

AYURVEDA AND RELIGION IN CANADA: A CRITICAL LOOK AT
NEW AGE AYURVEDA FROM THE INDIAN DIASPORA
PERSPECTIVE

by

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Canada

ABSTRACT

This thesis examines how physicians in the Indian diaspora living in Canada – both those trained in Ayurveda in India (vaidyas) and those trained in Western medicine in India (MDs) – view the practice of Ayurveda in Canada. More specifically, it examines how their views have been influenced by New Age thought in general and Transcendental Meditation in particular and how these perceptions reflect the changing relation of religion and Ayurvedic medicine. It is the intent of this thesis to show that Ayurveda in Canada exists mainly as part of the greater New Age movement, as a transformed system that is inspired by both Hinduism and New Age thought, and that this transformation of Ayurveda evokes two distinct responses from Indian diaspora medical personnel in Canada – one unsupportive and one partially supportive. To the dismay of “traditional” Indians and to the praise of “modern” Indians, New Age Ayurvedic organizations strongly emphasize their version of “spirituality” as the primary goal of Ayurveda, whereas Indian forms of Ayurveda – both in the past and today – generally approach religion and spirituality secondarily. Thus, the role of religion and spirituality become major controversial issues in New Age Ayurveda. From the “traditional” point of view, the commercial achievements of New Age organizations (such as the Transcendental Meditation Movement) are not indicative of a successful introduction of Ayurveda in North America and run contrary to classical Ayurvedic principles, with regard to religious and medical practice. But, from the “modern” point of view, the New

Age Ayurvedic emphasis on spirituality is indicative of an inevitable evolution of the system in North America.

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CONVENTIONS

Sanskrit technical terms are not italicized in this thesis, including those that appear in quotations. Italics indicating emphasis within quotes will be used, however. Diacritical marks will be used in direct quotes only. In the body of the thesis, diacriticals will be avoided in the following manner: ś and ṣ become sh; simple long vowels (ā, ī, ū) are not differentiated from simple short vowels (a, i, u); ṇ, ñ, ṅ all become n; and ṭ, ḍ become t, d. These stylistic choices were made for the sake of consistency and to accommodate the popular vernacular usages of Sanskrit terms.

To protect the identity of the interviewees, I have changed some of their personal details and I refer to them as MD1 to MD5 and A1 to A5. “MD” is for “Western medical doctor”, and “A” is for “Ayurvedic interviewee”, including Indian vaidyas (physicians), Ayurvedic counsellors, and TM “vaidyas”. These designations also bring immediate attention to the training of the interviewee.

TABLE OF CONTENTS

| | |
|---|-------|
| Abstract | ii |
| Acknowledgements | iv |
| Conventions | v |
| Chapter 1: Introduction | 1 |
| Part One: Scholarly Perspectives on Ayurveda and Religion | |
| Chapter 2: Ayurveda in India | 12 |
| Chapter 3: Ayurveda in Canada and the New Age Movement | 26 |
| Chapter 4: India and New Religious Movements in the West | 41 |
| Part Two: Canadian Interviewee Perspectives on Ayurveda and Religion | |
| Chapter 5: Views on Ayurveda and Western Medicine | 63 |
| Chapter 6: Views on the Relation of Religion and Ayurveda | 83 |
| Chapter 7: Conclusion | 103 |
| Appendix A: Certificate of Ethical Acceptability of Research Involving Humans | 109 |
| Appendix B: Interview Schedule | 110 |
| Appendix C: Figure One | 116 |
| Appendix D: Figure Two | 117 |
| Bibliography | 118 |

Chapter 1

INTRODUCTION

The place of religion and spirituality in Western medicine¹ has changed over the last fifteen years or so in response to the penetration of New Age ideals into Western culture. The New Age movement is a historically unique phenomenon that has introduced quasi-religious symbolism into secular Western culture in the absence of a dominant institutionalized religion. New Age organizations have made the unprecedented move of formulating scientific/medical claims – often in the form of complementary and alternative medicine (CAM) – out of a metaphysical framework of meaning (i.e. from a collection of esoteric religious traditions) and introduced them into a secularized society such that they have become part of American culture. For example, the holistic approach to medicine, which emphasizes the mind-body-spirit complex, has become increasingly popular with the general public, so much so that some medical personnel have now come to advocate such an approach. With the rise of New Age CAMs in the United States, Canadians are also showing an interest in the innovative treatments they can offer, while the Western medical profession simultaneously voices ethical concerns over their

¹ For the sake of convenience, I have chosen to use the controversial term, Western medicine, to denote the medical system as developed in Western societies and practiced globally today, though the terms allopathic, cosmopolitan, biomedicine, and modern have also been synonyms for this system. The term “the West” carries with it similar problems as does the term “the Orient” – both are reductive because they are ill-defined and do not take into account the wide variety of cultures and systems that are actually present. For example, there is a vast difference between the American melting pot and Canada’s multiculturalism (Hinnells 8).

possible harmful effects². A primary obstacle for many CAMs seeking legitimation in Western countries is a lack of scientific studies supporting their clinical claims. In some cases, their legitimacy is further challenged by their association with religions or spiritualities, which the Western scientific community often views as irrational or dependent on culturally specific beliefs.

Ayurveda, the main system of indigenous (Hindu) medicine dating back to the third century B.C.E., is the foremost South Asian CAM in Canada; however, it exists here mainly in the form of New Age Ayurveda, as brought forth by the Transcendental Meditation (TM) movement³ and known as TM Ayur-Ved. One of TM's major projects was the introduction of Ayurveda to the United States. Deepak Chopra, the former Ayurvedic spokesperson for the Maharishi Veda Association and a Western medical doctor himself, introduced Ayurveda to America in the mid-1980s as a holistic alternative to Western medicine. He has formed a virtual empire of Ayurvedic products (literature and herbal remedies), spas/retreats, and training facilities (Thursby 1995)⁴. If the average Canadian has heard of Ayurveda at all, it is because of the media exposure Deepak Chopra has been able to achieve. Indeed, TM Ayur-Ved and Chopra's variant are the most identifiable expressions of Ayurvedic medicine in Canada.

The TM movement, like other New Age religious organizations, claims to be a modern revival of an ancient wisdom long lost to society – its version of “Vedism”

² From surveys of the general population, it is known that CAM is commonly used in combination with Western medicine. However, abandonment of Western medical therapies in favour of CAM is not a common phenomenon (Hilsden et al. 1993).

³ A controversial new religious movement started by the Maharishi Mahesh Yogi in 1959, in America.

⁴ Deepak Chopra separated from his guru, Maharishi Mahesh Yogi, in 1993 and opened new centres to promote his system of healing. He continues to publish books.

supposedly is a modern revival of an ancient science in Indian civilisation⁵. TM claims that the Ayurveda that it promotes, TM Ayur-Ved, was practiced in Vedic times (circa 1500 to 800 B.C.E.)⁶, whereas academic scholarship dates major Ayurvedic texts in post-classical and medieval periods, more specifically from the third century B.C.E. to 1000 C.E. The TM movement is essentially a synthesis of modern Hindu non-dual philosophy and New Age ideals. Even though New Age religions such as TM are religious organizations according to most definitions of “religion”, many New Age proponents reject the label “religious” in favour of the term “spiritual”, and sometimes deny any connections to existing religions. TM Ayur-Ved is perhaps most obviously different from its Indian counterpart in that it is brought forth primarily as a tool for TM “spirituality”, whereas Ayurveda in India has no such focus and traditionally was more of an empirical medical system than a spiritual orientation.

Thesis Questions

How do physicians in the Indian diaspora living in Canada – both those trained in Ayurveda in India (vaidyas) and those trained in Western medicine in India (MDs) – view the practice of Ayurveda in Canada? How have their views been influenced by New Age thought in general and Transcendental Meditation in particular? Moreover, what does this have to say about the changing relation of religion and Ayurvedic medicine? For the Canadian medical establishment, which has to deal with the

⁵ Vedic religion is commonly defined as the antecedent of classical Hinduism and has been associated with the Aryans who allegedly invaded India in 1500 BCE (Klostermaier 33-38), although the invasion theory is now disputed.

⁶ These dates are currently under debate. They are used here as a rough estimate.

controversies created by the demand for the acceptance of CAMs, these reactions and their reasons may be of interest. At the very least, this study will help us to understand the position of some South Asians on this new development in North America. Religion and spirituality become major issues because they are situated as primary features of New Age Ayurveda, whereas other forms of Ayurveda approach religion and spirituality very differently. It is necessary to understand the role religion and spirituality plays in Ayurveda, and to what extent New Age religious organizations such as TM represent Ayurveda. This study focuses on the interface of religion and Ayurveda in Canada to contribute to the investigation into Ayurveda's place in Canadian medicine and Canadian society.

Research Methodology

This thesis is based on literature about Indian Ayurveda in the past and present; literature on the New Age worldview in general and its appropriation of Ayurveda in particular; and semi-structured interviews with members of the Indian medical diaspora of Canada⁷. It was necessary to include interviews because there is a limited amount of literature on Ayurveda in Canada. There is a large amount of literature examining New Age thought, New Religious Movements in America, and CAM in America; much of it is applicable to Canada given the proximity of the two countries, their media connections, and the similarity of their cultures. However, in the case of Ayurveda in Canada, the situation is

⁷ My original objective was to look specifically at the Keralite diaspora community (from Kerala, a South Indian state), as Kerala is a centre for Ayurveda, housing several Ayurvedic institutions and places of Ayurvedic learning. However, I could not locate enough Ayurvedic physicians from this small community for interviews. Nonetheless, a large number of the interviewees of this study come from this area of India because of my initial search, and perhaps because Kerala's greater focus on Ayurveda is reflected in the larger proportion of Ayurvedic physicians within diaspora communities.

far removed from its American counterpart; although TM Ayur-Ved occupies a primary position in the Ayurveda in Canada and the United States, Canada's market for CAM is much smaller than America's, for a variety of reasons⁸. The views of members of the Indian diaspora medical community residing in Canada is a valuable source of information on the different forms of Ayurveda; as people experienced with both the plural medical system in India and the Canadian medical system, they are uniquely informed on issues arising from the interface of Ayurveda and Western medicine, in India and the West.

I conducted a series of ten semi-structured interviews with two types of physicians who have trained in India and reside in Canada: five who are licensed medical doctors trained in Western medicine (whom I will refer to as MDs) and five persons trained in Ayurveda who cannot legally practice Ayurveda as medicine in Canada (whom I will refer to as *vaidyas* – the title for Ayurvedic physicians – counsellors, and TM “*vaidyas*”)⁹. Because Ayurveda necessarily interacts with Western medicine in Canada, perspectives from each medical system are relevant; therefore, people trained in both Western medicine and Ayurveda were consulted. The interviews have helped to determine if the New Age (TM) claim that Ayurveda is primarily about spirituality is shared by diaspora health practitioners, whether there is Indian acceptance or disagreement on these claims, and what that suggests about how Indian Ayurveda has been transformed in North America. Those who have spent considerable time working

⁸ It is beyond the scope of this thesis to investigate why these differences occur between America and Canada.

⁹ In seeking interviewees, the criterion for Western medical practitioners was that the person had to have emigrated from India, and thus had been raised and educated there. The criterion for Ayurvedic physicians or counsellors was that they had received Ayurvedic training in a) India or b) North America with some time studying in India as well; the person's ethnicity was not taken into account due to the small number of Ayurvedic physicians residing in Canada. The small sample size is a major limitation of this study.

with both India's and Canada's medical systems can provide an insightful point of view on the present condition of Ayurveda in Canada, and its possible future here. The first wave of Indians who arrived in Canada were independent immigrants in the 1960s and 1970s; they earned a reputation of being "hard-working, self-sufficient immigrants, many of whom [were] well-educated professionals or successful businesspeople" (Coward 149). Once they arrived, they developed different strategies of adaptation, some more conservative of Indian tradition, and some more syncretic. Their viewpoints demonstrate the complexity involved in determining the authenticity of Ayurveda in Canada, to what extent New Age Ayurveda is an acceptable transformation or evolution of Ayurveda, and to what extent it is an offensive misappropriation.

Literature Review

Sources on Indian Ayurveda fall into two categories: those on traditional Ayurveda and those on modern Ayurveda. In addition to translations of key Ayurvedic texts such as Caraka Samhita and Sushruta Samhita, discussion of traditional Ayurveda can be found in A.L. Basham's "The Practice of Medicine in Ancient and Medieval India" (1976), Dominique Wujastyk's *The Roots of Ayurveda* (2003), Francis Zimmermann's *The Jungle and the Aroma of Meats: An Ecological Theme in Hindu Medicine* (1999), and Kenneth Zysk's *Religious Medicine: the History and Evolution of Indian medicine* (1993). On modern Ayurveda, *Asian Medical Systems* (1976), edited by Charles Leslie and *Paths to Asian Medical Knowledge* (1992), edited by Charles Leslie and Allan Young, discuss Ayurveda as it exists in the texts and how it has been and is practiced in India. Some historical and political analysis of Ayurveda is included as well. Paul Brass' article, "The

Politics of Ayurvedic Education: A Case Study of Revivalism and Modernization in India” (1972), shows how Ayurveda came to be regulated in India in modernized forms through a discussion of the politics of Ayurvedic education.

On Ayurveda in the United States, Sita Reddy’s “Reinventing Medical Traditions: The Professionalization of Ayurveda in Contemporary America” (2000) documents expressions of New Age Ayurveda in America, in legal, bioethical, and clinical spheres, and in print media. Her thesis highlights the professional dilemma Ayurvedic practitioners face – namely, whether to present themselves as religious practitioners or medical practitioners in America. Sources on CAMs in Canada include Heather Boon’s article “Regulation of Complementary/Alternative Medicine: a Canadian Perspective” (2002) and Robert Crouch, Richard Elliott, Trudo Lemmens, and Louis Charland’s *Complementary/Alternative Healthcare and HIV/AIDS: Legal, Ethical and Policy Issues in Regulation* (2001). These sources have documented the legal and governmental policies on the regulation of CAM practitioners in Canada and illustrate the political and legal situation of Ayurvedic practitioners in Canada.

This thesis maintains that New Age Ayurveda is influenced by a historical exchange of ideas between Western esoteric traditions and Eastern traditions. Sources on New Age, Modern Indian philosophy, and New Religious Movements in North America were consulted. Sources on the origins of the New Age movement and its connections to India, especially through Theosophy, include Wouter Hanegraaff’s *New Age Religion and Western Culture: Esotericism in the Mirror of Secular Thought* (1996) and Olav Hammer’s *Claiming Knowledge: Strategies of Epistemology from Theosophy to the New Age* (2001). For literature on the expressions of the New Age movement in America and

other countries, Mikael Rothstein's *New Age Religion and Globalization* (2001) is important. Catherine Wessinger's "Hinduism Arrives In America: The Vedanta Movement and the Self-realization Fellowship" (1995) and Gene Thursby's "Hindu Movements Since Mid-Century: Yogis in the States" (1995) illustrate the connection between Western and Eastern cultures through their discussions of imported Hindu religious movements in America. On the controversies surrounding the TM movement, Gordon Melton's *Encyclopedic Handbook of Cults in America* (1992) is relevant. A source on the Indian diaspora community and New Religious Movements in Canada is Harold Coward, John R Hinnells, and Raymond Brady Williams, *The South Asian Religious Diaspora in Britain, Canada, and the United States* (2000).

Contributions of Study

This thesis is distinctive in that it takes into account the perspective of people who have navigated between the disparate cultures of India and the West. In seeking to introduce Ayurveda into Canada, cultural differences often are an obstacle to dialogue and understanding. The situation is made more complex with New Age organizations taking it upon themselves to be representatives of Eastern cultures from which they appropriate elements, transforming them in the process. In addition, the Indian diaspora medical community can provide a small-scale model of what happens when a New Age organization tries to proliferate in a non-Western community from which it has appropriated much of its "ancient wisdoms". Acting essentially as charismatic missionaries, New Age Ayurvedic proponents (especially from the TM movement) have claimed to have revived an ancient medical system that has until now been lost – even

though Ayurveda clearly flourishes in India today in many different forms. TM Ayur-Ved does not account for any other legitimate presentation of Ayurveda, as it claims to be the truest form of this ancient “Vedic” wisdom, which perhaps accounts for the widespread identification on the part of North Americans of Ayurveda solely with TM Ayur-Ved. Although TM Ayur-Ved is ostensibly based on Ayurvedic principles, the Indian diaspora can provide a critical perspective on how TM Ayur-Ved is connected to Indian Ayurveda. In addition, this thesis will examine whether Ayurveda in Canada exists mainly as New Age Ayurveda, that is, a system of Indian Ayurveda transformed so as to coincide with the tenets of New Age religion.

