

Ayurveda and Discursive Formations between Religion, Medicine and Embodiment

A Case Study from Germany

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ABSTRACT

This article examines the discursive formations of Ayurveda as a healing practice that is entangled between religion and medicine, along with its potential for religious embodiment. Looking at the historical development of Ayurveda in Germany and its treatment by different academic disciplines, the article addresses the positions of Ayurveda practitioners in relation to religion and medicine, showing how this affects them and the potential for religious embodiment in the interactions and relationship between practitioner and patient. In this regard, the doctrine of the Doshas in Ayurveda plays a crucial role in its representation as the epitome of holistic healing. It will be shown that the notion of religious embodiment and the positions of the practitioners are constantly involved in processes of negotiation correlated with flexibility of positioning within the discursive field constituted by Ayurveda, religion, and medicine.¹

1 This article is a translated and adapted version of “Ayurveda als Aushandlungsort religiöser Verkörperung? Eine Fallstudie aus Deutschland“, which was first published in Klinkhammer/Tolksdorf (eds.) (2015) *Somatisierung des Religiösen: Empirische Studien zum rezenten religiösen Heilungs- und Therapiemarkt*.

1 INTRODUCTION

In Germany, Ayurveda is one of the fastest growing healing practices in the field of complementary and alternative medicine or CAM.² Based on the Indian cultural context and its historical development, Ayurveda is often linked to spirituality or religion in the study of religious approaches and debates (cp. Koch 2005a; Knoblauch 2009; Lüddeckens 2018). In particular, Ayurveda's connection with New-Age influences and questions regarding the authenticity of its practice have been discussed (cp. Otten 1996; Reddy 2000; Zimmermann 1992; Zysk 2001). Accordingly, studies have been published in the disciplines of religious studies, anthropology, sociology and medicine addressing the discursive field constituted by Ayurveda, religion, and medicine (cp. Chopra 2008; Engler 2003; Langford 2002; Warriar 2008, 2011).

The increase in alternative healing practices³ has to be understood as a reaction to transformations and reforms in health-care systems (Frank 2004: 32; Lüddeckens 2012: 288). The historical dissemination of the doctrine of the separation of mind and body (Cartesian dualism) within biomedicine⁴ has created a need for alternatives on the market. CAM therapies, with their holistic conceptions, fill this gap and are becoming increasingly attractive (Kaiser 2001: 16). With this development as a backdrop, we can observe the

2 The World Health Organization (WHO) defines CAM as follows: “The terms ‘complementary medicine’ or ‘alternative medicine’ are used interchangeably with traditional medicine in some countries. They refer to a broad set of health care practices that are not part of that country’s own tradition and are not integrated into the dominant health care system.” This is consistent with Cant and Sharma, for whom CAM can also be understood as “forms of healing that depend on knowledge bases distinct from that of biomedicine and which, as such, do not share the special legitimation that the state has conferred upon biomedicine” (1999: 5). The term itself is one of the problems that CAMs face.

3 Cp. Lüddeckens in this volume.

4 Here the word “biomedicine” refers to the dominant form of medicine that is dispersed globally and that in Germany is designated as *Schulmedizin*. This term is used in medical anthropology to refer to biological and pathophysiological perspectives on the human body and to emphasize the normative and technological implications that are inscribed into biomedicine’s history and development. For an overview of this discussion, cp. Lock and Nguyen 2010.

boundaries between religion and medicine shift. Territories that formerly fell mainly within the scope of medicine have increasingly been addressed by religion and vice versa (cp. Lüddeckens 2012). These shifting boundaries are influenced by the historical development of both categories in the context of “scientific authority, capitalist commodification of medicine, and colonialism and postcolonialism” (Klassen 2017: 403). This also affects the self-understanding of practitioners in both fields, and there is an increasing boom in religious therapeutics (Fields 2001: 2; Kaiser 2001; Koch 2005a: 24).

Ayurveda is entangled exactly within this field of shifting boundaries between religion and medicine, as it caters to the need for an alternative to the biomedical system that goes beyond the separation of mind and body. This entanglement is inscribed into the holistic healing approach of Ayurveda that is rooted in the doctrine of the Doshas.⁵ This doctrine has the potential for religious embodiment within Ayurveda and locates it in the discursive field constituted by Ayurveda, religion, and medicine.⁶

Here religious embodiment is understood as a process that is negotiated between the practitioner, the patient, and their surroundings. In this process the body becomes the medium between the inner and outer worlds and oscillates between processes of subjective perception and objectification (cp.

5 Discussion of the meaning of the Doshas forms a discourse in its own right within Ayurveda, with different positions and philological interpretations (Heckmann 2003: 35; Mittwede 1998: 89–91). In relation to the ethnographic research described in section 2 below, I will provide an explanation of the Doshas based on a German Ayurveda textbook that is linked to practitioners in this field. According to this textbook the Doshas can be understood as forms of energy that constitute and guide the body’s physical and psychological processes. In their materiality the different Doshas of Vata, Pitta and Kapha are based on the elements of earth, water, fire, air and ether. They can be found in different parts of the body in different concentrations and are characterized by different qualities (e.g. Vata has the quality of movement). Depending on whether the Doshas are in balance or not, they can cause different illnesses or can cure. They can be affected by medicines, nutrition and behavior (Heckmann 2003: 35–40).

6 This discursive field, which is addressed in this study with regard to the possibilities for religious embodiment in the healing practices of Ayurveda, is conceptually based on an approach to discourse influenced by Michael Bergunder (2008: 491, 2011: 19), Stuart Hall (2011), and Judith Butler (1997, 1999).

Csordas 1990; Schüler 2015; Klinkhammer/Tolksdorf 2015). The experiences of patients and practitioners, the aesthetic setting, their preconceived imaginations, and their knowledge of Ayurveda are the prerequisites for this process.⁷

Genealogically the article will trace positionalities in the field in the light of historical developments. This will be done to decipher the ways in which Ayurveda is constructed, articulated, and performed by the actors in the field, rather than looking at the origins of Ayurveda to determine whether it is religion or medicine. According to Butler (1999: xxix), “genealogy investigates the political stakes in designating as an origin and cause those identity categories that are in fact the effects of institutions, practices, discourses with multiple and diffuse points of origin. The task of this inquiry is to center on—and decenter—such defining institutions.” Which attributes and characteristics are ascribed to Ayurveda by different authorities in the field? What does this mean for practitioners who position themselves in relation to religion and medicine, and how does this enable or prevent religious embodiment within Ayurveda?

With regard to different authorities or actors in the field, connections between academic statements on Ayurveda and the emic perspective must be examined because they determine the positions of the practitioners. The question of religious embodiment in Ayurveda is connected to the self-understandings of its practitioners,⁸ who convey their own understandings of Ayurveda to their patients and enable or restrict practices that can be perceived as a form of religious embodiment. Given the specific historical context of Ayurveda in Germany, certain academic positions on whether Ayurveda is religion or medicine, taken together with the perspectives of its practitioners, will reveal interferences between Ayurveda and religious

7 The conceptual framework of this article and the material available only allow a few examples to be provided of a form of religious embodiment in Ayurveda rooted in different conceptions of Ayurveda by different practitioners, the emic perspective of its patients and the actors in this discursive field.

