book concludes with two papers on Maharishi Ayur-Ved (MAV), the controversial but influential model of Ayurveda that developed out of Transcendental Meditation (TM) and the Vedic teachings of Maharishi Mahesh Yogi. Although both papers overlap at times, they offer two different angles. Françoise Jeannotat discusses how MAV has contributed to global Ayurveda by popularising *panchakarma* and Ayurvedic products as well as aspects of yoga. Cynthia Ann Humes highlights the global marketing aspects of MAV critiquing Maharishi’s philosophy of the ‘Science of Creative Intelligence’ and the formation of an ‘ideal society,’ which has been developed into a successful business model. The reader understands that MAV with its controversial law-suits has been somewhat detrimental to the establishment of Ayurveda as a respected Asian medical system in the West.

In sum, the authors’ varied interpretations of what Ayurveda can or should entail reflect the global phenomenon of Ayurveda that we see today, which is far from being a homogenous unified system. This is even reflected in the at times arbitrary way the papers have been arranged in the book. Considering the large number of contributions, grouping papers addressing the same regions and issues together in subsections would have been useful for the reader. The book’s apparent (dis)order is definitely reflective of its representing the great variety of global Ayurveda that is difficult to arrange in neat partitions. However, the four paradigms that the editors outline in the introduction offer some structure along which the content of the papers can be meaningfully discussed.

Overall, the practitioners' papers are an easier read compared to some of the more analytic, academic papers, and positively enlarge the readership for the book beyond the academic community. In combination, the book offers useful material for teaching purposes on both undergraduate and graduate levels, as well as an interesting read for everyone who wants to know what is happening to Ayurveda in the globalised world today.

Barbara Gerke
Humboldt University, Berlin