A Personal Reflection on Determining Authenticity in the Diaspora

Reading literature on the dominance of Western esotericism in New Age movements initially came as a surprise to me, for I had supposed that more influence had come from “authentic” Eastern influences. My personal exposure to New Age had always been in the context of Indian and Chinese cultures used as an exotic marketing strategy for yoga, health food stores, restaurants, music, movies, art, astrology, and fashion. I had even heard it said that in the past few years “it has become fashionable to be Indian”; apparently, even my racial features had become part of the current fad¹⁰. Like many other second generation South Asians, I had not given much thought to possible Western roots of New Age practices: in each facet of New Age to which I had exposure, there was always an “ancient” Indian equivalent that I had supposed was its source. Growing up in a Canadian South Asian community, I would often hear, to my annoyance, the older

¹⁰ I am a Canadian-born, South Indian, Syrian Orthodox Christian.

generation remarking of dance or music that they saw on the television, “That is Indian, they got it from us”, when it was sometimes not the case (we could be watching anything from Arabic programming to Irish music and dance). This could be characterized as a kind of reverse Orientalism, where instead of Westerners imposing Western categories onto Eastern practice, “Easterners”¹¹ impose Eastern categories onto Western practice. Sometimes even these Eastern categories were partially created by Westerners during the colonial period¹². At times, they were right – the credits afterwards would list an Indian music choreographer, or distinctly Indian icons and instruments could be identified, even though it was in a non-Indian context (for example, on television episodes depicting a New Age version of ancient Greece in *Xena, Warrior Princess*). Despite the danger of classifying Western esoteric practices as Indian in origin, it is hard to ignore some of their similarities with Indian practice; for example, the use of gems and oil massage treatment in Western esoteric healing rituals could have easily been appropriated from Ayurvedic or other Indian medical practices and subsequently transformed so that any Indian meaning and heritage was lost. It is impossible to prove or disprove such a notion.

Upon reflection, I suppose that as a second generation South Asian Canadian, I might be more prone to identify New Age concepts as Indian, unaware of the subtle yet fundamental differences separating them from actual Indian concepts and perhaps latently perpetuating the universal philosophical New Age propaganda present in North America and, perhaps, in India today. I might subconsciously reflect the stance that Eastern spirituality is considered superior, stemming from New Age triumphalism of India and/or a common immigrant sentiment that idolizes the motherland. This can be a strong

¹¹ Easterners hailing from the diaspora community.

¹² Modern Hindu philosophy, for instance, is often purported to be strongly influenced by Western esoteric Orientalism and Theosophy.

limiting factor in my ability to understand the differences between New Age thought and Ayurveda. As Rachel McDermott would suggest, I am amidst a struggle to “nuance and complexify what true authenticity means” (730).

Organization

The following chapter will attempt to show the complexity of Ayurvedic medicine in India, in direct contrast with the simplified system of TM Ayur-Ved. Chapter 3 explores the ways in which Ayurveda exists in Canada and is a literature review of New Age, intended to show how the Ayurveda has been appropriated and transformed to emphasize spirituality in order to cater to the demands of the New Age market. Chapter 4 is a brief outline of the relationship India has with the esoteric Western traditions, especially as it pertains to New Religious Movements. Chapter 5 delineates the two major perspectives that materialized in my interviews and how the value systems and opinions of my informants differ. Chapter 6 discusses how these two groups differ in their characterizations of religion and spirituality. Chapter 7 summarizes how these two groups perceive Ayurveda in Canada.

Chapter 2

AYURVEDA IN INDIA

Medicine in India is a very complicated matter. For the past several centuries, it has been characterized as pluralistic. Currently, it is dominated by two major systems: Western medicine (also called allopathy in India) and Ayurveda. Others include Siddha, Naturopathy, Unani, and Homeopathy. Western medicine is currently the pre-eminent medical system, its success being attributed not only to its “curative efficacy, but also to the expansion of the global market economy” (Baer 13). Contemporary Ayurveda in India is also pluralistic; in contradiction with the static image that is often presented by TM Ayur-Ved, it is a dynamic system. It has evolved into many different forms in India, including: various traditional vaidya lineages that follow a guru-disciple transmission of classical Ayurvedic knowledge and local adaptations; government supported secular institutions, having for the most part severed Ayurveda’s early roots that integrated empirical medicine with a general religious worldview; and various commercialized forms such as spas, retreats, and resorts. These general categorizations are not exclusive; for example, the first two forms can exhibit various degrees of commercialisation. There are also different degrees of importance accorded to religion in each form of Indian Ayurveda. This analysis will begin with a description of the origins of classical Ayurveda from which contemporary guru lineages of Ayurveda evolved, followed by discussions of the other major forms of Ayurveda extant in India – namely, governmental Ayurveda and commercialized Ayurveda. This overview of the types of Indian Ayurveda serves as background to the formative perceptions of Ayurveda expressed in the

interviews. In addition, it sets a standard from which comparisons with New Age Ayurveda are drawn in later chapters of this thesis.

Pre-Modern Ayurveda (circa 600 B.C.E. to 1600 C.E.)

As indicated in sacred Hindu texts such as the Rig Veda and the Atharva Veda, it was largely believed that disease was caused by punishing gods or the evil work of demons and spirits¹. For healing, one could pray to divine beings as well as consult human healers including witch doctors, magicians, and bhisajs (professional healers who originally may have been bonesetters but are also referred to as herbalists). In the Rig Veda, bhisaj belonged to an emergent priestly class of brahmans and is purported to be the precursor to the vaidya (the Ayurvedic physician). The Atharva Veda suggests that healing often involved a combination of the utterance of spells and supportive herbal remedies and other treatments. In the Classical era (circa 600 B.C.E. to 600 C.E.) – with the influence of Buddhism – medicine evolved into a coherent system known as Ayurveda, “the knowledge or science (veda) of life (āyus)” (Young 7), or “the science of (living to a ripe) age” (Basham 20). Its status as a medical system that is closely intertwined with Hinduism is reflected in its initial secondary status within the Atharva Veda, as well as in its later, higher status as a fifth Veda, as revealed knowledge (shruti). Ayurvedic cosmology consists of a synthesis of several orthodox systems of Hindu philosophy, mainly Samkhya and Yoga. Various legends and traditions connecting

¹ These texts are the Vedas (shruti, “knowledge”), which are considered to be revealed knowledge, the highest authority in Hinduism. The period to which modern scholarship assigns these texts is circa 1500 to 600 B.C.E., although this is currently being challenged. The Rig Veda is the earliest composition and the Atharva Veda is a later one within this time framework (Basham 18-20).

Ayurvedic healers to gods and divine sages materialized during the Classical era that reinforce Ayurveda's religious and mythical connections; the god Dhanvantari and the sage Punarvasu Atreya are prominent among them. According to one legend, Dhanvantari emerged from the churning of the Milk Ocean as the last of fourteen "precious things" (including Sri Lakshmi, Indra, and Varuna), bringing the elixir of immortality to the gods. Dhanvantari is the mythical embodiment of medical wisdom and is primarily associated with Vishnu. The sage Atreya taught all of the founders of the six schools of medicine, only two of which have manuscripts that are extant – Bhela (author of Bhela Samhita) and Agnivesa (whose teachings took the form of the work, Caraka Samhita) (Zimmer 36-38, 48-49; Basham 18-20). Such mythical links served to make the claims of the classical Ayurvedic texts authoritative.

Caraka Samhita is the oldest of the classical Ayurvedic texts; it is dated ranging from the third century B.C.E (Wujastyk 4) to the first century C.E. (Basham 21). Other classical Ayurvedic texts include Sushruta Samhita, composed around the second century B.C.E.; Astangahridaya, in the sixth century C.E.; and Kashyapa Samhita, in the seventh century C.E. (Wujastyk 63,164,193; Basham 21). These texts are empirical in that they develop a coherent theory on the human body that deals with natural causes and treatments with herbs and diets. Classical Ayurveda sought to preserve health and vitality, not only to cure disease. The purpose of life according to the Caraka Samhita is happiness, well being marked by the absence of ailments, and the presence of three of the four aims of life – artha (wealth), kama (pleasure), and dharma (ethics) – not including moksha (liberation). Although the Caraka Samhita does not focus on surgery, as does the Sushruta Samhita and other texts, it does outline the traditional eight branches of

Ayurveda: “(1) general principles of medicine (sūtra-sthāna), (2) pathology (nidāna-sthāna), (3) diagnostics (vimāna-sthāna), (4) physiology and anatomy (śarīra-sthāna), (5) prognosis (indriya-sthāna), and (8) means of assuring success in treatment (siddhi-sthāna)” (Basham 20).

The basic physiological explanation for disease outlined in the classical texts is that disease appears when the balance of the doshas (literally “defects” but translated as “humours”) is disrupted. In addition to the three doshas - vata (wind), pitta (bile), and kapha (phlegm) – there are seven dhatus (body substances) and five bhutas (elements) that govern bodily function (Leslie *Asian* 365). The three empirical disease aetiologies in the Caraka Samhita are the overuse, under use, and abuse of sense-objects, actions, or time (Wujastyk 28) such as “the qualities of different times and places and types of weather, and the categories of food and their effects upon the body” (Trawick 130). Contrary to Vedic medicine, gods and demons ceased to be common disease aetiologies in classical Ayurveda; yet, they still remained in classical texts as possibilities, especially as linked with specific diseases. For example, in the Kashapya Samhita and Sushruta Samhita, cases of miscarriage and child mortality are attributed to the goddess Revati, who kills babies who are the reborn souls of demons or those who are tainted by unrighteousness or evil (Wujastyk 163-167). According to the myth, the gods invoked Revati to kill demons in a battle, but upon noticing that those who are killed escape to be reborn, she turns into the disease-figure Jataharini and follows them through their rebirths, repeatedly killing them.

Another example of supernatural beings causing disease lies in the arena of mental health, or grahacikitsa (Mishra et al.38). There are two broad categories of

insanity detailed in the classical texts: endogenous (due to dosha-related aetiology) and exogenous (due to meta-empirical aetiology) insanity (Rao 15). The Caraka Samhita (Sharma vol. 2: 93-98) maintains that factors dealing with the sense objects, actions, or time cannot cause “exogenous” insanity; rather, beings with meta-empirical powers cause insanity in an individual that has committed misdeeds. It is said that one’s personal errors of judgement, where one “disregards the gods, ascetics, ancestors, gandharvas, yakṣas, rākṣasas, piśācas²], preceptors, elders, adepts, teachers and the other respectable ones” (ibid. 93), bring about such a manifestation of disease. In addition, a supernatural explanation is covered in the Sushruta Samhita Sutrasthana to explain certain types of abnormal behaviour, such as a person having a seizure attack (Rao 48). The explanation is that they are seized by divine beings called grahas³: “These are (1) deva, (2) asura, (3) gandharva, (4) yaksha, (5) raksha, (6) pitru, (7) pisacha, (8) naga grahas, and the like. The seizure lasts till they are appeased with offerings, incantations or exorcising evils (for example, deva graha)” (qtd. in Rao 48).

In addition to the intervention of gods and demons in classical Ayurveda, a common meta-empirical cause of disease is karmic repercussion. Karmic and mythological aetiologies are linked in that a person’s bad actions make him or her more susceptible to the wrath of divine beings or demons. However, the Caraka Samhita emphasizes that the health of human beings is not only determined by the karmic merits and demerits of their actions in former lives and current life, but it is also affected by their efforts and conduct in this life. This brings us to the Ayurvedic mind-body connection that has recently been popularized by TM Ayur-Ved in Western society (see

² The first two terms indicate classes of demi-gods and the latter two indicate classes of demons.

³ These terms indicate various categories of gods, demons, and demi-gods.

Chapter 3). Classical Ayurveda includes the body, mind, and soul as components of human life, linking medicine and religion in its prescriptions and theories: “The body, according to Caraka, can be cured by religious rituals and medical treatments; the mind by spiritual and scriptural knowledge” (Young 8).

Religion in Ayurveda is found in the standardized treatments outlined in the classical texts. In addition to empirical treatments, Ayurvedic treatment includes faith healing (*daiva vyapashraya*), which can include the recitation of mantras, wearing mani (precious and semi-precious stones according to the planetary season), and making offerings to the deities⁴. In pharmacology, preparation of herbal remedies was ritualized: worship (*puja*) would be offered at specific steps during the preparation of concoctions. As such, the duties of the *vaidya* involved considerable religious action. Despite being a Sanskrit-based system associated with brahmins, all of the three upper castes of Indian society could undertake Ayurvedic training – the lower caste (*shudra*) could also undertake training and treatment, but was barred from participating in the initiation ceremony (Basham 24-25). *Vaidyas* from other religions in India did not include Hindu religious ceremonies in their practices; perhaps some substituted practices from their own religions where appropriate. Training was available through the *sampradaya*, or guru lineage; there is some evidence of “hospitals” and “schools of medicine”. In addition, there is evidence that that kings could license *vaidyas* and even impose fines on negligent doctors (Basham 33).

The role of a *vaidya* as both a medical and religious practitioner has not diminished in the traditional guru lineages (*sampradaya*) of contemporary India, which act, for the most part, outside of government regulation. Often, *vaidyas* who are

⁴ Reference from an interview with an Ayurvedic physician who requested anonymity.

conservative of religious practice are located in rural areas. Local expression of classical Ayurveda varies, and each region has evolved its own specialities; nonetheless, the classical doctrines are essentially conserved. Many specific alterations and additions can be attributed to borrowing from other medical systems such as Siddha and Unani in medieval and later periods.

Government Regulated Ayurveda in Modern India

Although Ayurveda arose out of a Hindu Brahmanical context, it was never exclusively promoted by a specific religious organization, and it never evolved under the auspices of a religious leader (Trawick 129). Ayurvedic practitioners came from a veritable mosaic of religions; for example, there are lineage traditions of Hindu, Christian, and Muslim Ayurvedic practitioners in Kerala, which appeal to all castes and religions. In modernized Ayurveda, the gap between religion and medicine is widening. Karmic repercussion as cause of disease is invoked only for certain specific diseases (such as vitilego, leucoderma, types of dermatosis, or types of epilepsies due to psychiatric problems⁵), if at all. Modern Ayurvedic practice does not take into account, for the most part, the mythical or religious causes of disease found in classical texts; perhaps in village life, these meta-empirical causes of disease are given more importance.

Today, one does not have to be accepted into a lineage tradition in order to receive training in Ayurveda. Following independence in 1947, the Indian Parliament passed the Indian Medicine Central Council Act (1970) and set up a Central Council for Ayurveda, which standardized Ayurvedic training and accreditation. Modernized

⁵ Reference from an interview with an Ayurvedic physician who requested anonymity.

Ayurvedic medical schools have abandoned a father to son or uncle to nephew method of transmission; anyone of any caste, religion, or gender can learn at a secularized school that teaches a standardized and secularized form of Ayurveda (in imitation of Western institutions). Nonetheless, many different types of Ayurveda function in India concurrently – from those of the traditional vaidya lineages to those of government accredited programs to those of commercialized Ayurvedic resorts, spas, and retreats – and there are various perceptions regarding the authenticity and efficacy of each of these⁶. Although they constitute a smaller community in numbers, the traditionalists have a relatively large voice politically.

To highlight the complexity of the situation in India, Brass (370) argues that the modernist versus the traditionalist schema of Ayurvedic politics is an overly simplistic characterization of the history of the Ayurvedic movement. In the last one hundred years or so, Ayurveda has been influenced by groups lobbying for the modernization of Ayurveda, and within this movement, there has been division as to what modernization entails and to what extent Westernization or acculturation plays a role in modernization.

There are two approaches to modernization in Indian society and politics – one emphasizing the introduction of the most advanced techniques of western science as well as the premises of that science and the other insisting that the techniques can be accepted but not the scientific or cultural premises. It is important to recognize that both these approaches [favour] modernization in technology, in the development of educational and professional standards, and in principles of organisation (Brass 370).

⁶ See Appendix C for a flowchart detailing the types of Ayurvedic in India, as related in the interviews of this study.

Leslie (185) identifies the purist (versus integrationist) stance as essentially pro-modernization as well: “The Shuddha, or pure, policy has been implemented by people who feel that they have to prove the value of Ayurveda by using the language of modern science.” To Leslie, modernization is akin to syncretism, and it is very difficult to find Ayurveda in India that has not been influenced by these political movements and Western medical science. Brass (348) outlines a dual system whereby sharing or syncretism between Western medicine and Ayurveda occurs at many levels. First, modern medical subjects are taught at Ayurvedic training institutions. Sharing is not always one-sided, however, as vaidyas use modern medical techniques alongside Western medical practitioners who also utilize Ayurvedic treatments and even refer their patients to Ayurvedic physicians when they encounter diseases considered incurable or untreatable by Western medicine. At the political level, prominent Western medical doctors and scientists are leading supporters of research and training in Ayurveda, whereas many of the sons and grandsons of prominent Ayurvedic proponents have become Western medical physicians. At the patient level, most Indians use whichever system is available to them; in rural areas, Ayurveda is often used because it is more common in the countryside, and in the cities, the poor often resort to Ayurveda because it is cheaper. Some division of labour occurs because each system has its perceived strengths and weaknesses. For example, Ayurveda is often consulted for minor problems and chronic diseases, whereas Western medicine is consulted for acute problems.