8 The terminology practitioner is specifically chosen to grasp the wide spectrum and diversity of Ayurveda practitioners. Compared to terminologies like therapist or healer the whole range of practitioners from medical doctors to nutritionists can be integrated and the terminology also integrates the possibility of multiple qualifications, as the following paragraphs will show.

embodiment. This will help us map a first layer of the relevant discursive networks and structures in both the academic and the emic perspective in relation to Ayurveda and religion in Germany.

The different conceptualizations of Ayurveda by practitioners, academics, journalists, and other authorities in the field, who constitute a discourse community, can be understood as a discursive network held together through communication, language, practices, and the institutionalization of Ayurveda, religion, and medicine in Germany. These articulations and conceptualizations of Ayurveda as a form of “identity marker” in the sense of Michael Bergunder and Stuart Hall⁹ take place in different discursive fields (media, science, law, politics, etc.). The different fields constantly overlap, and different authorities can be active within different fields. As part of these networks and its field of discourse, Ayurveda can be also understood either as spiritual or religious, or as a form of spirituality negotiated by agents in the field.¹⁰ In this context, the discursive elements that condition the potential for religious embodiment within Ayurveda will be addressed.

On the basis of fieldwork conducted in 2009, the aim of this article is to map the discursive field constituted by Ayurveda, religion, and medicine, and to illustrate the circumstances that make religious embodiment possible for the patient. The practitioners’ point of view will be helpful in understanding how positionings between religion and medicine take place in the German health-care market and how these positionings are influenced by academic discourses. In the following especially, the initial consultation and the interaction and relationship between practitioner and patient will provide access points for the discussion.

2 ETHNOGRAPHIC RESEARCH

The point of departure for this article is ethnographic research consisting of three months of fieldwork carried out between December 2008 and February 2009 and based on the anthropological method of participant observation and

9 Identity in this sense is always contested and negotiated (Bergunder 2008: 492)

10 As will be shown, the focus on this discursive field is very much influenced by existing academic studies and media representations (Bergunder 2011: 44–45).

semi-narrative interviews with Ayurveda practitioners inspired by grounded theory.¹¹ The study was also based on an analysis of media representations of these practitioners and their institutions in the form of advertising brochures, webpages, newspaper articles, and both academic and non-academic publications by the interviewees. As part of the study, different Ayurvedic facilities in southern Germany have been visited, among them private clinics and hospitals, health centers, and the practices of *Heilpraktiker* (alternative practitioners). The study explicitly tried to capture the broad range of Ayurveda practitioners, which other studies often reduce to a specific status group, such as medical doctors (MDs).¹²

The duration of the participant observation varied from three to four days to half a day. The interviews were conducted in this period, as well as a number of informal conversations and interviews with staff and patients. Nine practitioners in particular form the core of the study, among them two *Heilpraktiker*, two Bachelors of Ayurvedic Medicines and Surgery (BAMS),¹³ and five medical doctors. Two of the MDs were female and three male, all the other practitioners being male. The aim of the ethnographic research was to describe the different forms of Ayurveda practices and to identify the positioning of Ayurveda practitioners within the German healthcare system. Questions regarding career development, therapeutic measures, and motivation formed part of the interviews. Already here the question of the

11 The ethnography is the result of cooperation with Prof. Harish Naraindas from JNU in Delhi and would not have been possible without his support. I would also like to thank Prof. Gabriele Alex, who made this cooperation possible. The interviews conducted for this research were held in English, many of which contain linguistic errors that have been retained in the quoted passages to provide an authentic impression of the interview situation. The names of the interview partners have been changed to protect their identities.

12 For example, Robert Frank only takes medical doctors into account in his work: see his “Globalisierung alternativer Medizin: Homöopathie und Ayurveda in Indien und Deutschland” (Frank 2004: 200).

13 The title “BAMS” is given to students within the Ayurveda college system in India, being based on a study program lasting five to six years which is increasingly integrated with and adapted to the biomedical curriculum (Langford 2002: 130; Welch 2008: 129).

relationship of their particular Ayurveda practices to religious influences and medicine formed part of the interview schedule.

It should be mentioned that the focus on religious embodiment in this article requires a long-term and thorough study of practitioner-patient interactions and consultations. Lacking this, the article can only provide initial insights into the potential for religious embodiment based on an analysis of the discursive field and the perspectives and practices of some Ayurveda practitioners.

3 THE HISTORICAL DEVELOPMENT OF AYURVEDA IN GERMANY

The historical development of Ayurveda in Germany already gives the first indications of the relationship of Ayurveda to religion. As in Suzanne Newcombe's description of the development of Ayurveda in England, only media representations and initial processes of institutionalization can be found in the evidence for the historical development of Ayurveda in Germany (2008: 257). The following descriptions of this development must be understood as a sketch that can only give a rough idea of its course. At the beginning stands the founding of the Deutsche Gesellschaft für Ayurveda in Osnabrück in 1983 as the first association of Ayurveda practitioners in Germany. The first Maharishi Ayurveda health center was also founded in Osnabrück (Frank 2004: 198).¹⁴

Already in 1980 Maharishi Mahesh Yogi¹⁵ was invited to a conference in Delhi, where he announced the worldwide dissemination of Ayurveda and

14 Examples of other associations that have been founded since then and acquired an influence over the development of an Ayurveda practitioner's network in Germany are the European Professional Association of Ayurveda-Practitioners and Therapists (VEAT) and the German Doctors Association for Ayurveda Medicine (Deutsche Ärztgesellschaft für Ayurveda-Medizin, DÄGAM).

15 Maharishi Mahesh Yogi (1911–2008) was an Indian physics graduate who studied at the Sankaracarya Jyotir Math with Brahmananda Saraswati (1869–1953) and was introduced to the teachings of the Advaita Vedanta. He was the founder of the technique of transcendental meditation and came to fame as the guru of certain celebrities such as the Beatles and Mia Farrow (Knott 2006: 634).

the revitalization of the Vedic sciences (Jeannotat 2008: 300). The founding of the Deutsche Gesellschaft für Ayurveda, which is connected to the German Academy of Ayurveda, has to be understood in context of the Maharishi movement, even though this connection has become weaker, especially since the Maharishi's death.

The Association is registered as such and claims to be an independent and autonomous association of experts in which Ayurvedic medicine is not bound to any particular school.¹⁶ The explicit reference to Maharishi Ayurveda as a seal of quality supported by the All India Ayurvedic Congress can be found in a special section on its webpage, where the Association also cautions against facilities that lack standardized forms of quality management.¹⁷ Here we can observe how the exclusion of non-standardized Ayurveda practitioners is used as a marketing strategy in media representations that at the same time lend credence to the Maharishi Ayurveda label. Not only is Maharishi Ayurveda a registered trademark (™) that offers a whole range of products, the Maharishi Ayurveda system is itself a franchise that represents one of its first tangible processes of institutionalization in Germany (Humes 2008: 309–310). Maharishi Ayurveda has played a similar role in the institutional development of Ayurveda in England (Newcombe 2008: 257) and North America (Reddy 2000: 5).

