This book discusses how, in the first half of the twentieth century, politicians, policy-makers, and the public framed Ayurveda and acted with these representations. It presents us with a genealogy of Ayurvedic development in the period 1900–55. The focus is not on textual Ayurveda but on ‘pragmatic Ayurveda’, Ayurveda as instrument to achieve good health for the Indian masses and as a tool in processes of identity construction. The modernisation of Ayurveda in North India—the United Provinces and Uttar Pradesh (post-independence)—is used as a case study of Ayurveda's modernisation. Making Ayurveda modern was part of the development agenda of the colonial state, pre-independence Indian bureaucrats and Congress politicians. A second and related theme of the book is how the North Indian public sphere made use of Ayurveda for the articulation of middle-class notions about nation, community, health, and identity. The book shows how Ayurveda is worked upon. This approach differs from studies in which Ayurveda as actor frames biomedical ideas and notions of science. The well-known Chopra report (1948) on medicine in India argues that affordable and good public health needs India’s non-biomedical infrastructure—India’s Indigenous Systems of Medicine (ISM). Chopra’s recommendations were taken up in Uttar Pradesh by The Ayurveda and Unani Tibb Reorganization Committee for Public Health (1949).

According to Berger, this ‘confirmed Ayurveda’s full entry into the biopolitical of securing health for the nation’ (p. 169). Ayurvedic education was standardised in colleges and modern public health ideas were integrated into its curriculum. Two other measures of the committee were the establishment of indigenous medical dispensaries and the promotion of the Ayurvedic notion of swasthavritta (health maintenance through Ayurvedic diet and conduct) as a way to get healthy citizens in a healthy nation. Berger argues that this strategy of the 1949 committee has its roots in the policy of diarchic rule introduced by the colonial British government in 1919. From 1919 onwards, Ayurveda was absorbed in the biopolitical practices of the state of which the professionalisation of Ayurvedic practitioners was an important aspect. They replaced Sanskrit pundits as the arbiters of the Indian medical tradition. However, this shift was not absolute and Ayurveda remained a cultural artefact as well as a guide to ritual and a marker of professionalisation in Indian medicine up to the present day.
In her introductory chapter, ‘Introduction: Ayurveda in Motion’, Berger sets the stage for a discussion of Ayurveda’s transformations into a governable system by which a formerly ‘obsolete’ and ‘unscientific’ medicine was made modern (p. 5). She shows her wide scholarship when she critically discusses social-historical and anthropological studies dealing with themes such as biopolitics, power, communal politics, the Hindi public sphere, professional organisations, the rise of a print culture, and the rhetoric of development. Berger states ‘I posit an Ayurveda that is anything other than amorphous, ahistorical and apolitical—an Ayurveda that is in motion, made modern through its governability, made relevant through the ways in which it could link the political meaningfully to the realm of the social. . . . I hope the result is an Ayurveda turned on its head. The brilliant work of thinking about Ayurveda from the inside out is not the terrain of this book. Instead I have tried to use Ayurveda to think about the interwar and postcolonial state of politics from the perspective of a tenuous, seemingly dismissible, suspiciously “unscientific” system that posed a problem for governance, and a challenge to the structures that be’ (pp. xi–x). The study shows how Ayurveda was made into an instrument of control, and how its representation became also a tool for colonial critique and the construction of a Hindu form of Indianness.

In Chapter One, ‘Historicizing Ayurveda: Genealogies of the Biomoral’, the author offers us a historicisation of Ayurvedic theory and practice. Here Berger links realms of Sanskrit textuality to the evolution of Hindu public life and discusses anthropological notions of the biomoral. According to the author, ‘Ayurveda came into modernity through a political articulation of embodied indigeneity’ (p. 24). After a discussion of different though related topics such as medicine in Harappa culture (fifth millennium BC), Ayurveda's Buddhist links, the usage of the modern sciences of classification to analyse the canons of Ayurveda, the juxtaposition of the practical and the spiritual, medical ideas found in the Kama Sutra, the ontology of good health in Ayurveda, Berger concludes that ‘Ayurveda served as catchall category for vaguely Hindu, thoroughly indigenous and mostly un historicized sets of practices and ideas that were pre-extant in the subcontinent before the advent of Islamic and allopathic medicine’ (p. 34). To critique the idea of Ayurveda as a system, Berger invokes the social medical historian Arnold, the anthropologists Langford and Attewell, and the social historian Projit Mukharji (pp. 35–6). Berger’s scholarly exercises are well linked to the heart of her study, ‘the delineation of Ayurveda as a moral ethical or spiritual practice with a biological component . . . inherently tied to the politics of nation building, colonial resistance and state-building’ (p. 42). It is the biomoral that mediates Ayurveda’s entry into modernity.