Commercialization of Ayurveda in Contemporary India

Indian medical and educational institutions are becoming increasingly secularized and driven by commercialism. Francis Zimmermann's article "Gentle Purge: The Flower Power of Āyurveda" describes a recent evolution of Ayurveda in India in which some classical doctrines of Ayurveda have been altered as part of a general trend to turn Ayurveda into a set of commodities. He identifies two general types of medications outlined in classical Ayurvedic texts⁷: calming (or "non-violent") and extractive (or "violent"). The former includes calming drugs and baths used to modify the body's internal tension and temperature, and the latter includes "purges and emetics to eliminate the peccant humors and other pathogenic excreta" (209). In traditional Ayurveda, extractive methods are always paired with calming methods; the latter method is only understood in its relation to the former, in a dialectical system. However, in a recent evolution of Ayurveda, "violence" is removed from practice because, as Zimmermann phrases it, non-violence is the "new motto of Ayurveda's flower children" (210). This novel system is marketed as "gentle Ayurveda", and although it originated in Kerala, it has been exported to other parts of India where it is taught in Ayurvedic colleges, and to Europe and America. It is my contention that it is this specific type of commercialized Ayurveda that New Age religious movements draw on when they combine Ayurveda with New Age principles to formulate New Age Ayurveda; they are not a novel revival of ancient Vedic practice (as is claimed in the case of the TM movement).

⁷ Zimmermann sees the "calming" aspect of traditional Ayurveda as only one part of the classical tripartite divisions of medicine common to Indo-European medical systems: "... (1) physicians who act by means of the scalpel, forceps, and evacuants; (2) those who act by means of baths, poultices, massages, and soothing drugs; and (3) those who prescribe regimen and diet" (Zimmermann "Gentle" 210). This division of medicine is paralleled in Hippocratic medicine.

Banerjee (1) argues that the modernization of Ayurveda has been the enterprise of the Indian government and related organizations since colonial times and has focused on Ayurveda's pharmaceutical utility at the expense of its holistic worldview. In keeping with Banerjee's thesis, Zimmermann demonstrates that within commercialized Ayurveda, an ideological distortion of the teachings of classic texts occurs in the realm of pharmacy and therapeutics. Because the manufacturing of Ayurvedic tablets and oils disregards Ayurvedic preparatory techniques, he argues that "[t]he ideas of fluidity, solubility, and water conceived of as a vehicle and medium for humoral control are devaluated, and the spirit of Ayurvedic pharmacy is lost" (ibid 212). Once inseparable from religion and ritual, Ayurvedic preparations are now commodities of great commercial value. In therapeutic massage, mechanical pressure on the muscles (as per the influence of Western anatomical thinking) has replaced the concept of a fluid metabolism through the skin, according to the classical texts. Thus, "extraction" has changed into a kind of physical therapy. Furthermore, pancakarma ("five actions", including vomiting, purgation, evacuative enemas, errhines, and repletive enemas) is erroneously associated with "rejuvenation" (rasayana), and rejuvenation is erroneously associated with internal "purification" (shodhana):

Strictly speaking, the pañcakarma are not the same as the five śodhana. The śodhana are the evacuants proper: vomiting, purgation, evacuative enemas, evacuative errhines, and bloodletting. While the pañcakarma include vomiting, purgation, evacuative enemas, and errhines, they omit bloodletting and include instead calming and repletive oily enemas that differ from evacuative enemas. The relatively minor medication with repletive errhines is neglected in the traditional lists, but it belongs to the pañcakarma group (ibid. 215).

These treatments seem far removed from creating an image of a relaxing spa, retreat, or resort. The purifications of traditional Ayurvedic catharsis require confinement to bed for weeks at a time. According to Zimmermann, commercialized Ayurvedic practitioners drop the harshest and driest medications, favour the gentlest and oiliest, and shorten the time commitment to suit modern preferences. Given the considerable modification in the basic structure of therapies, it would be very interesting to investigate the extent to which the actual formulas for each botanical oil or preparation have been modified as well⁸.

In Zimmermann's article, it is unclear which organizations in India and abroad are under the influence of this commercialized form of Ayurveda, or to what degree they are under its influence. He cites advertisements of fashionable health centres and leading Ayurvedic companies in India, and gives the example of a pamphlet from Maharishi Ayurveda Prevention Centers (of TM Ayur-Ved) in North America. However, he also includes in his examples the *Medicine Catalogue* of a well-known Ayurvedic organization, Vaidyaratnam P.S. Varier's Arya Vaidya Sala, which is usually considered to be one of the "traditional" Ayurvedic institutions because it retains many ritual aspects of traditional practice (for example, in treatment centres, a room is kept where the god Dhanvantari is ritually installed⁹). In addition, it is uncertain whether Zimmermann sees this commercial evolution of Ayurveda as legitimate. The general tone of the article is critical of commercial Ayurveda; however, he does concede that he does not want to advocate scriptural fundamentalism, and that Maharishi's brochure describes "genuine"

⁸ Zimmermann only analysed information found in pamphlets advertising various commercialized Ayurvedic outlets. He did not analyze the actual herbal concoctions used in these commercialized Ayurvedic treatments.

⁹ Zimmermann does not comment upon the shift in spiritual emphasis between traditional and modernized Ayurveda, and between modernized Ayurveda and Maharishi Ayurveda.

Ayurvedic practices (in that the terms they use are Ayurvedic) despite their bias toward gentleness and confusion of Ayurvedic ideology.

Perceived Effectiveness Of Ayurvedic Treatment

Ayurveda, unlike several other Indian healing systems, is considered an authoritative healing system throughout India. It is widely believed in India that Ayurvedic remedies are effective in their treatments of many diseases; this belief has been supported by the fact that many medical practitioners of Western medicine in India find some Ayurvedic treatments useful in their own practices. Yet, there is paucity of scientific proof. The issue is a complex one. For decades now, there has been research into the effectiveness of Ayurvedic remedies, yet the results are often charged as biased. When positive results are obtained, it is alleged that Ayurvedic proponents have avoided tests of plants that would procure negative results. Leslie notes that no one really expects much to come from research on Ayurveda: "It is, after all, directed toward verifying longstanding practices, and the results are uniformly positive" (184-185). Ayurvedic proponents in India counter that research should be conducted according to Ayurvedic models of proof (such as the study of texts and research using a holistic approach), not Western ones (using double blind studies to test pharmacological efficacy).

In the Western world, however, such an argument does not garner much support, and it is again charged that non-Western healing systems are lacking in studies proving the safety and efficacy of their botanical medicines and their therapies. However, in their article "Therapeutic Plans of Ayurveda: A Review of Selected Clinical and other Studies for 166 Species", Khan et al. have collected studies proving the intended positive effects

of Ayurvedic plants on human subjects, and have summarized studies conducted by reputable scholarly institutions published in recognized journals (primarily found using the search engines MEDLINE and NAPRALERT). This compilation did not include the “closed” or private Ayurvedic research conducted by institutions such as the Maharishi Institute, which has been accused of using its “studies” as a means to advertise its products within an academic setting¹⁰. Because these privately conducted studies are widely advertised, Ayurvedic research has acquired a reputation in Western medicine of being biased and funded by organizations with unorthodox methods and intent, even though some of TM’s research appears in recognized scientific journals¹¹. This seems to undermine the positive results found in the articles Khan et al. have collected.

¹⁰ An article published in the *Journal of the American Medical Association* by TM proponents was later severely criticized for a publication practice contrary to the journal’s policy: the paper was allegedly “contrived to promote commercial herbal products that [TM] was marketing for profit” (Galanter 191).

¹¹ My own search on MEDLINE found articles in the *Journal of Aging and Health*, the *Journal of Clinical Psychopharmacology*, and *The American Journal of Cardiology*, among others.

Chapter 3

AYURVEDA IN CANADA AND THE NEW AGE MOVEMENT

This chapter establishes that Ayurveda in Canada exists mainly as New Age Ayurveda, due to legal restrictions on “alternative” medical practice in Canada as well as the demands of the New Age market. As this thesis examines perspectives on Ayurveda in Canada, this chapter reviews the political and legal position of Ayurvedic and other complementary and alternative medicines (CAM) in Canada, the different forms of Ayurveda in Canada, as well as the New Age market in which they can participate. This chapter then enters a discussion of the New Age movement, because Ayurveda mainly exists in Canada as part of it. Given the overarching pervasion of the New Age movement in North American culture, it is an important influence on the Indian diaspora and influences the perceptions of the interviewees of this study.

CAM in Canada

Ayurveda in Canada mainly exists as part of the CAM sector of the New Age market that has been exported from America. The market for Ayurveda in Canada is exponentially smaller than it is in America; unlike in the United States, there are no Canadian institutions (public or private) from which a person can train to receive certification as an Ayurvedic counsellor or vaidya (Ayurvedic physician). Possibly because of the universal access that comes with Canada’s system of Medicare, fewer Canadians resort to CAM. Regulation of CAM practitioners varies widely among the provinces and territories;

whereas the Canadian federal government standardizes natural health products across Canada, each individual provincial and territorial government has the authority to license and regulate health care practitioners (including CAM practitioners), who are designated as the only persons legally allowed to give medical advice and treat the sick (Crouch et al. 63, 71-83, 131-135). Common law as developed by the courts governs practitioner conduct, mainly by imposing liability for negligent or otherwise unacceptable conduct. Only some CAM practitioners (such as chiropractors, Chinese acupuncturists, and Chinese herbalists) are regulated in select provinces, and reimbursements for treatments also vary. For example, in Ontario, Manitoba, Saskatchewan, Alberta and British Columbia, chiropractic services are included in provincial health care plans, and partially funded by the government. In other provinces, only private insurance plans include coverage for this type of health care. Those CAM practitioners who are not licensed and regulated are very restricted in their practice: they cannot give what could be proven as medical advice, nor can they treat the sick. As a result, many CAM practitioners can only legally work in the realm of rejuvenation and dietary advice. Ayurvedic physicians are one of many types of CAM practitioners that are not regulated in Canada. A lack of cohesion among some unregulated CAM groups, a lack of consensus on who can practice a given CAM, variation among policies from province to province, and a lack of health care funding are key challenges associated with regulating more CAM in Canada (Boon 14-15). The Canadian Medical Association, in its “Futures Project”, envisions Canada’s future health care system as including “alternative/complementary health care providers, as long as all providers are competent, regulated and provide evidence-based care”

(“CMA”). Evidence-based care alludes to the need to have scientific proof for drugs and treatments.

Extant forms of Ayurveda in Canada

Despite the lack of Ayurvedic regulation in Canada, there is a growing demand for Ayurvedic products and services. Ayurveda exists here primarily in three forms: as present within the diaspora community; as practiced by MDs interested in CAM; and as New Age Ayurveda that is imported from America. Within the Canadian Indian diaspora community, immigrants receive Ayurvedic treatment when they travel to India, often bringing back oils and herbal remedies for personal use. Ayurvedic vaidya immigrants sometimes will give Ayurvedic therapeutic advice or a referral to a vaidya in India, but usually only to members of their own community. A few vaidya migrants, having been accredited in India, are engaging in a struggle to legitimize and institutionalize Ayurveda in Canada. They operate without insurance or support from the government and as of yet, no court cases have arisen that legally test whether Ayurvedic physicians are giving medical advice or treating the sick.

The second source of Ayurvedic expression in Canada consists of a few Western-trained, non-Indian MDs scattered throughout the country who have taken interest in alternative medicines, and who have taken it upon themselves to offer various alternative therapeutic techniques separate from their professional practice. In provinces or territories without regulations for the CAMs in which these MDs are interested, they operate outside of the health care system and without liability insurance when they practice CAM. In the case of MDs who utilize Ayurvedic treatments, their sources of

Ayurvedic information usually stem from Indian Ayurvedic practitioners and Indian Ayurvedic texts. Generally, they do not transform or make major adjustments to Ayurvedic practice or theory; neither do they associate themselves with new Hindu religious movements in North America (with the exception of MDs who are also TM “vaidyas, as will be discussed below). Because they are eclectic in their pursuit of CAMs, they do not specialize in Ayurveda and only superficially can utilize some of its techniques. In the case of MDs who use legalized CAMs, they are subject to a different set of regulations than their CAM practitioner counterparts: “[MDs] are bound by strictly worded policies that in effect prevent most use of such therapies (or at least cast the pall of possible professional discipline over their use)” (Crouch et al. 80-81). In Quebec, MDs using CAM are regulated such that they may only use it as a last resort, when there is no treatment available that is recognized by Western medical science. In Alberta and Ontario, a registered health care professional can only be found guilty of misconduct if it is demonstrated that the risk of the alternative practice is greater than the prevailing Western medical treatment (ibid. 81-83). Recently, a physician in Ontario, Ravi Devgan, had his Western medical licence revoked for promising a cure to terminally ill cancer patients with controversial, homeopathic treatments and for charging excessive fees (Abbate).

The third milieu of Ayurvedic expression in Canada is New Age Ayurveda, which is most visible in connection with New Age and New Hindu religious movements in Canada and the United States, such as Transcendental Meditation, Kripalu Yoga, and

Sivananda Yoga¹. The average Canadian has not heard of Ayurveda; however, many have heard of Deepak Chopra, as he has appeared in the American media². Most who are familiar with the term Ayurveda automatically connect it with the spiritual healing system promoted by Chopra, which is based on TM Ayur-Ved. This type of Ayurveda can be classified as a “New Age Ayurveda”, which essentially is a form of Ayurveda that has been appropriated and transformed under the aegis of New Age religious movements so as to make it fit in with the tenets of the New Age movement³. The least conservative Ayurvedic proponents from the first two sources of Indian Ayurveda in Canada (the Indian diaspora and interested MDs) sometimes ally themselves with New Age Ayurveda. New Age Ayurvedic practitioners do not provide services that can be classified as medical; rather, the services they offer fall within the ‘therapeutic’ realm (relaxation techniques such as massage, steam treatment, and oil treatment). New Age Ayurvedic treatments are made available only because of their utility in the spiritual evolution of the individual, as purported by New Age religious movements.

Canadian New Age Ayurvedic “Vaidyas” and “Counsellors”

In characterizing New Age Ayurveda in Canada, one cannot ignore the impact of Canadian Ayurvedic practitioners who underwent training at American “Ayurvedic”

¹ These three organizations are listed from the least conservative of Indian tradition to the most conservative. TM is a typical example of a New Age religious movement that is very loosely based on Hindu thought. The others are more conservative.

² He has appeared on many daytime talk shows, most notably, the Oprah Winfrey Show (Galanter 191).

³ In her Ph.D. thesis, Reddy classifies all Ayurveda as it exists in America as New Age Ayurveda; however, in doing so, she does not address non-New Age Ayurveda sources, such as those present in Indian diaspora communities, especially immigrant traditional Ayurvedic practitioners. Because they do not overtly practice Ayurveda and advertise themselves, they are known only to their own contacts, which is probably why they are over-looked in America as well as in Canada.

institutions. Although the only way to practise Ayurveda in Canada, given its legal situation, is to practise within the realm of New Age Ayurveda in Canada, some of these New Age Ayurvedic practitioners might have received what could be considered “traditional” training from America and even India, not unlike their Indian immigrant vaidya counterparts. The impact of religious movements such as TM have created the market for more “secular” Ayurvedic learning centres within America that are modelled after various forms of Indian Ayurveda – from New Age forms of commercialized Ayurveda to forms of Indian governmental Ayurveda. Some American Ayurvedic institutes have explicit connections with governmental Indian Ayurvedic universities, such as The California College of Ayurveda (which is “approved” by the well-known Gujarat Ayurveda University in Jamnagar, India), while others appear to take their techniques from commercialized Ayurveda in India. Nonetheless, much of America Ayurveda is associated with New Age religious organizations; sometimes, organizations claiming to be secular are in fact connected to a religious movement. Those trained at any of these institutions can only work as New Age Ayurvedic “consultants” or “counsellors”, and are currently organizing themselves so that they can become regulated (and therefore recognized) in Canada.

Among the numerous organizations that offer courses in “Ayurveda”, a few have been able to garner state approval as private, post-secondary institutions in California and New Mexico such as the California College of Ayurveda (Grass Valley, CA), The Ayurvedic Institute (Albuquerque, NM), and the Maharishi College of Vedic Medicine (Albuquerque, NM)⁴. In the United States, state approval serves as a minimal standard

⁴ See “Natural Healers – Featured Ayurveda Schools” for more information on schools (<<http://www.naturalhealers.com/feat-ayurveda.shtml>>).

for instructional quality and institutional stability for private post-secondary schools, whereas accreditation indicates both state and federal recognition (“Accreditation”). These institutions offer a variety of certifications, some from correspondence courses, and others from on-site courses. For example, The Ayurvedic Institute presents a certificate of completion for each of the following courses: “Ayurvedic Studies Level I” (eight months), “Ayurvedic Studies Level II” (five months), and “Ayurvedic Correspondence Course” (one year time limit, but less comprehensive as the other two courses). Upon completion of Ayurvedic Studies Level II, a graduate “will be able to consult with clients from the perspective of constitutional imbalances utilizing Ayurvedic principles, including lifestyle management and Herbology, to restore balance” (“Education”). An interviewee of this study related to me that The Ayurvedic Institute recommends that its students, having completed its courses, are instructed to use the title of “Ayurvedic Counsellor” or “Ayurvedic Educator”, not the title of “vaidya”. In this thesis, I refer to people with such certificates of completion as Ayurvedic Counsellors. The California College of Ayurveda offers a Clinical Ayurvedic Specialists (C.A.S.) program, which

provides both academic and clinical training in preparation for students to go into private practice.... A C.A.S. may choose to enter into private practice, join other health care practitioners at a wellness center, teach public education classes on Ayurvedic principles, supervise a pancha karma center, teach at an Ayurvedic college, or conduct workshops and seminars. Clinical Ayurvedic Specialists who are already licensed health care providers may use their Ayurvedic training to enhance their current health care practices (“California”).