In the 1980s and 1990s Maharishi Ayurveda represented the most complex networks within the German Ayurveda landscape. With own products, its private clinics and health centers played an important part in the popularization of Ayurveda (Jeannotat 2008: 303). The movement also caused a lot of criticism because it combined Ayurveda with transcendental meditation (TM),¹⁸ as the following excerpt from the German news magazine *Der Spiegel* shows:

16 Cp. <http://www.ayurveda.de/index.php/gesellschaft-die-nr-1-in-europa/historie>, July 10, 2018.

17 Cp. <http://www.ayurveda.de/index.php/gesellschaft-die-nr-1-in-europa/maharishi-ayurveda>, July 10, 2018.

18 Kim Knott defines TM as follows: “[T]ranscendental meditation is a technique for mental and physical well-being and rejuvenation which, for some committed meditators, leads on to programmes for higher spiritual development (e.g. sidhi yoga), alternative medicine (ayurveda), and Vedic astrology” (2006: 634–635).

“Ayurveda, the ancient Indian medical system, is a mega trend in the wellness sector. The German market is dominated by disciples of his holiness the Indian guru Maharishi Mahesh Yogi. With costly treatments, his holiness markets his transcendental meditation and abstruse world salvation theories.” (Schwertfeger 2004, author’s translation)

This short media representation points to the fact that this aspect of the development of Ayurveda in Germany through the Maharishi Movement attracted criticism.

The ethnographic research for this article also revealed other strands in the historical development of Ayurveda in Germany that ran in parallel to the institutionalized development of the Maharishi Movement. Individual practitioners who began their training in India in the 1980s and 1990s or earlier and who migrated from there to Germany to practice Ayurveda characterize these trends. This was the case for the two BAMS practitioners who feature in the ethnographic research. The public visibility of Ayurveda practitioners and institutions that are not part of the Maharishi Network has increased over the last years. One example of this is the European Academy of Ayurveda, which was founded by Kerstin and Mark Rosenberg in Birstein in 1993 and is led by both (Rosenberg 2012: 63). They offer a broad variety of training programs and have been able to initiate a program for Ayurveda consultants (*Ayurveda Fachberater*) that is certified by the Saarland Chamber of Commerce and Industry (IHK). In addition, they offer a master’s degree for medical doctors and medically qualified employees in cooperation with Middlesex University in the UK.¹⁹

This article can merely point out some of the highlights of the historical development of Ayurveda in Germany. This development must be thoroughly researched to obtain a deeper understanding of the current situation, but a comprehensive history of Ayurveda in Germany providing a genealogy that reveals the breaks and continuities in the historically dominant narratives remains a research aim. Hopefully, however, this brief genealogical sketch will give an idea of the dominant forces and processes of institutionalization in the field and of the insights into public perceptions of this development.

19 Cp. <https://www.ayurveda-akademie.org/das-kompetenzzentrum-fuer-ayurveda-und-yoga/studieren-an-der-akademie/internationales-netzwerk/>, July 10, 2018.

The tendencies that are visible in the development of Ayurveda in Germany have nevertheless been framed conceptually by Anne Koch in order to provide a deeper understanding of the current situation. With reference to Michael Stausberg, Koch takes into account the reaction of science²⁰ to the historical development, media representations, and different meanings of Ayurveda (2005a: 26). Taking this as a premise, she distinguishes three phases in the development of Ayurveda, which she describes as (a) homogenization, (b) popularization and (c) diversification.

(a) The fact that Ayurveda is perceived as a homogeneous object in her descriptions is the result of the translations and receptions of different academic works and concepts of Ayurveda by different scholars. Through their own academic work, these scholars have played their own part in the canonization and standardization of Ayurveda, and it is this that Koch describes as homogenization. In this context the reform and modernization of the Indian Ayurveda landscape has played a role in its existence in Germany, but German discussions of the relationship of Ayurveda to religion and medicine cannot be deduced from the Indian context (Koch 2005a: 27).

(b) The popularization of Ayurveda is characterized by a number of different factors. Here important roles have been played by institutionalization processes and new writings, as well as by individual practitioners who act as multipliers for the propagation of Ayurveda. Special attention in this phase is given to the history of the New Age Movement,²¹ which Koch mentions with reference to the scholar of religious studies, Christoph Bochinger, especially pointing out the mixture of secular and religious elements within the movement in relation to ecology and holism. This development and the mixture of New Age and Ayurveda will be given special attention in the next section. The popularization of Ayurveda can be related to the growth in medical pluralism within the German health-care market, which can be understood as a reaction to changes in the health-care system and the “religious

20 In this contribution, the word “science” refers to branches of science and the scholars who have dealt intensively with the practice and theory of Ayurveda, primarily indologists, anthropologists, sociologists, medical practitioners, and public health and religious studies scholars.

21 For the discussion about New Age and the different approaches of conceptualization within the Study of Religion, cp. Bergunder 2008, Bochinger 1994, Hanegraaff 1996 and Heelas 1996, 2008.

field.”²² The rise in CAM therapies can be also attributed to these developments, as this emerging medical pluralism serves as a kind of catalyst for the popularization of Ayurveda in Germany. This also has the effect that some of the practitioners who feature in the ethnographic research have offered not only Ayurveda but a broad variety of CAM therapies (Koch 2005a: 28–30).

(c) This kind of combination of Ayurvedic practices with other therapies and the introduction of Ayurvedic principles into other areas for commercial purposes can be understood as part of what Koch describes as Ayurveda’s diversification, which at the same time is closely linked to its popularization. Diversification is the third phase in the development of Ayurveda in Germany for Koch, which she dates to the 1990s. A special characteristic of this period is Ayurveda’s intensified institutionalization and the sort of marketing strategies that can be observed with the Maharishi Movement. Representations of Ayurveda on the web and marketing strategies selling Ayurveda as wellness or cosmetics are also characteristic of this stage. At this point it is the legal aspects of practicing Ayurveda and legitimizing it that come to the fore (Koch 2005a: 30).

Koch’s conceptual frame, taken together with the examples from the ethnographic study, provides a first access point for a better understanding of the historical development of Ayurveda in Germany, even though an adequate study is still missing. In this sense the three phases form a heuristic tool with which to describe processes that have taken place diachronically but that also exist in parallel to the current situation of Ayurveda in Germany.

In the following section, the discursive field constituted by Ayurveda, religion, and medicine will be mapped by the statements of scholars from sociology, Indology, religious studies and medicine. The reaction of science in the field that Koch describes will be deciphered in detail to show how Ayurveda has become an “identity marker” that is negotiated around religion and medicine. It will be also shown how these positionings enable the potential for religious embodiment as an aspect of therapy.

22 Koch uses the terminology of the “religious field” with reference to Pierre Bourdieu (2006, 60–61)

4 THE DISCURSIVE FIELD CONSTITUTED BY AYURVEDA, RELIGION, AND MEDICINE IN GERMANY

To map the discursive field constituted by Ayurveda, religion, and medicine in Germany, different positionings must be taken into account. In the previous section, Ayurveda's historical development in Germany was described in order to form a background for some of the positions in this discourse. Examining different academic positions within this field of discourse will demonstrate the normative impact, both implicit and direct, that these evaluations and conceptualizations have on the self-positionings of Ayurveda practitioners within the field. In some cases, practitioners' voices cannot be sufficiently taken into account unless they are actually spoken to. For example, Anne Koch and Dorothea Lüddeckens analyze media representations of Ayurveda (cp. Koch 2005a; Lüddeckens 2018), while Zysk provides a general diagnostic of the situation of Ayurveda (cp. 2001).

In this section I would like to contrast their observations with the results of my own ethnographic research, which addressed the level of the practitioners and practitioner-patient interactions in order to discuss the relationship of Ayurveda to religion, medicine, and the potential for religious embodiment.²³ Academic positions, media, practitioners, and patients are important factors in mapping the field within which Ayurveda is characterized as medicine, as spiritual or religious, or as religion. In order to consider these positionings critically, I will examine a few arguments in the academic field to show how Ayurveda is often construed as the "other" of religion.²⁴

23 This article is very much part of the discourse that is discussed here and it has a normative effect in itself. Contrary to other articles in the field the trajectory here is to integrate the opposing positions to capture the plurality of Ayurveda and discuss the possibilities of a religious embodiment instead of locating Ayurveda on the side of religion or medicine.

24 This can be illustrated by the following quote: "Hence, Ayurveda is able to cover important life spheres in a spiritual or world-view like manner, which are not covered in Christianity" (Koch 2005b: 253, author's translation). By contrasting Ayurveda directly with Christianity in this way without taking the multiplicity of non-religious positions on Ayurveda into consideration, Ayurveda automatically becomes the "other" of religion.

One of the schools of Ayurveda that is clearly characterized by strong religious connotations is Maharishi Ayurveda, already mentioned in the previous section. First and foremost, this characterization is due the connection with transcendental meditation that formed part of the world view of Maharishi Mahesh Yogi and that is still propagated by his followers. In his teachings, Ayurveda is only one of the Vedic sciences that are being revitalized. Another is Gandharva Veda, a specific form of Vedic music that is used to accompany some of the treatments of Maharishi practitioners, as was observed in the ethnographic research. Listening to this music is said to enable a direct connection to transcendental consciousness.²⁵ In this strand of Ayurveda, these techniques form part of an even broader spectrum of the religious techniques of the Maharishi movement.²⁶

The movement is one of the examples used by the Indologist Kenneth Gregory Zysk to describe Ayurveda in the West²⁷ as “New Age Ayurveda”. Zysk uses this terminology to describe the current phase in the history of Indian medicine, which for him is characterized by the importation of Indian medicine into the West. Criticism of biomedicine and Cartesian dualism from within the New Age Movement was correlated with the development of the “Holistic Health Movement,”²⁸ the link that enables Zysk to talk about

25 “Gandharva music is the eternal melody of Nature which is ever-lively in Transcendental Consciousness. From there it reverberates and constructs different levels of creation. Gandharva Veda is the basis of all order and harmony in Nature, therefore is [sic!] has that most harmonizing, most integrating influence” (cp. <http://gandharva-veda.com/page4.htm>, July 10, 2018.)

26 For a discussion and an overview of the techniques in the Maharishi movement, cp. Jeannotat 2008: 285–307.

27 The terminology “west” here is set in quotation marks to emphasize the pejorative history of the terminology and undifferentiated dichotomy that is implied in its use. My own understanding of “west” is in accordance with Talal Asad’s: “There is in my view the west, but I think it is best regarded neither as a geographical place nor as a self-contained civilization, but as a hegemonic project, global in scope.” (2006: lecture).

28 Hanegraff (1996) sees the concepts of holism, mildness and the harmonization and integration of body and mind as central aspects of “holistic medicine” arising out of the Holistic Health Movement. Like the latter, holistic medicine has the goal of healing the person as a whole. In this constellation, every individual is

New Age Ayurveda (2001: 13). He frames this concept as follows: “The most recent manifestation of Ayurveda is found in the Western world. It combines the spiritual and ideological elements of the New Age Movement with an ancient Indian medical tradition to produce New Age Ayurveda” (ibid.: 26). In this way Zysk implicitly gives Ayurveda a religious characterization and creates an antagonism between what he perceives as authentic Ayurveda in India and his concept of New Age Ayurveda in the West (ibid.).²⁹ Using his description of what authentic Ayurveda is, Zysk replicates the opposing forces of the field, thus supporting the emic authenticity discourse of its practitioners in Germany and India, instead of describing the discourse and multiplicity of Ayurvedic practices and trying to understand why and how this authenticity is claimed to work.³⁰ The phrase “New Age Ayurveda” also has a stereotyping effect and excludes the highly politicized discussion over religion and spirituality among the community of practitioners (Warrier 2011: 87). The aim of this article is to understand how specific truth claims within Ayurveda in relation to religion and medicine are construed within the field and how they stand in relation to the potential for religious embodiment (Langford 2002: 2). The critical reception of this categorization of New Age Ayurveda by practitioners is illustrated by the following quote:

considered to be an interdependence of body, mind and emotions. The healing process involves all these aspects and goes even deeper, as the interdependence that constitutes the individual is itself constituted by the universe, and the healing process addresses precisely this inner connection and power. The power of the mind over the body is a crucial feature of this healing process and has the potential to heal, but at the same time it is a source of illness. The individual must understand the deeper meanings of the disease and hence become the center of treatment (Hanegraaff 1996: 53–55).

29 Wujastyk and Smith (2008) also apply the concept of “New Age Ayurveda” by referring to Zysk and describe it as one of three forms of “global Ayurveda” that have evolved outside the Indian context in different regions. In their conceptualization, “New Age Ayurveda” stands in opposition to the secularized Ayurveda that is practiced in India (2008: 2).

30 For a similar argument concerning the authenticity of Ayurveda in the West, cp. Otten 1996 and Zimmerman 1992. Both come to the conclusion that Ayurveda in the West is merely sold as a form of rehabilitation and wellness therapy, not as codified medical system.

“This Ayurvedic department is not a ‘wellness center’; patients usually come here to treat or prevent diseases. It also must be stressed that Ayurveda, as it is understood here, is not a spiritual discipline, nor is it ‘New Age Ayurveda.’ [...] Rather, it is a medical discipline in continuation of a centuries old tradition.” (Chopra 2008: 244)

This positioning of the practitioner’s field is that described by Ananda Samir Chopra,³¹ a medical doctor and chief physician at the Habichtswald Klinik in Kassel. He explicitly positions himself, his facility, and his practice in opposition to Zysk’s categorization. The economic situation and the marketing strategies of Ayurveda as a form of wellness are another source of opposition. In particular, the academic ascriptions that categorize Ayurveda as religious or spiritual reveal another facet of the discursive field that addresses the practice of Ayurveda in Germany. The efforts to legitimize Ayurveda as a medical system in Germany are fully evident in Chopra’s statement.