This program can be completed in about sixteen months. To my knowledge, a C.A.S. is not considered a vaidya; rather, further training would have to be completed in India to attain this formal status.

Surprisingly, the Maharishi University of Management in Fairfield, Iowa, has been accredited by the Higher Learning Commission, which is part of the North Central Association, and is recognized by state and federal governments. The North Central association is one of six regional institutional accrediting associations in the United States, founded in 1895 as a membership organization for educational institutions (“About”). The Maharishi University of Management offers numerous degrees in various disciplines, including an undergraduate degree in “Maharishi Vedic Medicine” (TM Ayur-Ved), which prepares students to be “health educators and consultants to physicians in the field of prevention of disease and promotion of health through Maharishi Vedic Medicine”(“College”). They also offer a Ph.D. program in physiology with a specialization in Maharishi Vedic Medicine, which prepares

graduates as specialists in Maharishi Vedic Medicine in the field of clinical prevention and treatment of disease and health promotion. As specialists they may consult with locally licensed physicians and may work independently as natural health care practitioners as and where permitted by their county’s state and federal laws (“College”).

Physicians trained in Western medicine can also receive certification as a “vaidya”; such training is offered either in a two-week package or over the course of four weekends (“Comprehensive”). In this thesis, such physicians will be referred to as TM “vaidyas”.

The New Age Movement

This next section describes the context in which New Age Ayurveda exists in Canada, as a spiritual catalyst in a broad New Age milieu that continues the Western esoteric tradition of appropriating Indian cultural elements. New Age is a vague term that cannot be succinctly defined and, unfortunately, it is generously applied to a variety of systems found worldwide. The term “New Age” is often used in adjectival form: New Age spirituality, New Age groups, New Age market, and so forth. It has been used to describe almost anything of an alternative Western-esoteric or occultist nature, or even as a synonym for “New Religious Movements”. Wouter Hanegraaff’s 1996 study characterizes New Age as “a popular Western culture criticism expressed in terms of a secularized esotericism” (“Prosperity” 21), lacking organization and formal representation. No concrete religious body can claim responsibility for the international popularization of New Age thought. Hanegraaff cites various characteristics of New Age thinking: an underlying dissatisfaction with Western thought (usually institutionalized Christianity or science) that is often latent and half-conscious; an objection to “dualism” characterized by an affinity towards “holistic” practices by which one regains a connection with God, spirituality, and nature; and, an opposition to “reductionism”, in which the universe is reduced to material processes and its spiritual dimension is ignored (“Secularization” 290-293). New Age Ayurveda in North America is presented as a medical system that satisfies these New Age categories.

As a teleological system, New Age fundamentally looks to a new age when worldwide problems (such as wars, religious strife, diseases, and so forth) have been eradicated through new ways of thinking (i.e. a transformation of consciousness). In

American New Age religious movements to which Canadians have access, Ayurveda is part of a path of spiritual transformation through meditation and yoga, which, if achieved on a mass scale, can elicit a new era. Hanegraaff sets New Age apart from other movements, such as environmental and feminist movements although David Hess includes these as being an arena for New Age ideas (4). Hanegraaff demarcates them from New Age movement because New Age roots are found in marginalized Western culture, namely “esoterism” and “gnosis”, which have been suppressed by the dominant Western culture:

In [“esotericism”], the [New Age] idea is that an inner core of true spirituality lies hidden behind the outer surface of all religious traditions, and that the knowledge of it has been kept alive by secret traditions throughout the ages. In [“gnosis”], New Agers do not primarily mean the largely dualist metaphysical system known as gnosticism, but a supposedly universal spirituality based upon the primacy of personal inner experience (“Secularization” 293).

Hanegraaff uses the term “esotericism” in the “technical academic sense, referring to a cluster of specific historical traditions which become clearly perceptible in connection with revival of hermeticism in the late 15th century”⁵. As a contemporary manifestation of the esoteric tradition, some scholars trace the origin of many New Age beliefs and practices to Theosophy, which dates back to the nineteenth century, and to the even earlier works of Franz Anton Mesmer and Emanuel Swedenborg (Mears et al 290 –291). Such an assertion hints at a societal dynamic that has occurred throughout Western

⁵ For example, Maharishi Mahesh Yogi’s Transcendental Meditation (TM) movement asserts that the practice of TM has a positive transformative effect on the world, that it has the ability to eradicate the world of suffering and strife. This organization conducted ‘scientific’ studies correlating the number of people practising TM with reduced crime rates and increased productivity in cities and countries around the world (Hutchings 19).

history: that of a dominant institutionalized religion or culture, and alternative movements that are usually secret, arise out of a criticism of the culture, and either appropriate ideas from other cultures or create another culture to legitimate universal ideals. According to these esoteric views of history, the dominant culture promotes mundane ideals such as materialism and family, whereas the alternative culture has a mystical, perennial philosophy. By contrast, scholars such as Hanegraaff and Olav Hammer suggest that there is a dynamic within society such that where a dominant culture exists, there will also be dissent. They reject an assertion that all alternative movements are a reflection of a primordial or arcane tradition going back to the early existence of humankind; each “esoteric” movement is distinct. To trace precursors of modern esotericism is a lengthy task and does not lie within the scope of this thesis⁶. In this study, focus will be given to the history of the Western esoteric tradition as it pertains to the appropriation and transformation of Indian elements.

The modern New Age movement began with the counterculture of the 1950s and 1960s (the first generation of New Agers), and developed in the 1970s and 1980s to become a form of collective behaviour in the 1990s readily recognized in the commercial market (the second generation of New Agers, or “Next Agers” (Introvigne 59). Hess considers today’s New Agers to be the “heirs to the hippies” or heirs to “the side of the sixties counterculture that opted for spiritual transformation rather than direct social change” (5). There seems to be a consensus that the New Age movement has moved away from the counterculture movement of the 1960s in many ways: Hammer asserts that the belief in the millennium, which originally gave the New Age its name, has

⁶ See Hanegraaff (“Secularization”) and Hammer for further information on the precursors of the modern esoteric traditions.

weakened, and the identification of New Age as a coherent movement has been lost (74).

He writes that:

whereas the first generation of New Age spokespersons were aware of their own place within a more or less definable movement, and used “New Age” as a self-designation, the term has become increasingly understood as a pejorative, even meaningless epithet.... there is no longer the same awareness of forming part of a reasonably coherent cultic milieu.... The New Age *movement* may be on the wane, but the wider New Age *religiosity*, i.e. a doctrinally and historically related group of doctrines and rituals codified in a set of texts, shows no sign of disappearing (74-75).

Hammer further delineates three mechanisms by which New Age thought operates: first, it designates a positive or negative Other (by constructing a tradition that can be real or imagined) to illustrate that local traditions are close to an ageless wisdom, a philosophia perennis; second, it uses the terminology of rationality and science, as this is a secular age that is decreasingly dependent on information revealed by the holy texts of religions; and third, it places a high emphasis on personal experience so as to avoid criticisms concerning validity (44). These mechanisms are considered to be, for the most part, a legacy of earlier esoteric traditions.

Hanegraaff (“Secularization” 290-293) contends that the astounding success of the book *The Celestine Prophecy*⁷ epitomizes the deep roots that New Age has developed in Western society, most evident in the large New Age market among the less educated. He describes it as “an appallingly shallow piece of writing produced by an author without an ounce of literary talent and whose ‘insights’ evince a remarkable lack of profundity or originality” (ibid. 289). Hanegraaff’s proclamation that New Age is popular among the

⁷ *The Celestine Prophecy* (1994), by James Redfield, was on the New York Times bestseller list for 165 weeks. Books, videotapes, and workbooks followed the success of Redfield’s book.

less educated is more than just a pejorative comment. Hess remarks how in his experience, those with graduate education in the social sciences and humanities, or those who are politically active, seem to be the key demographic missing from the New Age population, aside from the 'churched' majority (those who are drawn to conventional religion) (5-6). A sociological study of the New Age consumer in Texas (Mears et al. 301-307) provides quantitative data on this demographic: it found that persons who are unemployed, disabled, or laid off are more likely to purchase New Age materials, as are those lacking high school degrees. It also found that consumers with more liberal ideologies, who have never been married, or who are ethnic minorities (such as Hispanics and African Americans) are more likely to purchase New Age materials as well. Contrary to popular opinion of New Agers, this study demonstrated that the wealthier and better educated are not more likely to purchase New Age materials. In addition, age, sex, and place of residence (urban or rural) were not determining factors.

New Age Globalization as Global Americanization

The study of the New Age consumer in Texas (Mears et al.) is built upon the predication that one can characterize the New Age movement by studying the economics of the American New Age market, implying that New Age is primarily an American phenomenon. Indeed, America's commercial machine has been a vehicle for New Age thought to explode into mainstream, popular American culture. The commercialisation of New Age products has enabled New Age to spread to the wider public and achieve cultural respectability, and because it has spread globally, its American cultural basis has become even more apparent. New Age thought is loaded with Americanized values of

“democracy”, commercialism, and “religious freedom”, which has caused scholars and critics to observe that in other Western countries the globalization of New Age comes in the form of spiritual imperialism. Hence, Hanegraaff claims, “the globalization of new Age spirituality is more appropriately seen as an aspect of global Americanisation” (“Prospects” 16). He likens the ease within which the New Agers can move from one religion to the next to a “spiritual supermarket, where customers pick and choose the spiritual commodities they fancy”(ibid). In such a system, if truly based upon the recognition of individuality and diversity, the individual should be allowed to choose not to believe in the fundamental tenets of democracy and individualism. However, Hanegraaff observes that people are “forced to participate in a global system, and free choice is possible only within the limitations and according to the basic rules of that system” (ibid.). For example, even though global Americanism (exemplified by New Age commercialism) emphasizes valuing religious freedom and individuality, it does not grant the individual the right to choose a stance that does not ally with the essential spiritual ideas of New Agers, that is, not to participate in religious dogmatism or engage in the exclusivism of established religions.

Hanegraaff postulates that in non-Western countries, the fundamental American beliefs of New Age thought would prevent them from occupying a position similar to their predecessor Theosophists and Orientalists who exalted local spiritual traditions as compatible with their movements as an ally against the worldviews of the West. Rather, Hanegraaff sees New Age groups functioning as missionary movements “spreading an essentially Western esoteric message to non-Western countries, with very little concern for the local traditions of those countries” (ibid 18). The system they represent is

inherently Western, more specifically American. Instead of honouring the diversity of native traditions, American-style New Age perspectives take precedence. The Hindu diaspora communities in America and Canada could perhaps function as a relevant micro-study of what happens when New Age groups interact with non-Western cultures.

Chapter 4

INDIA AND NEW RELIGIOUS MOVEMENTS IN THE WEST

The New Age movement has its origins in Western esoteric traditions that, as part of their criticism of mainstream Western culture, appropriate ideas from other cultures and religious traditions. India has often been a primary source for Western esoteric traditions; for example, the widespread usage of Indian ideas such as karma, yoga, and meditation. In the process of appropriation, Indian imagery has been transformed mainly in two ways: first, India has been presented as the opposite of everything disliked in Western culture; and second, emphasis has been put on ideas that could be made to support the tenets of Western esoteric traditions (Diem et al. 56). In an interesting twist, such appropriated ideas have in turn been appropriated by Indians who have used them to further their own causes such as Hindu revivalism and nationalism. All this in turn has been appropriated and again transformed by late twentieth century New Age thought and New Religious Movements in North America. Given New Age Ayurveda's status as a New Age system that takes ideas from Indian traditions (through a series of exchanges), this chapter characterizes the historical sharing of ideas between India and the esoteric West, with a special emphasis on Theosophy, neo-Vedanta, and South Asian New Religious Movements. This characterization highlights the historic complexity of transformed Indian imagery in the West and how this has influenced in the transformation of Ayurveda in North America.

India and the Esoteric West

In describing the origins of American alternative religions, Ellwood purports that both the East and West play a part in the history of an alternative reality in the West; India plays a uniquely important role in New Age as well as previous esoteric movements (42-43). However, much that is propagated about India belongs to a legacy of appropriation in which transformed or invented imagery is employed. Hammer divides the historiography of the esoteric traditions into two trends: the “wholesale invention of tradition, the transformation of fiction into alleged fact”; and, “the reworking of an existing tradition” (157) – in this case, India. The ways in which India is depicted and transformed in New Age systems parallel that within a number of Western esoteric traditions: esoteric movements by and large legitimize their philosophy by placing their sacred geography in a non-Western, ancient context. As Western esoteric movements are fundamentally critics of Western culture, they prefer to sever their Western roots and replace them with the doctrines of the East or those of Native peoples, in a tailored mythical form. This serves many purposes – religious, missionary, and ideological. It strengthens a pre-existing framework of understanding by identifying (falsely or not) commonality in a new context, especially an ancient (and therefore wise) one. Hammer writes of its positive Orientalist tendencies:

Just as traditional Orientalist discourse holds up the Orient as a mirror in which the modernity of the West can be favourably reflected, the positive Orientalist myth of a Golden Age also serves a specific ideological purpose. While purporting to speak of a different culture, it presents a morality for our own. The Orient – or a fantasy image of the Orient – is used as an example for our own age, a way of exposing the ills that our culture is heir to. The Others, it is implied, are intuitive while we function within the limited confines of rationality. They fill

their world with beauty, while ours is gray and ugly. The ancient teachings that have been rediscovered or revived are said to provide a direct link to these positive predecessors and can help us re-establish those values that the materialist West has lost (95).

Because India – as an “Other” that exists in the mundane world and is empirically verifiable (as opposed to the mythical city of Atlantis, for example) – has a voice that could raise objections and allege misappropriation, its philosophies are presented very vaguely in esoteric traditions. Perhaps this could also be due to a comprehensive inadequacy on part of esoteric thinkers, who lack the scholarly skills necessary for understanding a foreign system in a non-superficial manner. As a result, esoteric writers impose their own categories of understanding onto fundamentally disparate frameworks of meaning. For example, esoteric authors from Helena Blavatsky to James Redfield proclaim that all spiritual traditions have included the concept of reincarnation, even though this is clearly untrue. Theosophy stands out as a Western esoteric movement that, in seeking close connections with India, has appropriated many Indian concepts to forward a universalist cause. It has imposed an invented universalism onto Indian philosophy through reduction of the complexity among Indian schools of thought, pattern recognition among rituals (to the exclusion of differences), reinterpretation, invention (creating myths that provide similarities where none exist), and making terms synonymous (Hammer 155-172).

Theosophy's links to India

The intriguing Helena Petrovna Blavatsky¹ and an American named Henry Olcott were the main founders of the Theosophical Society. Giving the evolution of Blavatsky's thought as an example, Hammer describes how India can enter an esoteric movement as a positive Other conveniently located outside of the Western sphere (87). Over the course of her career, Blavatsky gradually positioned India as the "homeland par excellence of the ancient wisdom religion" (Hammer 122); however, her India is essentially an imagined India, loosely based on fact. Hammer asserts that throughout her writings, the Orient is a homogenized and generalized culture. In her earlier work *Isis Unveiled* (1877), she situated Western and Near Eastern systems (Egypt, the Kabbalah, and the Rosicrucians) as the positive Other that harboured the philosophia perennia. In her later work *The Secret Doctrine* (1888), she explicitly severed connections with Western and Near Eastern cultures in favour of Far Eastern roots, namely Indian roots. Indology as a field was well underway by Blavatsky's time; translated Indian philosophical texts had been available to the educated in the West for a hundred years, begetting the movement known as the "Oriental Renaissance", or Orientalism, which existed in "positive" and "negative" forms². Hammer summarizes the milieu into which Blavatsky entered:

Suffice it to say the positive Orientalism of the nineteenth century was a multifaceted mode of thought. Blavatsky combined two of the dominant Orientalist discourses of the epoch in her attempt to attribute perennial wisdom to the sages of the Indian subcontinent. Firstly, the "Aryans" of ancient India were constituted into a separate people or race. Secondly, that race was seen as the

¹ Blavatsky was born in Russia in 1831 and died in London in 1891 (Ellwood 75).

² Negative Orientalism looks to devalue the Orient, usually as a primitive culture with little to offer other than the profits of mercantile enterprise. Positive Orientalism seeks to learn from the Orient, but in doing so, imposes Western classificatory schemes onto systems that are too foreign to do so.

bearer of an ageless wisdom.... By discovering the roots of humanity in India, by adopting its monistic idealism and studying its primeval language Sanskrit, Romantic poets hoped to further their ideal of a restoration of a past golden age, to build a future utopia on a vision of unity of the various nations, of mankind with nature, and of science and philosophy with art.... Theosophy is an amalgam of both discourses: Blavatsky's synthesizing genius adopted both the Romantic and the racial versions of positive Orientalism (120-121).