The fact that in Germany, Ayurveda is inclined towards spirituality and religion is not only evident in respect of its historical development, is also validated in a recent study from the medical field by Kessler et al. (2013). The positioning of both practitioners and patients in relation to religion, spirituality, and medicine was assessed using a primarily quantitative approach. In total 140 people formed part of the evaluation cluster and were questioned by means of a questionnaire. Of those, 70 were practitioners and 70 were patients. It should be pointed out that 73% of all respondents viewed Ayurveda as a form of spirituality and only 11% as a religion, while 100% understood Ayurveda as a health science and 95% as a medical system (Kessler et al. 2013: 5). For the respondents Ayurveda therefore embodies aspects of spirituality, religion and science. However, it is the medical dimension of Ayurveda that comes first for them, and they do not exclude the possibility of combining it with biomedicine (ibid.: 6).

The arguments of Kessler et al. (2013) and Chopra (2008) make it clear that the connection with spirituality and religion requires further consideration in respect of practitioner-patient relations and the question of how religion and spirituality are dealt with in practice (cp. section 6).

31 Chopra is an indologist and works on different projects at the intersection of medical anthropology and indology. His person also exemplifies the plurality of the discursive field, because he is active in different fields and has multiple qualifications.

In addition, the medical understanding of Ayurveda and its practice, as well as the self-positioning and understanding of Ayurveda practitioners, should be analyzed against the background of a health-care system that is dominated by biomedical agents and institutions, showing how this influences the field and its practitioners (cp. section 5).

These examples make it clear that academic ascriptions of Ayurveda in relation to religion and spirituality form part of the tensions arising in the positionings between religion and medicine and that they also influence the potential for religious embodiment. What is interesting in Zysk's contribution (2001) and Chopra's reaction (2008), as well as in the historical development of Ayurveda in Germany, is the connection of Ayurveda to the New Age Movement. Koch has already drawn attention to this, and Zysk also emphasizes it in connection with the Holistic Health Movement in support of his own conceptualization of Ayurveda. The medical sociologist Sita Reddy (2000) also shows this for North America, emphasizing that Ayurveda is increasingly framed as a form of holistic health care and arguing that this is an adaptation to the American context reflecting the influence of New Age movements. For her, this connection between Ayurveda and spirituality becomes a form of symbolic capital in the health-care market while at the same time being the pivotal point in the critiques of biomedicine made by Ayurvedic practitioners (2000: 5).

The aspect of "holism" and holistic healing is a crucial part of the Ayurveda "identity marker" as construed by academic discourse. This is also the case for Anne Koch's "web-ethnography" (2005a).³² In her investigations of web representations of ten Ayurveda providers from 2004 she systematically analyzes the credibility, representation, language, and aesthetics of the Ayurveda offering. In doing so, she develops an aesthetic content cluster that

32 Koch's publications elaborately cover different aspects of Ayurveda in Germany. She has worked on the representation of Ayurveda in cookbooks and religious codification in Ayurvedic nutrition (cp. Koch 2005b), the attractiveness of Ayurveda as an alternative healing system (cp. 2006), the ethical plausibility patterns of Ayurveda in the West, and the "formation of German Ayurvedas" examined on the basis of their presence on the web (cp. 2005a). In this contribution, the results of the web ethnography are referred to especially since they imply direct connections to the practitioners in the ethnographical research and the quoted words of A.S. Chopra.

exposes the semantic stereotypes of the web representation. Here the first six of eleven points are of importance regarding the discursive field constituted by Ayurveda, religion, and medicine in Germany:

“1. Authentication/standardization of the offer; 2. Origin and dating of Ayurveda, definition (e.g. health science, [natural] healing system, alternative medicine), possibly mentioning the earliest written sources; 3. Labeling of Ayurveda, mostly as gentle, individual, complementary, holistic; 4. Theory of the elements and tri-dosha teaching with balance; 5. Types of constitution; 6. Pathology: dosha, equilibrium theory.” (Koch 2005a: 35–36, author’s translation)³³

These semantic stereotypes resonate with the findings of my own ethnographic research and are often mentioned in the positionings of the practitioners. The statement by Chopra quoted above is a further example that emphasizes this resonance through the definition, dating, and authentication of Ayurveda, which are important criteria for the positionings of those Ayurveda practitioners who want to frame Ayurveda as a medical discipline. The features of “mildness”, “individual,” and “holistic” reoccur in debates on authenticity and are used to condemn Ayurveda as practiced in the West as inauthentic (cp. footnote 26). After a qualitative description of the web pages and a compilation of the semantic stereotypes, Koch introduces her results with the following words: “We could observe the establishment of a federal German ‘holistic religion.’ Healing, categorization, meditation, and civilization-critical stress management all play roles within it” (Koch 2005a: 40, author’s translation).³⁴ Characteristics drawn from the results of the analysis

33 The other aspects of the semantic stereotypes are: “7. Highlighting the prevention and benefits of chronic diseases, lists of indication; 8. explanation of the treatment methods, especially Panchakarma; information on other included holistic procedures: yoga, meditation, color therapy, psychotherapy, conventional medicine etc.; 9. Nutrition; 10. Service: accommodation, costs, directions, price lists; 11. Disclaimer.” (Koch 2005a: 36).

34 A localization of Ayurveda in the religious field is also carried out by Hubert Knoblauch: “An impressive example of the spiritual form of medicine is certainly Ayurveda, which has spread throughout Germany since the 1990s.” (2009: 168). Knoblauch largely draws on the contributions by Anne Koch to locate Ayurveda in the field of popular religion.

are thus used to define Ayurveda as a specific form of religion based on “holism.”

The different positions in the academic field in Germany have shown that the discourse marker “holism/holistic” repeatedly became the decisive criterion in locating Ayurveda in the religious field. The idea of holism as an aspect of the historical development of Ayurveda can be related to the arguments of authors like Zysk (2001), Reddy (2000), Koch (2005a, 2005b) and Lüddeckens (2018) that Ayurveda belongs to the New Age, as in the case of Maharishi Ayurveda. These arguments locating Ayurveda in the religious field can be verified through the understanding of practitioners and patients that Ayurveda is spiritual or a religion (cp. Kessler et al. 2013). However, these arguments and statements oppose the statements of Chopra and other practitioners while also hiding the aspect of the self-image of Ayurveda practitioners that locates them primarily in the realm of medicine.

The discursive field constituted by Ayurveda, religion, and medicine in Germany is characterized by diverse positions within the field. Media representations, academic positions, and practitioners’ views support and/or contest each other, each presenting a conception of what the Ayurveda “identity marker” means by using different discourse markers. These positions—that is, Ayurveda as a religion based on semantic stereotypes (cp. Koch 2005a, 2005b), Ayurveda as a medical discipline based on tradition (cp. Chopra 2008; Kessler et al. 2013), and Ayurveda as spiritual through its connection to New Age movements and notions of holistic health (cp. Reddy 2000; Zysk 2001)—take part in constant processes of exchange. In particular, the efforts of practitioners to establish Ayurveda as a medical discipline in a biomedically dominated health-care system illustrate a basic hierarchical difference, as well as saying something about power relations between the different defining agents and institutions. This influences the positions of practitioners and their self-image, as well as their understandings of Ayurveda and how they represent and define it in the face of agents in the discursive field.

5 DISCURSIVE EXCHANGE PROCESSES

Based on the interview statements of the practitioners involved in my ethnographic research, this section will discuss their positions in relation to Ayurveda, biomedicine, and religion, as well as showing how these positions are characterized by different discursive processes of exchange. To understand the relationship between Ayurveda and religion in terms of the practitioners' self-conceptions and practices, one must first understand the relationship of Ayurveda to biomedicine. None of the practitioners referred to the relationship of Ayurveda to religion or spirituality as a primary discursive marker. Instead they saw Ayurveda as a CAM or a medical system, also stressing the explanation of Ayurveda as holistic, without necessarily pointing to any religious or spiritual dimension it might have.

Within a biomedically dominated health-care system, Ayurvedic practice is constantly being transformed and subjected to biomedical processes of adaptation, which can be observed in the translation of Ayurvedic principles into the biomedical system. These adaptations and translations are necessary in order to be able to practice Ayurveda within a biomedical health system.

On the official level, Ayurveda in Germany cannot be practiced as an officially recognized medical system like biomedicine in Germany or Ayurveda in India.³⁵

For economic reasons, *Heilpraktiker*, physicians, and BAMS practitioners often have no other option than to balance between the dominant media representations and images of Ayurveda as wellness and its representation as an alternative healing method and then to imply their own understanding of Ayurveda, whether as purely medical or as connected with a spiritual practice, in their practice and in respect of practitioner-patient interactions. In recent years there has been an increase in statements in academic publishing by German practitioners positioning Ayurveda in the medical field and breaking up the tension in the field described above. The conception of Ayurveda as a “Whole Medical System” by Kessler and Michalsen (2012) provides an example of this.³⁶

35 For an outline of the historical process of the state recognition of Ayurveda in India, cp. Wujastyk and Smith 2008: 8–9.

36 “Whole medical systems are eo ipso complete and coherent systems of medical theory that have evolved, and continue evolving, in different regions, cultures and

If experts were to practice Ayurveda as a recognized medical system, a completely different corpus of laws would apply, and the administration of many Ayurvedic medicines would no longer be possible unless they fulfilled the requirements of the laws on medicines. BAMS Shulaji, one of my interviewees who is a senior Ayurvedic doctor at a center with thirty beds, emphasized that he is forced to register his facility as a business and that he has to label Ayurveda “wellness,” even though he does not perceive his practice in any way as wellness. The status of Ayurveda in Germany leaves him in a legally gray area. When I asked him about the administration of Ayurvedic medicines in his institution, he replied:

“We give herbal teas. *Kashayam* [an Ayurvedic concoction] is actually a herbal medicine, but we are giving it as a tea. You know, here, everywhere there are loopholes. If you say *kashayam* is a medicine you are not allowed to use it. But if you declare it is a tea, you are allowed.” (Shulaji, BAMS, 10.12.2008)

The clinical trials required to legitimize Ayurvedic medicines in accordance with German law are very costly, and often the financial resources are not available to perform pharmacological and clinical studies. These studies are slowly increasing in number, but they are still faced with the fundamental problem that the principles of Ayurveda have to be translated into a biomedical context.³⁷

This shows that institutional influences (e.g. from the Federal Institute for Drugs and Medical Devices) on the discourse constituted by Ayurveda, religion, and medicine creates multiple processes of exchange, practices, and descriptions that provide the “identity marker” (e.g. Ayurveda as wellness, Ayurveda as religion, Ayurveda as a medical system). These descriptions and

time periods around the globe, independently from modern western medicine [...]. Here, the most well-known traditional Indian system of medicine, Ayurveda, can spearhead as *pars pro toto* for all others for a particular reason: on top of its inbound coherence it possesses an inherent outbound quality of openness to its surrounding realities.” (Kessler/Michalsen 2012: 65) This definition and the related article clarify the efforts to legitimize Ayurveda and give it a firm and recognized place in the German health-care system.

37 For a similar situation integrating *kanpo* medicine as a form of “traditional medicine” into biomedicine in Japan, see Schimpf, this volume.

attributions to Ayurveda are related to each other in a complex discursive network and influence each other. The relationship of Ayurveda to biomedicine is hegemonic and forces Ayurveda practitioners to define Ayurveda in a variety of ways. Therefore, none of the practitioners interviewed denied the reference to or the involvement of biomedicine, an expression of the discursive premise that biomedicine has to be integrated.

The positions of the practitioners and their representations of Ayurveda must in this sense be understood as multiple. Different dimensions of the practice reflect the situation and hierarchies within medical pluralism and the vexed relationship with religion. In this connection, the following statement by medical anthropologists Sarah Cant and Ursula Sharma on the situation of CAM therapies applies to the positioning of Ayurveda in the German health-care system:

“In as much as these forms have not been totally incorporated into biomedical practices and knowledge they do not share biomedicine’s privileged relation to the state, though the precise nature and degree of their delegitimation varies from case to case and from country to country.” (Cant and Sharma 1999: 6)

This also becomes evident at the practitioner level, as is clearly seen in the statement of Dr Tumar, an Ayurvedic practitioner and medical doctor: “Doctors of modern medicine tell me that I do not have a clue and because I do not have a clue, this is why I am using alternative medicine” (Dr Tumar, physician, 10.12.2008). Delegitimization is not only perpetrated by one’s peers, as in the case of Dr Tumar, it also appears through the association with religion, that is, in practice. When asked about the role that religion plays in his practice, BAMS Shulaji answered as follows:

“No, we are not doing that, especially because we are Indians. We have our religion and our culture, but I don’t want to implement that in this center with Indian meditation and everything. [...] I say you can believe in whatever you believe God is. There is one energy, and I am born in a Hindu family. We have employees from the Muslim and Christian religion here, but we do only Ayurvedic treatment, nothing more. If you start and make some meditation and everything, the local publics will start and say: ‘That is a sect’. [...] We have to be careful [...]” (Shulaji, BAMS 10.12.2008)

This statement by Shulaji expresses his concern about implementing religion in his practice without denying his own religious background. The associations he makes with meditation and his fear of being identified as a “sect” resonate with the historical development of Ayurveda in Germany and the practice of Maharishi Ayurveda, as depicted in *Der Spiegel*.³⁸ This is an example of one of the arguments in which the relationship of Ayurveda to religious embodiment is rejected, since religion is viewed as a de-legitimizing factor and a danger to the practice. The same applies to Chopra, quoted earlier, who does not situate his Ayurvedic institution and practice in the field of wellness or spirituality, but sees it as a medical discipline. Chopra’s opposition reveals a clear strategy to legitimize Ayurveda as a medical discipline. To be publicly perceived as a secular medical discipline, the aspects of wellness and spirituality must be excluded.