Hammer suggests that because of Blavatsky's stay in New York, American

Transcendentalism might have encouraged her indophilia to develop and become a type of spiritual utopianism (122). Her indophilia thus differs from the Orientalism (positive and negative) of Europe: her Orient is triumphalized for its closeness to a philosophia perennis.

Blavatsky and Olcott eventually established the Theosophical headquarters in Adyar, Madras, "where the respect they showed for the indigenous religions of Asia played a role leading to cultural revival, national self-consciousness, and finally the independence movements of the present century which should not be underestimated" (Ellwood 77)³. The Theosophical Society can also declare that it played a significant role in introducing Sanskrit terms such as karma, maya, atman, Brahman, nirvana, and samsara, to interested Westerners (Hammer 122). In neo-theosophy (post-Blavatsky), India plays a central role in the spiritual development of mankind as the relater of spiritual wisdom from still more ancient roots, not as the source of spiritual wisdom. In addition, still newer meanings are given to other Sanskrit terms.

India has played a primary role for other esoteric thinkers as well, such as Edward Cayce and Rudolf Steiner, among others. Hammers observes that India has retained a

³ Theosophy may have been a catalyst in bringing about these changes in attitude; nonetheless, Melton remarks that "Theosophy stepped into the midst of the Hindu Renaissance when its founders, Madame H.P. Blavatsky and Col. Henry S. Olcott moved to India in 1878" (166-167).

central role in the construction of an esoteric worldview throughout the 120 years covered by his study, from 1888 to 1997 (128). But there are differences as well; each worldview is nuanced by each thinker's goals in presenting Indian sages as the positive Other. For example, the quantum metaphysics of James Redfield (which can be traced from Fritjof Capra) and Ayurveda (or TM Ayur-Ved) are not part of Theosophy. Hammer notes, for instance, that the breath control (pranayama) of Indian meditative practices was deemed a hazardous method in Blavatsky's Theosophy, whereas breath control in New Age yoga and meditation is widely accepted.

Alternative Religion in America

We have discussed how India has been presented in a variety of altered forms to Western audiences by Westerners. We will now move to Indians presenting modern Hindu movements to Westerners, and how their systems evolve to fit into the American milieu. These modernized Hindu movements generally appeal to Westerners and Westernized Hindus, and are not part of widespread Hinduism in India. Rather, Hinduism in India is "much more rooted in its ancient and mediaeval traditions than inclined toward the modern movements" (Klostermaier 433). First, the movement known as Neo-Vedanta will be discussed, followed by a section on New Religious Movements in North America.

Neo-Vedanta

The first Indian to make a formal presentation of Indian thought to the West was Swami Vivekananda (1863-1902), at the World Parliament of Religions held in Chicago (1893).

Vivekananda was a disciple of Ramakrishna Paramahansa (1836-1886), a Kali devotee from Bengal who was also a proponent of neo-Advaita Vedanta philosophy – which is based on Advaita Vedanta, a Hindu philosophical school fathered by the Keralite philosopher Sankaracarya of the eight century (Klostermaier 413). According to tradition, Sankara established four centres of his school in the four directions of the Indian subcontinent. Advaita translates as “non-dual” or “lack of duality”, and Vedanta is “the end of the Vedas”, and refers to the Upanishads (600 – 300 C.E.). There are many types of Vedantic philosophy that draw on these texts and later interpretations. The main aspect of Advaita Vedanta is nonduality, which refers to the lack of difference between Atman (Self) and Brahman (Absolute). Another premise of this system is that all subject-object knowledge is the result of superimposition, such as when one mistakes a rope for a snake. Its textual analysis mainly draws upon the Upanishadic texts, the Brahmasutras, and the Bhagavad Gita.

Neo-Advaita Vedanta, or neo-Vedanta, is a major component of a nineteenth century phenomenon termed the Hindu Renaissance. This reassessment of Hinduism occurred first in Bengal (more specifically, in Calcutta), where the British seat of power in India was located and thus was a centre for Indian-British tensions. Neo-Vedanta is the syncretic successor of Advaita Vedanta, which draws upon a Western-inspired, idealized picture of India, combining elements of Advaitic philosophy with Western culture in an effort to promote Hinduism as an intellectual, higher path. Proponents of Neo-Vedanta “and their American heirs see the monistic outlook of [Advaita] Vedanta as offering a worldview that is compatible with contemporary science and experience ...” (Wessinger 174).

Unlike Ramakrishna, Vivekananda was a modern Indian educated in schools of the Western scientific tradition and was accordingly able to navigate in the Western intellectual world with more ease than the average religious guru (Ellwood 220-221). A powerful speaker, he evoked a favourable response from Western audiences, receiving extensive newspaper coverage for his lectures in America and London. In 1896, the first Vedanta Society was organized in New York City⁴. His message, which he termed Vedanta⁵, was “that each individual was able to achieve the direct experience of God-realization, and that the diversity of various religions and sects merely meant that they were different paths to the same goal” (Wessinger 176). The Vedanta Society is still thriving today; its centres span the Western world and India.

Paramahansa Yogananda (1893-1952) grew up in a Bengal that had also been strongly influenced by the spirituality of Ramakrishna and was himself connected to the Ramakrishna movement (Wessinger 178-179). He, like Vivekananda, had a Western education, an Indian neo-Advaitic guru, and was concerned with integrating Hindu spirituality with a modern lifestyle that was highly influenced by the West. He also found a receptive audience in America, and was able to bring his organization, the Yogoda Satsanga Society of India, there in 1922, where his popularity grew. His organization was incorporated in 1935 as the Self Realization Fellowship. His guru, Lahiri Mahasaya (1828-1895), taught that the highest spiritual attainment could be achieved while living fully in the world, that is, in the householder stage of life. A yogi more than an intellectual Vedantist, Yogananda taught yoga, based on the Yoga Sutras of Patanjali (Ellwood 225). Nonetheless, his system was a novel combination of the two

⁴ Deemed a hero in India, capable of reversing the tides of Christian proselytization, Vivekananda also established the Ramakrishna Mission in India in 1897, to spread the Vedanta message (Ellwood 222).

⁵ “Vedanta” is a shortened title for neo-Advaita Vedanta.

systems of yoga and neo-Vedanta. Unlike Vivekananda, he remained in America for over thirty years. The Self-Realization Fellowship has branches throughout the world, but especially in America and India.

The spiritual technique that Yogananda taught was known as kriya yoga, which is described as a means for “withdrawal of the life-energy from the outer concerns to the opening of the spiritual centers” (Ellwood 226-227). Yogananda was able to incorporate Western scientific terminology into his teachings, in a manner highly reminiscent of Western esoteric traditions⁶:

A very basic point of his message is that yoga’s philosophy and methods are scientific and entirely reinforced by the discoveries of Western science.... [T]he Self-Realization Fellowship teaches that the yoga philosophy and methods, accessible as they are to empirical and scientific verification, underline all the great religions and scriptures. They are the essence, core, and substance of every religion.... The westerner with an attachment to Christianity or science, or both, could be assured that he could find nothing at odds with either in the message from the East (227).

However, this movement’s confusing use of pseudo-scientific language is somewhat metaphorical; for example, the phrases “right magnetization of bodily current” and “accelerating the speed of human evolution” are used to explain the mechanics and benefits of kundalini yoga. This type of transformed Indian system, although not directly identified with Theosophy’s philosophia perennis, may have capitalized on the popularity of such ideas in an audience that was also intrigued by mystical, universal rhetoric in Western esoteric traditions. Esotericists who sought further legitimization of universalist and reductionist ideas could have very easily identified with and contributed to the

⁶ As will be discussed, Vivekananda and Yogananda seem to have established a basic framework that plays on the Western esoteric tradition that New Religious Movements build theirs on.

popularization of Vivekananda's and Yogananda's systems. However, in addition to esotericists who may have been attracted to the neo-Advaitic system, others may have been attracted to it for other reasons; for example, its rejection of the Christian doctrine of original sin and the alienation of God from his creation, as well as for its neo-Advaitic teachings of human free will and the importance of self-effort⁷. In any case, I would like to suggest that Vivekananda and Yogananda had much in common with Western esoteric traditions – so much so that they might have been influenced by them, either because of the audience they attracted or because of a conscious effort to identify themselves with, or benefit from, alternative movements already existing in America (such as Theosophy). Their philosophy might have been a veritable part of the Hindu tradition, but any suggestion concerning the universality of all religions was not a novel idea to Western esotericists.

New Religious Movements

The cultural revolution of the 1960s fostered an environment that was ripe for an even greater explosion of Indian religion into American culture through an interest in Eastern spirituality and alternative philosophies. The repeal of the Asian Exclusion Act in 1965 put into motion three major ways by which Indian culture streamed into America: the growth of the Indian diaspora community in North America, a wave of Indian gurus establishing New Religious Movements (NRMs) in America, and an ensuing wave of Americans visiting India on spiritual journeys. Each Indian cultural influence was not wholly devoid of Western esoteric elements: those bringing an Indian message

⁷ For a more detailed discussion of who was attracted to Neo-Vedanta and why, see Wessinger (180-185).

transnationally always altered their message so that it would be more readily accepted by a Western audience, and even those with no religious or political message had already experienced the fruits of the Theosophists and Orientalists in India itself⁸. Indians could have brought that “non-Indian” influence back with them in syncretic form when they immigrated to North America.

Despite reductionist tendencies within the Hindu diaspora community⁹, Hinduism, as it exists among the South Asian Diaspora of North America, is highly nuanced, reflecting the complexity of Hinduism in India. There are debates of what is most appropriately labelled the “true” form of Hinduism:

In some cases, there is a trend toward[s] what may be seen as a “sanitized” form of the religion, one thought to be more acceptable in the West, for example, a Hindu emphasis on the Gita and Gandhi rather than on purity laws. The sampradaya, or the guru lineage (e.g. Sai Babha), is also an increasingly popular tradition, not least because of the educational and community infrastructures that these moments have evolved (Hinnells 10).

Modern Hindu philosophy, mainly neo-Vedanta, is very influential in the diaspora community; as a powerful syncretic tool, it attracts immigrants who have ties with both Indian and Western cultures. It is inherently apologetic, as it developed in the nineteenth and early twentieth centuries, the time of the Hindu renaissance that directly confronted colonialist attitudes prevalent in India. In order to accomplish this, modern Hindu

⁸ Western influence, such as Orientalism and Theosophy, was far-reaching and has fully permeated Indian arenas of debate, especially modern Hindu philosophy. Authenticity with regards to “Hinduism” is very difficult to determine.

⁹ When there are few members of different sects of Indian religion within the diaspora community, Hindus and sometimes Sikhs will come together to build a common place of worship (see Coward et al. (154-160) on the changing experience of Hindu worship and ritual). Many different images sometimes will be installed within one temple. As each distinct South Asian community grows in numbers, temples and other places of worship become more specialized.

philosophers were conscious of both Indian and Western audiences, capable of entering a Western or Eastern arena of debate. Melton (166) writes “The Hindu Renaissance represented a significant adaptation to the Western critique of Hindu polytheism and village religion.... It sought to appropriate the knowledge of the West and valued the opinion of Western religious leaders”. As will be discussed, “syncretic” modern Hindu philosophy (especially Neo-Vedanta) plays a major role in the NRMs spearheaded by Hindu visitors and immigrants in America, such as Transcendental Meditation (TM), Siddha Yoga, Kripalu Yoga, and Sivananda Yoga (Coney 56 -60)¹⁰.

The scholarly term “New Religious Movement” (NRM) denotes a religious and spiritual group that has appeared in the West since 1945; its teachings and practices are innovative or unorthodox in some way¹¹. South Asian NRMs characteristically seek to attract a Western audience (Coney 56)¹². Each movement typically centres on a charismatic leader, a strong founder that inspires people with revelations of higher truths through extraordinary spiritual experiences (Ludwig 482). For example, the importance of the leader in Siddha Yoga is vital for spiritual growth: shaktipat diksha “is an initiation by look, touch, or word. In this transmission the devotee who approaches the guru with love, devotion, and faith has his shakti – the energy of kundalini – aroused” (Goleman 80). As the NRM grows, each follower has less contact with the leader, and in the absence of a leader (or upon his/her death), the movement usually becomes more organized, institutionalized, and regionally variant. Maharishi Mahesh Yogi, founder of

¹⁰ This is not an exclusive list of South Asian NRMs. These movements have been chosen for discussion because they are highly influential in the lives of many interviewees in this study.

¹¹ The term “NRM” will be used as it does not carry with it many of the negative connotations that accompany the terms “cult” or “sect”, as of yet.

¹² Full-time members of the majority of South Asian NRMs in the West are typically middle-class, well-educated Westerners (Coney 63).

the TM movement, began lecturing in the style of a guru: he gradually acquired a small group of disciples by speaking to large crowds. As his influence grew in different countries, he spent less and less time with followers and in his absence, his movement took on a Western-style organization with more of an American-style economic focus. Similar trends can be seen with the gurus of other NRMs such as Kripalu Yoga's Amrit Desai, Sivananda Yoga's Swami Sivananda, and Siddha Yoga's Swami Muktananda.

TM, Kripalu Yoga, Sivananda Yoga, and Siddha Yoga all may be seen as stemming from the Hindu tradition; however, they usually downplay this connection presumably to make non-Indian followers comfortable. These South Asian NRMs deviate from Hinduism by promoting different systems of metaphysical meaning, with different practices and rituals; however, their systems of thought are all connected because each movement utilizes aspects of modern Hinduism and various other Hindu esoteric traditions, typically resulting in a variant system of Neo-Advaita with mixtures of several yogic philosophies. For example, Thursby writes that Kripalu Yoga is a bridge between two highly respected formalized approaches to yoga practice: Ashtanga Yoga (of Patanjali's Yoga Sutra), and Kundalini Yoga (the basis for the great texts of Kashmir Shaivism, which is closely related to Advaitic philosophy) (202). Siddha Yoga's cosmology is that of Kashmir Shaivism as well, and it is characterized as guru-kripa yoga, or the yoga of the guru's grace, which "awakens the dormant kundalini-shakti and enables the disciple to make spiritual progress toward full realization of the inner Self (Shiva)" (ibid. 205). Sivananda Yoga also makes use of hatha yoga¹³ and raja yoga¹⁴,

¹³ The physical yoga of breathing and postures (Ellwood 236).

¹⁴ The yoga of deep meditation which leads to liberation, or the yogic techniques for raising the kundalini, the "serpent power" coiled at the base of the spine, which opens the psychic and spiritual centres along the spinal column (ibid).

and is centred on a Vedanta philosophical interpretation of their practices. Even Swami Satchidananda, a disciple of Swami Sivananda, had entered the Ramakrishna Mission before meeting Swami Sivananda. Maharishi Mahesh Yogi was a disciple of a Sankaracarya¹⁵, Swami Brahmananda Saraswati (1868-1953), and is often touted as presenting a modern, de-Indianized version of Vedanta because “he secularized TM by purging it of all the religious rites and rituals and spiritual mysticism” (Mital 48). Yoga is incorporated to an extent, for example, in the Siddha program that teaches meditators to levitate (Melton 289)¹⁶. Like most NRMs, these movements are eclectic in their teachings; they draw from a variety of religions, combine various traditions in a novel way (including concepts from New Age), and incorporate new insights from modern experience. Teachers who spend time in South Asia as well as in the West tend, however, to be more conservative with respect to Indian practice (Coney 63). This extends to the way in which they represent Ayurvedic practice as well.

NRM eclecticism becomes more apparent in the American branches of these movements: they all incorporate parts of the Western esoteric tradition, most obviously they incorporate New Age practices (such as the use of pseudo-scientific terminology for a legitimizing effect) and thus benefit from the increasing prosperity of the New Age market. Despite their underlying criticism of North American life, NRMs embrace certain aspects of modern society such as economics, education, science, technology, and even politics, presumably so that their spiritual path falls within the opportunities and demands of modern life. For example, TM defines transcendental meditation as the “Science of Creative Intelligence” – which Goleman describes as basically another

¹⁵ A guru from one of the four centres Sankaracarya established in his tour of the Indian subcontinent.

¹⁶ I could not find any direct reference to yoga in TM, nor the origin of his title as Maharishi Mahesh *Yogi*.

updated version of Advaita Vedanta (neo-Vedanta) (66). TM's World Plan Executive Council has striven to prove the scientific validity behind their claims of medical benefits from their practices of meditation and Ayurveda. These findings, however, are usually compiled in a TM-sponsored setting and are not generally accepted by the global scientific community. Affluence is highly regarded within many NRMs (such as in TM and Siddha Yoga) and is sometimes displayed as a means for greater spiritual attainment. TM is highly criticized as a proponent of prosperity discourse, which is purported to be part of a globalized Americanism that legitimates consumption and desire on the level of the individual and puts forward a cosmic vision of abundance (Mikaelsson 95-96).