With regard to the school of Maharishi Ayurveda, it is particularly interesting that the three participants in the ethnographic research who called themselves Maharishi Ayurveda practitioners have moved away from administering and combining transcendental meditation with their Ayurveda practice. One reason for this was the cost of the meditation courses. One of the doctors emphasized that, although she still indeed regularly advises on TM and recommends its effects to every patient, that is not a condition for therapeutic treatment, a position held by all three Maharishi practitioners.

However, one example of religious embodiment in Ayurveda is transcendental meditation. This is connected to a broader belief system in which the individual practice of the patient has an effect on the whole of humanity, affects the cosmos, and influences the Doshas (Newcombe 2008: 263). The positions of the practitioners presented so far show a clear aversion to directly combining Ayurveda and religion. Kessler et al.’s and Koch’s studies, on the other hand, clearly stress the religious or spiritual aspects of Ayurveda. This was also the case for the practitioners in my ethnographic research when it comes to therapeutic measures and consultation.

However, it becomes clear that the answer to the question of whether Ayurveda has a religious aspect has to start with the practitioners’ own positions and their economic and legal strategies. Here a political dimension is recognizable, as shown by the statements of BAMS Shulaji and the Maharishi practitioners in my ethnographic research, as well as by Chopra. Dr

38 See the above quote from Schwertfeger 2004: 7.

Tumar mentioned that, in cases of doubt involving a particular colleague, she would conceal the religious connotations that Ayurveda has for her, seeing this aspect as crucial not for the scientific evaluation of Ayurveda, but for the relationship between practitioner and patient (Dr Tumar, physician, 10.12.2008).

The relationships between Ayurveda, religion, and medicine are more complex than the frequent situating of Ayurveda in the religious field suggests. Therefore, a thorough analysis of the practice, practitioner-patient relations, and the respective prevailing conditions should reveal how they influence the potential for religious embodiment.

Fundamentally, it should be remembered that the relationship between practitioner and patient has a foundation of trust in which the practitioners introduce their respective understandings of Ayurveda. The initial consultation and the teaching of the Doshas play a central role in both the individual treatment and the patients' understandings of Ayurveda, as well as in respect of religious embodiment into the therapy.

6 THE POTENTIAL OF RELIGIOUS EMBODIMENT IN AYURVEDA THERAPY

Consultations as a means of therapeutic practice in Ayurveda are particularly relevant to the question of how far certain elements of Ayurveda are considered religious in the context of treatment, as well as in understanding how they find their way into therapy. Neither the study by Kessler et al. (2013) nor the studies by Koch (2005a, 2005b), Lüddeckens (2018) or Zysk (2001) investigate how the relationship to religion and spirituality is dealt with on the level of practitioner-patient relations. This article can only provide an initial insight into the potential for religious embodiment based on the analysis of the discursive field and the perspectives and practices of certain practitioners of Ayurveda. The focus on religious embodiment would ideally require a long-term and thorough study of practitioner-patient interactions and the respective consultations.

Fundamental to the treatment, as all practitioners in my ethnographic research have stressed, is the initial consultation. It is on this occasion that the basics of Ayurvedic practice are explained in relation to the needs of the patient and that the patient's initial resistance to or sympathy for a "religious"

therapy becomes apparent. In many consultations and treatments, religion or spirituality are not directly addressed in relation to Ayurveda unless this is desired by the patient. This requires some flexibility on the part of the practitioner in dealing with the patients. Apparently, a religious interpretation of Ayurveda has to be understood as a process that can be established in the treatment depending on the preferences of both the patient and the practitioner. In addition, these initial consultations with practitioners are supported by lectures in their clinical institutions. In the case of private clinics these are public lectures, while in the context of smaller facilities they are tailored to the patients' interests.

The results presented in this article are based on interviews with practitioners. However, they highlight key elements of the consultations that enable religious embodiment.

Heilpraktiker Lutz, who runs a small private practice in which he also offers outpatient therapies, begins his consultation with questions relating to a patient's birth (e.g. the circumstances of the birth process) and his or her social and family relations. The antagonism to common biomedical consultations can be seen when the patients express their surprise at the fact that the practitioners want to hear their individual stories in more detail. This is a common experience shared by most practitioners, as BAMS Shulaji and other practitioners reported (Pattathu 2009: 62–77). Based on the initial consultation and the description of the Doshas, it is possible to show how religious embodiment may take place. It is a crucial factor that the depiction of the Doshas gives the patient the opportunity to become familiar and identify with the Ayurvedic categories. The following interview excerpt conveys how *Heilpraktiker* Lutz introduces the concept of Doshas in his consultations:

“The Doshas vata, pitta and kapha [...] I describe for example vata as vayu (wind), its akasha (ether) and vayu. Wind and ether, I tell them, for example, vata is a very thin person, tall or small, and because of what? The wind is cooling, makes the people cold, wind is drying. If there is water it dries the water, it dries the skin, the eyes, the hair, some organs, the stool, and this main center of vata is the colon [...] for example kapha is water and earth. If wind blows into the earth like in the desert, the sand is flying away, so you need some water to make a sandcastle. I tell them, if you do some castles at the seaside, sand alone is nothing, but you need the water and, well, also pitta. These elements, 20% water and mostly fire, it holds the temperature, it makes the metabolism.” (Lutz, healing practitioner, 18.12.2008)

All practitioners refer to the Doshas as the main concept that constitutes the relationship between illness and health. The Doshas are described as part of the biological process and the physical nature of the body, but always in relation to the mental characteristics and traits of the person. They are based on a selection of the five elements of fire, water, earth, air / wind and space / ether, which are part of the nature of all substances and form an integral part of the Ayurvedic cosmology, as Lutz explained in the course of the interview. At the same time, he showed the applicability of the teaching of the Doshas to the environment. For example, wind as part of vata, having the property of drying, dries the skin and clarifies the relation of the Doshas to the body. This basic tenet of Ayurveda explains the role of the body as connecting the outside world of the patient with his or her inner world. Through the Doshas, which are based on the elements, the outside world affects the human body.

The Doshas are the central principles in Ayurvedic teachings and are what enables the identification of Ayurveda as “holistic.” They are representative of the overcoming of the mind-body opposition, since every Dasha is understood both physically and mentally. For Zysk and Koch this aspect is a clear reference to the New Age or Holistic Health Movements, which place Ayurveda in the religious domain. The role of the elements with regard to notions of harmonization, balance, and relation to the cosmos is one reason why Koch categorizes Ayurveda as a form of religion.

These aspects are in fact the focal point of the potential for religious embodiment. Yet in order to see how religious embodiment takes place as a process of negotiation, the perspectives of the practitioners and patients must be taken into account. According to one of the Maharishi practitioners, the process of religious embodiment begins just through the setting of his clinic and the Vedic Gandharva music, which brings both his Doshas and those of his patients into balance. In this way practitioners and patients can feel, think, and identify with the elements and the Doshas, which, according to the religious views of the Maharishi, bring them into harmony with the cosmic order.

The patients can actively participate in the embodiment of Ayurveda, since they are guided by the practitioner’s explanations and can re-consolidate their identity within the doctrine of the Doshas. The problem of the legitimacy of Ayurveda is rooted in a clash of two discursive premises, namely the biomedical and Ayurvedic perspectives, but this can be transformed into

a dialogue that is further developed in the practitioner-patient relationship. Some informal discussions with patients during the ethnographic research described just such a dialogue. According to them, their illnesses and personalities were recreated through the dialogue with the practitioners and their explanations.

In light of Judith Butler's conceptualization of speech, the illness of the patient, her identification with the disease, and her identity are all re-signified performatively through the terms of the Doshas. This resignification partly takes place in the communication between the practitioner and the patient, as well as in her own reflections and conversations about this process. Similarly, as the word "queer" is re-signified from a hurtful slur into a positive identity, the Doshas enable a positive identification for the patients (Butler 2006: 28).³⁹ Whereas from a biomedical perspective the body and in a sense the identity of the patient are conceptualized as "sick", that is, as pathological, this identity is re-evaluated in the communication between the Ayurveda practitioner and the patient. By means of the Dosha concept body and identity are re-consolidated, not as ill but as "out of balance". This process affects everyday life, since the Dosha teachings are linked to the patients' daily activities, for example, through dietetics.

The results of Christine Kupfer's thesis, "Caring for the Whole Self: How German Patients Use Ayurvedic Concepts" (2006), also describe everyday use of the Doshas by patients. Over a period of three weeks, she observed the therapy process of Ayurveda patients in an Ayurvedic clinic and interviewed twenty patients. She came to the conclusion that for many patients the Doshas represent one of the central building blocks in their conceptualization of Ayurveda. For the patients, the Doshas are a vehicle of self-empowerment⁴⁰

39 "More generally, then, this suggests that the changeable power of such terms marks a kind of discursive performativity that is not a discrete series of speech acts, but a ritual chain of resignifications whose origin and end remain unfixed and unfixable. In this sense, an "act" is not a momentary happening, but a certain nexus of temporal horizons, the condensation of an iterability that exceeds the moment it occasions. The possibility for a speech act to resignify a prior context depends, in part, upon the gap between the originating context or intention by which an utterance is animated and the effects it produces." (Butler 1997: 14).

40 With regard to self-empowerment in the context of alternative therapies, see Zeugin, Lüddeckens, Schrimpf and Lüddeckens in this volume.

that they can use to maintain their own individuality, autonomy, and decisions regarding their own self-care, as well as their healing process (Kupfer 2006: 110–114). Kupfer does not neglect the role of the practitioners' instructions in this regard. She explains how they support the patients and contribute to a better understanding of the concepts. She also stresses that through the Doshas patients become able to access Ayurveda on the basis of their previous knowledge and to confirm this knowledge with a new vocabulary associated with the Doshas (ibid: 72).

Especially at this level of individual trust and communication in the interaction between practitioner and patient, both the social circumstances of the patients and their possible reservations have to be taken into account. In this regard, the sensitive character of the practitioner-patient relationship requires great flexibility on the part of the former. Dr Tumar emphasized this point when it comes to linking Ayurveda to religion during consultations and therapy:

“So you can use it, and that is a very nice thing about Ayurveda, that, according to the level of your patient, you can stay on a functional level. But the more you realize the patient opens up to more, the more you can also kind of introduce terms like prana. You can introduce terms like chakra; you can show what the different chakras' energies are for. Whatever their 'thing' is. [...] You have incredible options in Ayurveda. You can start with simple oils and herbs, [...] the physical therapy, and you can go to the extremely subtle and extremely fine therapies, depending on what level the patient is ready to come with you.” (Dr Tumar, physician, 10.12.2008)

This statement by Dr Tumar is central to the understanding of religious embodiment in Ayurvedic treatment, showing that the field of tension between religion and medicine requires a flexible and individual approach to religion in practice. The possibilities of Ayurveda being practiced on a functional level and of introducing religious or philosophical concepts prove the negotiable character of religious embodiment in Ayurveda.⁴¹

41 This kind of flexibility is interpreted by Lüddeckens as a characteristic of CAM, seen as a “loosely coupled field.” See Lüddeckens, this volume.

7 CONCLUSION

The positionings and voices of practitioners in a field that is characterized by a religious understanding of Ayurveda, and the interest in establishing Ayurveda as a recognized medical system, are central but also conflictual elements in the field of discourse that constitutes Ayurveda, religion, and medicine in Germany. Practitioners, patients, media presentations, and recipients' perspectives—in short, the entire discourse community involved in the articulation of Ayurveda—should be included in observations of this field. The construction of Ayurveda as a counterpart to religion in the sense of “New Age Ayurveda” (Zysk 2001) or as a “Federal German holistic religion” (Koch 2005a) represents a categorization that omits key aspects of the practice and conceptions of Ayurveda in the emic, popular, and scientific understandings of Ayurvedic practitioners and scholars.

Ayurveda has many spiritual and religious connotations, as is evident from the historical development of Ayurveda in Germany, in which the Maharishi movement has been a central player, as well as in the emic perspectives described in the study by Kessler et al. (2013).

The discursive approach using the perspectives of medical anthropology and religious studies showed on the one hand how practitioners position themselves within a biomedical field that is determined by a hegemonic relationship with biomedicine. On the other hand, it revealed how the different authorities in the field influence practitioners' positions through the distinctions they make between religion and medicine. I argue that Ayurveda is constituted and defined in multiple ways, which also determine the possibilities of religious embodiment.

Using the teachings about the Doshas as an example, it was possible in this article to show how they serve as a means to enable the patient to identify with a particular concept of Ayurveda and hence enable religious embodiment. The Doshas provide a way to re-define one's identity. If and how Ayurveda provides a religious connotation as an aspect of this identity depends on the respective patient and practitioner. Hence a flexible treatment of Ayurveda, whether on the medical level and/or on the religious level, is based in the procedural relationship between practitioner and patient.

The aim of this article has been to show how Ayurveda as a medical system is entangled with religion and biomedicine and to analyze how it offers the potential for religious embodiment, especially in the initial consultation

and the practitioner-patient relationship. The conditions for this religious embodiment are already determined by the ways in which practitioners position themselves in the German health-care market, and they require flexibility in their approach to Ayurveda, religion, and medicine.

The various positions in the discursive field constituted by Ayurveda, religion, and medicine, and the processes of negotiation that became obvious through the interviews and the ethnographic fieldwork, both revealed the potential for religious embodiment in theory and practice. The positionalities and power relations in the field require additional ethnographic research on practitioner-patient interactions and consultations. This will enable us to open up new perspectives that leave room for exploring the voices of those concerned in order to capture the complexities of Ayurveda in Germany.

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