Religion in New Religious Movements

The term NRM is rarely used by NRM members, perhaps because NRMs present themselves as a modern expression of more classical teachings, or because they consider themselves to be spiritual or secular groups, avoiding the term religion altogether. The mere mention of the word "religion" can sometimes send an NRM proponent immediately into a defensive stance. NRM members often challenge public conceptions of their religiosity, finding it offensive or demeaning to use the terms religion or religious in conjunction with their movement, which they regard as a universally applicable or scientific system of thought. Religion is usually regarded as the lower path and spirituality as the higher path, and it is with the latter that South Asian NRMs characteristically associate themselves. Regardless, NRMs are viewed as religions in academic literature, given their imposed title "New Religious Movements", and their own position is often not addressed.

It comes to question why academics so readily disregard the NRM claim to be non-religious. How do the insider and outsider definitions of religion differ, and what are their perceptions of how NRMs fit into these definitions? In academia, religion is often characterized as a path of ultimate transformation in which participants draw near to or come into right or appropriate relationship with “ultimate reality” or what is deemed the “realm of the sacred” (Ludwig 4, Ellwood 4, and Cannon 383). There are three areas in which religion finds expression: theoretical (myth, philosophy, doctrine); action (worship, rituals, ethics); and social forms (community, fellowship, interpersonal action). Hanegraaff concisely defines religion as “any symbolic system which influences human action by providing possibilities for ritually maintaining contact between the everyday world and a more general meta-empirical framework of meaning” (“Secularization”: 295). Hanegraaff’s definition of spirituality is a variation on his definition of religion: “[spirituality is] any human practice which maintains contact between the everyday world and a more general meta-empirical framework of meaning by way of the individual manipulation of symbolic systems” (ibid.). Therefore, for these scholars, religion and spirituality are not exclusive categories: “a religion without spiritualities is impossible to imagine” (ibid. 300). Each religion can generate multiple spiritualities, a small fraction of which can become the basis for new spiritual traditions. However, spirituality without a religion is possible to imagine. Hanegraaff’s example of a collection of spiritualities (as opposed to a religion) found in a secular society is New Age. He infers that New Age is not a religion itself; nonetheless, there can be “New Age religions”, or religions based on New Age values. The NRMs of this discussion can be classified as New Age

religions because they incorporate much from New Age thought and because many of their adherents are New Agers¹⁷.

An important difference between New Age and academic understandings of religion is that the New Age excludes religion from spirituality, while the academic usually does not. Hanegraaff suggests that in New Age sources, “religions” are perceived as being based upon “blind acceptance of dogmas, which have long prevented the faithful from discovering the divinity that resides within themselves” (“Secularization” 305). They consider themselves spiritual because they lack those qualities and focus on the individual path to ultimate transformation. New Age spiritualities are not explicitly based on institutionalized religions, although they may borrow ideas from them. In other words, they do not work within the framework of an already existing religion. Rather, they work from the cultural framework of a secularized, plural society, one that is no longer grounded in a religious system of symbols. They are, therefore, based upon individual manipulation of both religious and non-religious systems. Because the South Asian NRMs previously discussed take much from both New Age thought and Hinduism, our current analysis is taken from these two perspectives. Of the secular New Age symbolic systems with which these NRMs are concerned, “mythologies of science” stand out. Hanegraaff writes:

In countless ways, New Agers give a spiritual twist to the symbolism of quantum mechanics and the theory of relativity, various psychological schools, sociological theories, and so on. The common basis of a New Age religion is, therefore, no longer the symbolic system of an existing religion but a large number of symbolic systems of various provenance, bits and pieces of which are constantly being recycled by the popular media (304).

¹⁷ Not all NRMs are New Age religions; TM, Siddha Yoga, Kripalu Yoga, and Sivananda Yoga are, for reasons that will be laid out in this section.

In his analysis, although New Age religions find their basis in a secular society, they can be characterized as religious systems, or religions. The term “spirituality” can also be applied to an individual’s manipulation of the greater symbolic system of New Age religions.

There is much variation in the extent to which an NRM is truly innovative in comparison to its parent tradition. The incorporation of New Age ideals can at times complement an already existing Hindu framework – especially since the latter is already heavily influenced by the New Age precursors of Theosophy and the Western esoteric movement¹⁸. Regardless of Western influence in Hinduism, the NRMs of this discussion find their origins in Hinduism. Each NRM leader was trained under a Hindu guru who is usually a pundit of Advaita Vedanta and a yogic system, as has already been discussed. Each NRM utilizes Hindu texts or scriptures; for example, TM centres on the Vedas and includes the Bhagavad Gita as a primary text, and Kripalu Yoga makes use of Pantanjali’s Yoga Sutras. Many NRMs depart from the parent tradition in their modification of ritual, thought, and community structures, however.

Given the Hindu connections of these NRMs, it then comes to question if there is a Hindu understanding of religion and spirituality that parallels that of the New Age understanding. Although this varies greatly according to different schools of Hinduism, an attempt will be made to identify common classifications of Hindu religious behaviour. A major facet of religious expression is the theoretical: thought expressed through myth,

¹⁸ This is especially the case for New Age Ayurveda and commercialized Ayurveda in India. On the other hand, it would be interesting to investigate the extent to which New Age Ayurveda has influenced commercialized Ayurveda in India, or what effect TM Ayur-Ved has had on the development of commercialized Ayurveda in India.

philosophy, and/or doctrine. One loose definition of Hinduism is that it recognizes the authority of the Vedas (shruti, or revealed knowledge), although that may be nominal and the real focus is on other Sanskrit texts recognized as Hindu (smṛti, or that which is heard or remembered) and the ethical framework and worldview that is found in these texts.

All the NRMs of this discussion centre on Hindu texts and therefore satisfy this category.

Another facet of Hindu religious expression looks at the “action” realm of religion, and this can be found in two of the four Hindu stages of life. One is the householder (grhastha) stage of life when one participates in worship of images (pujas), rites of passage (samskaras), ethical behaviour (dharma), and vows (vratas). Another is the individual pursuit of moksha (liberation) with exclusive focus on the path to liberation (in the post-householder stages of life), which is apt to be called spiritual and in the Advaita Vedanta tradition is apt to be ascetic as well. In the traditional Advaita system, the former is a lower path preceding the latter (which is the higher path). There is also the argument within Advaitic thought that religious action purifies the mind and makes it more apt to achieve moksha. Conversely, religious action can be perceived in a negative way from the liberation perspective of Advaita because this action is perceived as illusion (maya). The stages of life have become less rigid in modern times¹⁹; the householder/ascetic distinction has virtually collapsed even in India. Today, there is a more serious orientation in the householder stage that concerns itself with the ultimate purpose of religion, an orientation not unknown to traditional bhakti forms of Hinduism. Spirituality is pursued in any reflection on the inner meaning of religious action such as

¹⁹ In addition, various Hindu movements in India’s history have challenged the stage of life in which moksha could be pursued; however, orthodox behaviour has maintained a dominant position throughout.

ritual action, in the practice of yoga, and meditation. Outward action and inner meaning are conjoined.

TM and Controversy

TM differs substantially from the other NRMs discussed. As an organization that is much larger than the others and more involved in public life, TM has attracted more criticism from the public. This criticism revolves around charges of deception on part of TM advocates, involving the presentation of false claims, such as the beneficial effects of TM practice²⁰, the siddha program promising to teach students to fly, and most relevant to this thesis, its changing stance on whether it is a religious path or a spiritual path.

Woodrum points out that the early stages of the TM movement were explicitly religious (93-94). In Maharishi's 1964 work, *The Vedas*, he writes, "The path to God realization is this meditation. Transcendental meditation is a path to God"²¹. However, the modern TM position is that it rejects all ties to religion; TM dissociates itself from Hinduism, even though it claims to be based on the Vedas²². Whereas the most other South Asian NRMs value their Indian heritage, TM now asserts legitimation through science, not religion (Phelan 9). Even TM "Vedism" is characterized by science, especially physics. It is claimed that all that is within the tradition of the Vedas is scientific and a-religious, namely, a science of "consciousness" that aids in one's spiritual development. Modern discoveries and contemporary science are said to underlie and verify the concepts

²⁰ Critics and scientists have challenged the findings of TM scientists, claiming that similar results could be produced from a wide variety of relaxation techniques, that only special samples of meditators could produce such positive results, and finally that sending meditators to areas of the world in great strife had produced no visible results (Melton 293-294).

²¹ A quote of *The Vedas* (1964), taken from Woodrum (93).

²² TM does not subscribe to the scholarly definition of Hinduism as recognizing the authority of the Vedas.

expounded in the Vedas. In addition, it is often put forth that meditation is a universal practice, characteristic of but not exclusive to the TM movement.

TM has been legally challenged on its view that it is not religious. Because the TM movement tried to use state funds to spread its practices (for example, to implement its practices in schools), it was taken to court for threatening the separation of the church and state in New Jersey (1978). It was ruled that the TM movement was in fact a Hindu religious organization, and that TM was a practice essentially religious in nature. This was decided on the basis of TM's puja ceremony, the pattern of Maharishi's life and its essential Hindu religious roots through the Maharishi's Guru (Guru Dev), the religious overtones of its Spiritual Regeneration Movement, and the Maharishi's own religious writings (Melton 294). Despite the court ruling, the TM movement maintained the position that it is not a religious movement. But, it seemed to change its stance on whether it is a religious path or not in a 1995 court case filed by a Californian widow, Jonie Flint, against Maharishi Ayur-Ved practitioners. Reddy suggests that this court case potentially marks a gradual shift within the TM movement toward a self-definition as religion, so as to enjoy the constitutional freedoms granted to religious groups ("Asian" 111).

The TM movement differs from other NRMs in the extent to which it promotes Ayurveda. It is unique in that it attempts to be the sole representative of the whole tradition of Ayurveda (Reddy "Reinventing" 245). The Maharishi Veda Organization has autonomously institutionalized Ayurvedic practice and learning: it has established centres throughout North America where its presence can be felt – even in Canada, consultations are offered and advertisements for their full treatment and training centres are circulated.

The other NRMs only offer a handful of Ayurvedic relaxation techniques at certain retreats, if at all²³.

It seems clear that TM Ayur-Ved has arisen out of a religious milieu: it has arisen out of the New Age fascination with the Orient as well as out of neo-Vedanta. As all South Asian gurus who immigrate to North America are faced with presenting their system in a form palatable to a Western audience, the large majority of them modify their teachings so as to ally themselves with New Age demand. In doing so, they draw upon Western, not Eastern, sources such as the Western esoteric traditions (albeit with early links to India) and American commercial culture. As one of the many eclectic elements of the New Age movement, New Age Ayurveda thus does not originate solely from the Indian Ayurvedic tradition, even though New Age organizations claim this is the case.

²³ I could not find any reference to Ayurveda on Siddha Yoga's website (6 Jun. 2003 <www.siddhayoga.org>). From the interviews with Siddha Yoga proponents, there was no indication that the Siddha Yoga institution offered any Ayurvedic treatments or products at all; only that Ayurvedic principles coincided with the Siddha Yoga system. Kripalu Yoga (18 Jul. 2003 <www.kripalu.org/hs/ayurvedic.shtml>) and Sivananda Yoga (18 Jul. 2003 <www.sivananda.org/farm/ayurvedic_rejuvenative_weekends.htm>) both offer retreat/spa packages where Ayurvedic therapeutic massage and oil treatments are practiced.

Chapter 5

VIEWS ON AYURVEDA AND WESTERN MEDICINE

Given the great amount of exchange between Indian and Western esoteric traditions and the different ways Hinduism is expressed in North America as illustrated in Chapter 4, it is not surprising to encounter varying levels of “Western” influence in the value systems of the interviewees of this study. The sample of the Indian diaspora in this study reflects a vast spectrum from traditional to modern stances on medicine in India (such as outlined in Chapter 2). This chapter analyzes the interviewees’ backgrounds to find patterns in their perceptions of medical plurality in India. In addition, this chapter discusses how the interviewees view the practice of Ayurveda in Canada and investigates how their views have been influenced by New Age thought in general and Transcendental Meditation in particular.

Tradition and Modernity in Formative Years

Regardless of religion or education, all of the interviewees currently hold a positive view of Indian Ayurveda¹; that it is a system that is effective, efficient, and superior to Western treatments for specific diseases (usually long term ones). All interviewees acknowledged that Indian Ayurveda is a legitimate medical system with a knowledge base that Western medicine could and should benefit from. Even though they were aware that Western medicine has made breakthroughs that cannot be paralleled in Ayurveda, they felt that

¹ As was discussed, there are many different forms of Ayurveda in India; however, in this context I am referring to those forms of Ayurveda recognized by the Indian government today and its related medical institutions.

Indian Ayurveda is, for the most part, unjustly unappreciated. However, this positive, pro-Ayurveda stance was not common to all Indian interviewees in their youth. The extent of modernization and secularization within the interviewees' families played a large role in the interviewees' formative perceptions of Ayurveda. Two main clusters emerge from the familial backgrounds of the interviewees: those from traditional Indian households and those who come from modern English-influenced families². The most traditional families were the most religious in their practices and beliefs, and the most modern, English-influenced families were also the most secularized. Although not all the interviewees fit perfectly into these categories, they can be placed on a scale where "traditional" and "modern" form the extremes. Despite the heuristic choice of nomenclature, it is important to acknowledge that like modernized governmental Ayurveda itself, the interviewees all are modernized to some degree.

The extent of traditional or modern influence in the interviewees' backgrounds were determined by their descriptions of family life and their medium of education. Traditional families were described as devoutly religious, whereas modern families were described as secular, British-influenced, or casual about religion. The religion of the interviewees' families (Hinduism, Sikhism, or Christianity) did not seem to play a role in the extent of traditionalism within each family. Being classified as religious often meant that the interviewees' parents were adamant about following the rituals and daily practices that were normative for their respective religion or caste. When interviewees described their family as religious, their characterization usually included a strong belief not only in God but in the religious framework of daily life, for example, a strict adherence to the vratas, pujas, meditation, yoga, church or temple going, prayer,

² See Appendix B for a flowchart that illustrates the grouping of interviewees into these categories.

pilgrimages, fasting, or missionary work. In addition, having a religious family sometimes meant having many priests or nuns in the family. For example, one interviewee's (MD1) father was a prominent Sanskrit pundit who followed a very orthodox Hindu lifestyle of vegetarianism, daily prayer, meditation, pilgrimages, and rituals. Another interviewee (A3) was from a Brahmin temple subcaste that demanded the observance of strict purity rules; for instance, she described how she would have to ritually bathe each time before entering the household. Of the physicians interviewed, most of those coming from religious families grew up in Kerala; however, this is probably due to the small sample size³. They usually were schooled in non-English medium (i.e. Malayalam) classes and were familiar with Malayalam literature. This may have given them a deeper understanding and appreciation of Indian (more specifically, South Indian) history and culture.

Those who described their families as modernized and secular emphasized that their families were of an educated class that was “progressive” and supported many aspects of Western culture, such as the scientific process. They attended English-medium schools and were thus more sympathetic to the Western-inspired separation of the secular and the religious, delegating them to the public and private spheres, respectively. Some of these interviewees imposed a secular point of view onto practices that are generally considered religious in India: one physician (MD3) who described his family as casually religious considered going to the temple a cultural practice and not a religious one, likening it to “going to the mall here in Canada”. To point to the high degree of colonial

³ Perhaps because of the focus on Ayurveda that is found in South India, it was easier to find Ayurvedic practitioners from this community. However, Kerala, Uttar Pradesh, Punjab, and Gujarat are all states in India that are considered the most progressive in terms of Ayurveda in India (Brass 347). Coincidentally, these are the states from which most of the interviewees of this study (both Ayurvedic and MDs) migrated.

influence on their families, some interviewees emphasized that they grew up in British India; one person (MD4) exclaimed that at that time, “everything Indian was considered useless”. It was related that as children, they witnessed and participated in an extreme view of disinterest in Indian culture, because of certain stigmas associated with aspects of Hinduism that were considered unacceptable by Western standards. Although they conceded that this was part of a shameful, self-hating emotion that made them avoid things considered embarrassing about India⁴, they also were nationalistic about India’s philosophical and historical achievements. Because of their demeaning attitude towards “cultural” or “religious” aspects of Indian culture, their knowledge of traditional orthodox and unorthodox Indian systems was of a more superficial quality. In extreme cases, they had no in-depth knowledge of pre-modern Hindu culture other than what they experienced as an outsider, with a disdainful, dismissive attitude. Along with this attitude came a glorification of the economical and scientific feats of Western society.

One non-Indian Ayurvedic physician (A2) was categorized as very modern and secular, not only because of her North American background, but because her family did not participate in Christian religious activities nor value religion. In addition, she had no contact with Indian culture and tradition from her family as she was raised in Canada and the United States. However, because she became interested in Indian Ayurveda and is married to a South Indian, she has had much traditional Indian influence in her adult life.

⁴ This attitude related in the context of the interviews is an extreme one, and I do not mean to imply that it was the sole stance of these individuals. Rather, they have been affected by numerous conflicting attitudes towards Indian culture that cannot be encapsulated here.

Formative Perceptions of Western and Ayurvedic Medical Systems

Some interviewees reported that their families would consult Ayurvedic physicians for all health problems, never considering a Western-trained physician. Others only consulted MDs for health problems. Most of the interviewees, however, consulted both medical systems for specific diseases, according to each system's perceived strengths and weaknesses. Ayurveda was known for rheumatic diseases, mental diseases, musculo-skeletal diseases, and, in general, chronic diseases. There was a consensus among interviewees that there were specific strengths and weaknesses of Ayurvedic treatments that roughly complemented those of Western medicine. For example, Western medicine was often associated with acute care, quick results, and treatment, not cure of chronic diseases. Ayurveda was always described as providing long-term cures, especially for the so-called chronic diseases – the reason being that it could determine the “true” aetiology of the disease. Often, families would consult whichever system they thought offered the best treatment for their particular problems, sometimes consulting both systems simultaneously. One interviewee (MD3) reported that his family physician who was trained in Western medicine allowed simultaneous medications from both systems for bronchitis, as he believed them to be non-conflicting. Ayurveda was always associated with fewer side effects; however, one physician (MD5) was critical of this statement because all possible side effects have not been researched. The socio-political sphere a family belonged to was also perceived as influencing which medical system was patronized; the poorer the family or the lower their status, the more likely they would consult Ayurveda. Some viewed Western medicine as medicine for the elite in India; however, they also conceded that commercialized Ayurvedic resorts cater to the rich.

Those who perceived Western medicine and Ayurveda as occupying complementary niches asserted that there was much interaction between the two systems. With the exception of the most orthodox Ayurvedic practitioners, the conditions in post-colonial India have promoted the use of Western medical concepts within Ayurveda; however, no interviewees reported Ayurvedic principles being incorporated into Western medical practice. In some Ayurvedic clinics, Ayurvedic practitioners and MDs worked side by side; in some progressive Ayurvedic clinics, Ayurvedic physicians utilized Western medical diagnostic techniques, such as stethoscopes, x-rays, and urine tests. One interviewee even claimed that antibiotics and cortisones were used by some of these Ayurvedic physicians, although interviewees asserted that this could have been possible only through illegal interactions with pharmaceutical companies. The more traditional interviewees felt that this kind of sharing was a dilution of pure Ayurveda, that fusing the two systems results in the degeneration of Ayurveda.

Patterns

In this study, it was found that the extent of modernization and secularization in interviewees' families correlates with their childhood perception of hierarchy within India's plural medical system. Those from the most traditional religious households observed that in their families, Ayurveda was perceived to be a superior medical system to Western medicine, even if the interviewee later became a Western medical practitioner. The most modern and secular households were of the opinion that Western medicine was far superior to Ayurveda, the latter being regarded as an irrational system. Within each of these extreme views, there was the observance that there was a small

degree of specialization within each field and that economical and political subsections of society had their own medical preferences. For example, the extreme traditional view of the supremacy of Ayurveda included the recognition that each medical system specialized in certain diseases and that Ayurveda was more readily used by those “closer to their Indian roots”- the more traditional and often poorer subsection of the Indian population. This traditional group is distinct because its families automatically consulted Ayurvedic physicians first and never consulted an MD, even though they were aware of some particular strengths of Western medicine. This was because Ayurvedic physicians were more in tune with their lifestyle and philosophy. In one example (MD1), a family member seemed to purposefully boycott Western medicine in direct defiance of English influence. However, exclusive Ayurvedic patronage was not always practiced for political reasons: MD1 also claimed that because of his family’s adherence to the orthodox Hindu lifestyle⁵, they naturally went to Ayurvedic physicians even for serious infectious diseases, never thinking of Western medicine.

In contrast, the most modernized, English-educated families would rarely acknowledge Ayurveda as a medical system comparable to Western medicine. The more modernized the family, the more likely that family would instil in them a negative viewpoint of Ayurveda as medical quackery. Ayurvedic medicine was shunned in the English-educated circles, viewed as inferior, folk medicine for the poor, hocus pocus, and not in keeping with the rationality of scientific investigation. The notion that Ayurveda was for the poor was accompanied with the attitude that “more expensive” means “better quality and effectiveness”. There was also an assertion that it was suitable for the naïve

⁵ This interviewee was of the Nayar caste of Kerala. In some cases, subsections of this caste would live according to many orthodox Brahmanical customs, such as vegetarianism, Sanskrit learning, maintaining high levels of ritual purity and auspiciousness.

belief system of the poor; it involved faith healing for the simple-minded and uneducated. Nonetheless, there was still some fascination with the medical marvels that it could produce: no interviewees from the modern group were completely devoid of contact with Ayurveda in their formative years (except for A2, the North American Ayurvedic physician). Successes were often written off as the placebo effect or faith-healing by the interviewees and the rest of their families. This first hand experience with Ayurveda usually occurred through a family member or friend of an older generation who was traditional and religious, someone whom the interviewee perceived as having a mystical and irrational belief in Hindu systems of religion and healing. On the most extreme end of modernization (with the least Indian religious influence) was A2, who, being of North American origin, had no contact with Ayurveda as a child and only went to India after receiving some preliminary training in Ayurveda in the United States as an adult.

Those families who lie between the extremes of being strictly religious (and traditional) or secular (and modern) also occupied the middle position on hierarchy within the Ayurveda/Western medicine paradigm they experienced as children in India. They would not concede to any notion of one system being better than the other, only that they were different. Each, accordingly, had its own strengths and weaknesses, and often both provided treatments for the same health problems that were equally effective. Ayurveda and Western medicine were not rated against each other - they simply occupied their own niches. These interviewees coming from “moderate” backgrounds could describe the strengths of both medical systems in more detail than other interviewees; Ayurveda was described as having a traditional and gentle approach that appealed to the poor and elderly, and as having specialized in skin diseases, allergies, rheumatoid

diseases, mental illness, and other chronic diseases. Western medicine had its specialization in trauma, infectious diseases, surgery, and overall acute care.

Why Medicine?

It is self-evident that background greatly influences career choice. People in general choose careers that are in accordance with the principles by which they were raised. With the exception of one interviewee (MD1), those who came from a religious and traditional household in India became Ayurvedic physicians. This is not surprising because Ayurveda is a system that promotes traditional and religious values, in most of its many forms in India (commercialized Ayurveda being the exception). One interviewee (A3) cited an interest in Sanskrit as her source of interest in Ayurveda: she wanted a medium for continuing her studies in Sanskrit, and Ayurveda offered a practical application of Sanskrit skills. An exception is one interviewee (MD1) from a traditional background who entered Western medical school after completing both the Malayalam curriculum and the English curriculum at school⁶. Although he had no previous plans for medical school, he entered because “there was a new medical school in [my district] for the first time – it was easy to go”. He asserts that he was merely looking for stable and respectable employment. However, in general, with more English-influence within the family, there was a greater inclination and ability to enter Western medical school. There are two cases in the middle of the spectrum of interviewees who came from fairly religious families and wanted to be MDs but failed to gain entry into medical school,

⁶ Having been raised in a traditional, religious household, he was groomed to become a Malayalam teacher, finishing Malayalam school at the age of fifteen. However, his age was considered too young for a teacher, so he decided to complete the English curriculum as well.

which prompted their entry into Ayurvedic schools instead (A1 and A4). Although an Ayurvedic degree was initially sought as a means to gain entry into Western medical school, a genuine interest in Ayurveda developed during training⁷.

Most of the MDs came from modern, English-influenced backgrounds. Their education fostered an inclination to pursue Western medical school and made it possible for them to succeed in that endeavour. For some interviewees, MDs were common in the previous generation of their families as well as their own generation. Some physicians came from highly educated (English) families and had personal experiences that sparked an interest in medicine, for example, the loss of a loved one to a disease, or a medical role model who was a source of inspiration because of his or her ability to heal people. A loose correlation thus exists between the physician's background and career choice: most English-educated interviewees from modernized families chose Western medical training, whereas those from more traditional and religious backgrounds chose to enter Ayurvedic training.

Changes that occur in North America

Having examined the interviewees' perspectives on Ayurveda and Western Medicine based on their memories of life in India, this section analyses if and how their views changed after immigrating to Canada and the degree to which their experiences of TM Ayur-Ved influenced their assessment.

⁷ During the attempt to legitimize Ayurveda in India through institutionalization and regulation with the government in the twentieth century, Ayurvedic students were often stereotyped as less capable students who could not achieve admission to Western medical school (Brass 354).

Ayurvedic Physicians trained in India who Immigrate to North America

Ayurvedic physicians usually understood before immigrating to Canada that they would not be able to practice as freely as they did in India; however, most were not fully aware of the restrictions that would be placed upon them. They had at least a vague idea that most Canadians have not heard of Ayurveda, and that to them Western medicine is synonymous with the term medicine. Of the vaidyas I interviewed, they had varying reasons for immigrating here. The most traditional vaidya I interviewed (A3) came to Canada accompanying her husband ten years ago. Her husband's vocation as an engineer made immigration possible. A vaidya (A1) who trained at the Ayurveda College in Trivandrum (Kerala state) came to Canada in 2001 because her husband immigrated as an engineer. Both of these women did not immigrate for work opportunities for themselves; they came only with notions that their families would benefit from the move.

After years of dialogue with various health professionals in Canada and America (such as MDs interested in alternative medicines, members of the TM movement, and various alternative health professionals), A3 has found that they are very different from Ayurvedic physicians in South India. She does not consider working for a New Age Ayurvedic spa or retreat to be practising the type of Ayurveda for which she was trained, but she does concede that such organizations have had the positive effect of bringing some ideas from Ayurveda into North American consciousness and sparking further interest in the subject. She feels that given her background and training, working at a New Age spa in Canada or the United States would not fulfill her role as an Ayurvedic physician. Frustrated with the obstacles to practicing in Canada, she has given up trying to use her credentials in Ayurveda and has become an accountant. Sometimes, people

from the Indian community who know of her Ayurvedic training come to her for help, and she tells them what she can: that the only advice she can give in Canada is in the realm of dietary and lifestyle changes⁸. She related to me that most Canadians are not able to afford Ayurvedic treatment because other than common items that can be bought in Indian grocery stores, serious Ayurvedic treatment is only possible in India and most people cannot afford trips there. She also feels that Ayurvedic consultations at New Age institutions in North America are too expensive and are not nearly as effective as what could be achieved in India.

Both A3's and A1's husbands who have tried to help their wives find employment have not been able to find people in the governmental health divisions in their provinces (Alberta and Ontario) who are aware of Ayurveda, and at present, there is no government-related arena for the regulation of Ayurvedic practice in Canada (as there is in India). A1, having recently immigrated (2001), has found herself in a slightly different environment than A3. Her husband's search has been slightly more successful than A3's because now there are more physicians and alternative medical practitioners who have heard of Ayurveda and are interested in it. A1 has expressed interest in working with an MD who offers a mixture of various alternative medical practices. Her main goal is to find work; she is frustrated because of the restrictions on her in Canada, such as a lack of facilities and herbs, but she is willing to work with whatever is available. Although she has not had any contact with the TM movement and its related network of Ayurvedic products and services, she said she would work there if it gives her an opportunity to practice Ayurveda. Of the system that Deepak Chopra's books promote, she says that she cannot call it 'pure' Ayurveda, but that it is somewhat related to Ayurveda because it

⁸ Legal reasons prevent her from giving what could be considered "medical advice".

introduces Ayurvedic concepts such as dosha and pancakarma. She is not familiar with the totality of TM's Ayurvedic practices, probably because they have not become established in Canada, and they have no presence in the province where she resides. Her previous efforts at contacting other holistic institutions such as spas, retreats, and ashrams ended in disappointment:

Here, the problem I think is that they connect Ayurveda with spirituality. When I contacted some people by the phone [about Ayurveda], they said they are doing some yoga and meditation, and things like that. And they [asked] me if I know how to give classes on meditation - I said "No." "What about yoga?" And they don't want to know anything about Ayurveda ... meditation is the [most important], then yoga. They don't want pure Ayurveda; they want spirituality.

She related to me that traditional treatment is not available in North America. Her observation of Ayurveda in North America is that it lacks an understanding of the basic principles of Ayurveda. For example, practitioners here "do not start from the beginning"; they skip the preparatory processes for the body in pancakarma treatment, and the result is that when further treatments are administered, they are unable to achieve their intended effects. Like all the other Indian vaidya immigrants I interviewed, A1 arrived in Canada with expectations that she would be able to practice Ayurveda to some extent, but upon living here, she realised the situation was much more bleak than she had previously thought. In her opinion, it is too expensive here to offer 'pure' Ayurvedic treatments, and there is not a wide-enough clientele for one to make a living out of the vaidya profession. She was not very familiar with the legal restraints put on CAM practitioners in her province.

Another Ayurvedic physician (A4) from North India came to feel restricted once coming to Canada in 2000. He reasoned that he is restricted by governmental and legal policies as well as by the New Age demand for New Age products and services, which are only vaguely related to the Ayurveda he was trained in. However, he has remained optimistic that the future of Ayurveda in Canada is bright, and he is taking steps that he hopes will lead to the acceptance and regulation of Ayurveda in Canada. He immigrated here after already being associated with the TM movement and lecturing in Europe and North America; however, he has since distanced himself from TM and has quietly branched out on his own (he did not wish to make any comments on the TM movement). Although he sometimes uses the title of M.D. (as he can in India), he understands that he is not a medical doctor by Canadian standards and makes sure his clientele understands this. He has registered with the Examination Board of Natural Medicine Practitioners⁹ and is consulting with companies that offer spas and retreats, offering Ayurvedic consultations to the public, and teaching courses in Ayurveda massage, diet, and theory.

Depending on their reason for immigrating and their understanding of Western society, Indian Ayurvedic physicians come with a certain level of expectation. The South Indian women who immigrated did not come because of their own career aspirations of introducing Ayurveda to the West; rather, they came for their families. These vaidyas are not actively practising Indian Ayurveda for financial, ethical, and legal reasons. The North Indian Ayurvedic physician, however, came here assuming the role of an “ambassador of Ayurveda”, planning to open the door to the recognition of Ayurveda in

⁹ This is an Ontario organization that provides certification for 4000 hours of study and five years of experience completed by CAM practitioners (including those from other countries), in an attempt to regulate CAM. Apparently, this organization registers CAM practitioners with the Federal Government of Canada (see <http://www.boardofnaturalmedicine.com>), but cannot ensure access to liability insurance.

Canada. He is the most active Ayurvedic physician I interviewed, despite his frustrations with the limitations imposed on him. For all the Indian vaidyas I interviewed, the move to Canada was marked by disappointment with the lack of recognition of Indian Ayurveda in Canada.

MDs who trained in India before immigrating to Canada

This group, which includes MDs from both traditional (and religious) households and modern (secular) households, exhibited the greatest change in their opinions on the status of Ayurveda and its relation to religion. The more traditional MDs maintained a positive view of Indian Ayurveda and a negative view of North American Ayurveda. They went to India exclusively for Ayurvedic treatment or advice, if at all. However, those coming from modern households were more likely to approve of or even ally themselves with New Age Ayurvedic institutions and practices. Spiritual transformations as adults were cited as key influences on their current Ayurvedic perceptions. With the exception of the Christian interviewee (MD5), Hindu or Sikh MDs underwent some sort of a spiritual transformation after living in North America. But, they split by background as to whether the organization through which spiritual transformation occurred was traditional or New Age. For traditional (MD1) and borderline traditional interviewees (MD4¹⁰), this spiritual transformation occurred in the direction of neo-Vedanta (see Chapter 4), which maintains substantial connections to traditional forms of Indian religions such as Advaita Vedanta, Yoga, and Kashmiri Shaivism, though some influence of New Age thought can

¹⁰ Although MD4 comes from a modern background, her conservative husband moves her into the traditional group as an adult.

be detected. For modern interviewees (MD2, MD3, A5¹¹), transformations occurred through New Age activities, such as becoming “Interfaith Ministers”¹². The TM movement was influential in these interviewees’ lives, most strongly in A5’s life (who is an avid TM proponent). TM’s Maharishi Mahesh Yogi is considered a New Age guru because his status as a Hindu religious figure is debateable (see Chapter 4). His movement does not occupy a mainstream role in India and does not claim to be directly connected to any Hindu religious movement present in India¹³; rather, it is a novel system created in 1959 (but with hypothetical ancient Vedic origins). MD3 stated that he intends to take the TM “vaidya” training; however, he is not an active proponent of the TM movement, perhaps because of his status as an “Interfaith Minister” or his personal experiences.

This spiritual transformation was the reason why modern MDs who trained in India before immigrating to Canada became interested in Ayurveda as adults. However, borderline modern physicians (including MD2 and MD4) became interested in Ayurveda specifically when they developed illnesses with which Western medicine could not help them. Because they were somewhat familiar with Ayurveda growing up, and because of the positive reinforcement of these memories brought about through recent exposures to New Age figures such as Deepak Chopra, these interviewees sought Ayurvedic advice on

¹¹ A6 was initially trained as a Western medical doctor.

¹² A modern, New Age certification offered by accredited colleges in America, some in connection with a specific tradition; for example, New Thought (see <http://www.emersoninstitute.edu/>), or the Essene New Life Church (see <https://www.awarinst.com/ordain.htm>). Interfaith Ministers apparently “study the scriptures and theologies of the world’s religions; learn about spiritual counsel[ing] and guidance from an interfaith perspective; gain a deepening understanding of compassion and the causes of suffering; and develop forms of worship and spiritual practice responsive to our religiously plural world” (“IFTS”). This certification is intended for physicians, educators, holistic health practitioners and social service providers, ministers, and priests.

¹³ Although this may be a technical point, Maharishi Mahesh Yogi had not been initiated as a monk before or after his guru, the Sankaracarya Swami Brahmananda Saraswati, died (Thursby 193). In addition, TM philosophy and values have greatly diverged from classical Advaita Vedanta, which TM has rejected as “religion”.

return trips to India, sometimes after consulting with the TM Ayurvedic specialists in North America without success. They were very pleased with the results that Indian Ayurveda¹⁴ gave them, and doubtful of the legitimacy of the Ayurvedic practices of the TM movement in North America. In addition, MD2 was supportive of other New Age institutions in North America with which she has connections, whereas MD4, having had some traditional influence as an adult¹⁵, was critical of them. Of Deepak Chopra, they remarked that his system has done very well in introducing Ayurvedic concepts to the West, but that the potency of his system is very low as it is a New Age system. They rationalized this weakness by stating that such a system is tailored to the aptitude of the average American, to what he or she would understand and be interested in knowing.

Ayurvedic Interviewees who trained in North America

Two of the Ayurvedic interviewees were trained in the United States after living in Canada for many years. These Ayurvedic interviewees come from the most modern, secular backgrounds. They moved away from Western medicine not because of personal experiences of disappointment with it, but because of the influence of New Age spirituality. Their most primary motivating factor in learning Ayurveda was because of its spiritual benefits; the healthy results that occur with Ayurveda were simply a means to the attainment of spiritual goals. One of these interviewees (A2) is of North American origin and became interested in Ayurveda after studying yoga and meditation through

¹⁴ They related that they visited various different institutions in India such as Arya Vaidya Sala in Kottakal (see Chapter 2). It was difficult to determine whether these institutions were commercialized, governmental, or sampradaya Ayurveda.

¹⁵ Her husband is very traditional.

Indian-associated ashrams, where she currently teaches yoga and is an Ayurvedic counsellor. Because her major study of Ayurveda consisted of two semesters at the Ayurvedic Institute in New Mexico (see Chapter 3), she does not call herself a vaidya. A2 further pursued training through correspondence with one of her teachers, whom she met in Madras for even further training. She has been to South India on trips (with her husband of South Indian origin), experiencing Ayurveda there and furthering her knowledge of the system with South Indian teachers. She asserted that she is among many Ayurvedic practitioners in her province that need to become organized and self-regulated in order to lobby the government for recognition. Currently, she has no liability insurance and therefore does not “prescribe” herbal medication. Rather, she tells “clients” what Ayurveda recommends for their particular problems and that they have to make decisions regarding whether they want to pursue it on their own.

Another interviewee (A5) studied Ayurveda in North America after completing undergraduate and post-graduate Western medical training at Canadian schools. After years of participation in South Asian NRMs (such as the Self Realization Fellowship and TM) and being extremely disillusioned with modern medical practice, A5 took a two-week certification course designed for MDs from the Maharishi University in Fairfield Iowa. Apparently, he is considered an Ayurvedic “vaidya” in TM circles, though he does not have formal Indian credentials. He justified the short length of his Ayurvedic training because of his previous training as an MD and his training with the TM movement in their philosophy and meditation technique, which he had been pursuing since 1986. He is therefore considered thoroughly proficient in TM Ayur-Ved as pioneered by the Maharishi Mahesh Yogi Institute. Because he comes from a very non-traditional Indian

family who migrated to Canada while he was a young teenager, he has a very limited experience of Ayurveda in India. In accordance with TM thought, he does not see an advantage in bringing his experience of India to his practice of TM Ayur-Ved in North America; for example, although he had learned some Sanskrit as a student in India, it proved to be somewhat of an obstacle in TM technique for he would inadvertently assign meaning to mantras intended to be meaningless. In addition, TM Ayur-Ved avoids Sanskrit in order to make the system more accessible to the Western public. Because of his background and training, A5 is an avid supporter of New Age thinking, and although he believes that there is a long way for Ayurveda to go before coming to its proper place in Western society, he feels TM Ayur-Ved is evolving in a proper, inevitable, spiritual manner that is characterized by the highest rationality and science.

Both A2 and A5 underwent spiritual transformations as adults in North America. They came from families with the least Indian influence of all interviewees: one was first an MD from a very modern family, and the other grew up in a North American family with no Indian influence whatsoever. These Ayurvedic interviewees are practitioners of New Age Ayurveda, although A2 developed a somewhat traditional outlook in India and from her husband's family. Nonetheless, it is arguable that because the spiritual paths of both A2 and A5 lie in the New Age religious movements from which they learned Ayurveda, they emulate New Age Ayurveda, along with its New Age philosophy and Indian appropriations. For example, A2 remarked that she could do "a little pancakarma" on herself. This remark was confusing, for vaidyas from India maintained that pancakarma is impossible to perform in Canada for lack of space, herbs, utensils, and so forth; however, she may have been trained in commercialized Ayurveda while in India

which practices simplified and transformed pancakarma, or New Age Ayurveda may have influenced her statement. In light of the possible relation of commercialized Ayurveda in India to New Age Ayurveda (see Chapter 2), it may be said that A2 is a New Age Ayurvedic counsellor.

Summary of Changing Perspectives on Ayurveda

Those from traditional Indian families were supportive of Indian Ayurveda as children and as adults, were more likely to become Ayurvedic physicians, and were the most critical of New Age Ayurveda. Both Ayurvedic vaidyas from India and traditional MDs were uncomfortable with the expectations of the New Age market in North America and were critical of New Age Ayurveda. By contrast, those from modern Indian families did not support Indian Ayurveda as children and became Western medical practitioners. However, borderline modern interviewees turned to Ayurveda after experiencing a medical crisis as adults; although they are supportive of New Age Ayurveda because of their New Age spiritual practices, they only consult Indian Ayurveda on return trips to India. Those coming from the most modern families with the least Indian influence underwent personal spiritual crises and became New Age Ayurvedic “counsellors” or TM “vaidyas”. There is a high degree of influence of the TM and New Age movements among the interviewees coming from modern, secular backgrounds and an awareness but rejection of them by those coming from traditional, religious backgrounds.

Chapter 6

VIEWS ON THE RELATION OF RELIGION AND AYURVEDA

This chapter investigates the influence of New Religious Movements and the New Age movement on interviewee perceptions of the changing relation of religion and Ayurveda. In order to determine the Indian diaspora's perception of religion in New Age Ayurveda, it was necessary to explore the interviewees' personal conceptualizations of religion and New Age spirituality. The discussion of scholarly definitions of "religion" and "spirituality" in Chapter 4 showed them to be interconnected concepts: that religious behaviour can be classified as spiritual on many levels (ethical, practical, social, ritual, and theoretical), and that the underlying goal of religion is a spiritual one. Thus, the New Age assertion that spirituality is not a religious phenomenon is questionable. "Spiritualities" may exist, however, in the absence of an institutional religious framework, as is the case in New Age movements. But, the degree to which this is true varies as different New Age movements utilize religious symbolisms to different extents. In addition, there are New Age religions out of which New Age spiritualities are formed, even though there is no coherent religion known as the New Age religion.

Semantics of Religion and Spirituality by Background

Discussion of the meaning of the term "religion" prompted a variety of reactions among the interviewees. In general, religion was seen as a structured system that is linked to spirituality, the latter being the higher purpose of religion. Ensuing viewpoints depended

greatly on the person's background (whether they were raised in a traditional or modern family) and how religious or spiritual they claimed to be.

Traditional Interviewees

On the question of defining religion and spirituality, interviewees from traditional families were split into two categories according to their self-assessment: some hesitated to call themselves either religious or spiritual, whereas others called themselves primarily spiritual. No one called himself or herself solely religious. Members of the first group saw religion as necessary for the restriction of natural instincts; for them, it plays a psychological role that is beneficial for individuals and society in general. One interviewee (MD5) suggested that religion is comprised of rituals and codes of behaviour, whereas spirituality is a higher code of conduct. Interviewees' claim to be non-religious and non-spiritual was justified by comparisons to family and friends; because even the traditional interviewees lived a slightly more secularized lifestyle than their own families, they hesitated to label themselves as truly religious. Yet, they maintained a high degree of respect for those people who are religious. In fact, they viewed themselves as inferior to spiritually evolved family members and maintained that those who are more religious have a greater understanding of life, are more virtuous, and so forth. These interviewees' concepts of God stemmed directly from popular images within their religions: for example, the Christian interviewee (MD5) described God as a fatherly image, a guiding force in one's life. One Hindu interviewee (A3) described God as an almighty deity, someone you have the utmost respect for, someone who will help you and guide you to a higher purpose. She related that when she prays, she thinks of images from her

childhood, such as Krishna and Shiva. Although these interviewees think of these images when praying or meditating, they suggested that this is only because they were exposed to them as children. They were aware of more abstract concepts of God or Brahman (the Absolute) due to the influence of more religious and spiritual people within their families, but they felt that deeper philosophical reflection should be left to genuine practitioners who are more capable in that area.

For these interviewees who came from traditionally religious families and did not consider themselves really religious or spiritual, religion is necessary for spirituality to occur, because spirituality can only come out of religious observance. For most traditional interviewees, religion was recognized as the lower form, coming before spirituality. Despite these distinctions, the terms religious and spiritual were often used interchangeably in conversation. For example, yoga and meditation were described as being religious practices in one context, but spiritual in another. One interviewee (MD1) qualified that when he spoke of meditation as religious, he meant religious “in the spiritual sense of religion”. Most of these interviewees asserted, in neo-Vedanta fashion, that spirituality is the common goal of all major world religions, and that this is why one can see forms of meditation in other religions. For them, spirituality is a major part of religion; therefore, spirituality lies within the realm of religion, which is used in a general sense.

Other traditional interviewees considered themselves both religious and spiritual because in their opinion the concepts are related; however, they emphasized that they are primarily spiritual. These traditional interviewees have had more Western influence and exposure to New Age religious organizations such as the TM movement (which for the

most part, they do not participate in); however, only as adults after immigrating to Canada. Practices such as going to temple, believing in God, prayer, puja (worship), vratas (vows), and other rituals were all described as religious practices. Like the other traditional interviewees, they considered these practices to be part of spiritual practice as well, spirituality being the higher purpose of religion. Many of those who called themselves spiritual and who came from religious backgrounds claimed to feel comfortable in the midst of other religions; for example, one interviewee (A3) who is a devout Hindu went to a Catholic school and attended Mass, and has visited and prayed in the sacred places of other religions. This classification stemmed from the interviewees' belief in the spiritual link among all religions; a spiritual person, respectful of religious practices, can pursue spiritual ends in the context of most other religions, according to the interviewees. This is in keeping with neo-Vedantic thought.

Traditional interviewees who considered themselves spiritual had concepts of God that were more abstract than the others from traditional backgrounds: the union of the True Self (Atman) and the Absolute (Brahman or Sakti) was described as the ultimate goal of religion and spirituality. These interviewees went through periods in their lives when they did not necessarily respect religious practices and engaged in a more secular lifestyle, but they changed when they found a guru who helped them grow spiritually. Each of these interviewees had contact with New Age organisations and may have incorporated some New Age concepts such as the universal Spirit and pseudo-scientific terminology; however, these concepts could have been part of their upbringing as well, as per the influence of neo-Vedanta. Therefore, it is unclear whether these ideas were acquired during their religious learning in India or from the North American New Age

movement. Nonetheless, when these interviewees claimed to be spiritual, they correlated it with their religious practices; religion was a stepping-stone to their spirituality. For those from traditional families who became more spiritual in North America, the life changes they went through upon spiritual transformation were not as drastic as those who were raised in modern households in India, perhaps because of their childhood familiarity with religious and spiritual practice.

Modern Interviewees

Those interviewees who described their families as modern, in the sense of secular, all identified themselves as spiritual people, having undergone a spiritual transformation as adults in North America – either through contact with a guru from India who had become international (such as the Maharishi Mahesh Yogi) or a North American ashram with Indian connections. Those with the least Indian influence in their backgrounds and who had significant contact with the TM movement made a clear distinction between religion and spirituality, insisting that spirituality is the more advanced state. They specifically stated that they are not religious because they are spiritual people. To them, religion is only necessary for people at a lower evolutionary stage and is not prerequisite for achieving spirituality.

Such interviewees were also advocates of a type of universalism that presupposed the underlying spiritual unity of all world religions. They maintained that the goal of spirituality is the actualisation of the Self, Truth, or “svasti”¹ (explained as the

¹ Although a few MDs referred to this word as a Sanskrit word, “svasti” is the Sanskrit form of this word, meaning “well being”.

“establishment in Self”). It is unclear whether the Self about which some of these physicians spoke refers to the Hindu notion of Atman (the True Self), but for others in this category, it certainly did. Concepts of God included a higher consciousness that is within every living being. Some physicians who claimed to be non-religious were so comfortable in other religions that they could switch from concrete concepts of God such as the Divine Mother, to more abstract concepts of God, such as a burst of calm, soothing, white light, or the sensation of an all-loving, all-encompassing presence. The same interviewees asserted that religion is manmade, a form but not substance; and that differences in practice only arise because of the evolution of different cultures. More than one interviewee asserted that God is everywhere, and is the essence of all creation. Despite his insistence that there is no religion in TM philosophy, one TM proponent (A5) asserted that a person’s concept of God should not come from someone else’s preconceived notion. In further discussion, he revealed that to experience “Vedic” knowledge is to experience the Ultimate. He did not allude to a deity; rather, he spoke of a higher plane of consciousness, and he used the same terminology found in Indian religious descriptions of higher states of consciousness.

In addition to the influence of modern Hinduism (neo-Vedanta) and New Age spirituality, the physicians who ascribed to universalism may have been responding to the demands of treating the North American multicultural patient population. Universalism here may arise out of a professional dilemma to treat, consistently and ethically, the religio-spiritual element of patients from differing religious backgrounds and life-experiences. For example, one physician (MD2) remarked how a patient who was abused by his pastor completely rejected Christianity and had blocked any further

investigation into religion or spirituality; yet, with therapy, this person found that he needed to explore his religious side to become a healthier person. According to this interviewee, giving options for this patient to explore other religions required an awareness of the multitude of religious paths offered within Christianity and other religions, as well as value and respect for these religious paths. This interviewee described how every physician who chooses to address mental health has to tailor a religious or spiritual approach for each unique patient. Although this physician considered spirituality to be the higher, inevitable path, she maintained that she only “gives options” and never plays the role of a proponent for any of the religious and/or spiritual paths she mentions. Some of the physicians of this study reconciled personal differences in religious belief between themselves and their patients by becoming “beyond religion” or “supra-religious”; however, they did so using New Age religious concepts. For example, two of these interviewees (MD2, MD3), both “Interfaith Ministers” described that the Spirit, or the concept of God in this “supra-religious” framework, is the same everywhere because there is no real hierarchy of religions; for example, some cultures may specialize in certain techniques such as meditation, but God or the Spirit is the essence of all religions, as well as the universe. Although some of these concepts are characteristic of TM philosophy (as well as other New Age philosophies), these particular interviewees were not current adherents of the TM moment, despite their exposure to the movement. Such universalist ideas are, however, in keeping with neo-Vedantic thought and other New Age NRMs that these interviewees have had exposure to (such as Kripalu Yoga, Siddha Yoga, and Sivananda Yoga). As “Interfaith Ministers”, they claimed to not belong to any religion or movement

exclusively, although they did identify themselves as supporters of the New Age movement in general.

All concepts of God discussed within the interviews stemmed directly from specific religious movements, and the “spiritual” techniques used by the physicians were unchanged from those used by important figures of Eastern traditions (for example, yogis or gurus). It was confusing to hear claims of non-religiosity from people who clearly have religious beliefs and maintain religious practices. Indeed, most traditional interviewees considered highly spiritual people to be by default highly religious as well. The universalistic, “non-religious” rhetoric was expressed most vehemently by those who have had the most exposure to and sympathy for the philosophy of the TM movement. It seems that the concept of Advaita Vedanta – the true Self (Atman) is the Absolute (Brahman) with its corollary that all else, including worship and rituals, is illusion (maya) – has merged with the spiritual universalism of neo-Vedanta, and with New Age “scientific” spiritual universalism, to become the TM concept of the a-religious universal Self. Hindu Advaita Vedanta spirituality in the form of TM “a-religiosity” became so much of a universal reality that interviewees could no longer identify it as a Hindu concept. In addition, the Hindu and Sikh interviewees believed in the fundamental Hindu concepts of dharma, karma, reincarnation, spiritual energy, the power of meditation, and yoga; yet, those under the influence of New Age thought, such as TM philosophy, strongly believed that these concepts are not Hindu in origin because they comprise a universal, empirical reality. Thus, they denied the importance of religious concepts and practices, perhaps to compensate for the stigma that the New Age worldview imposes upon religion or perhaps to impose a cross-cultural label on them.

Secularized descriptions of their families might in fact have been a reflection of a perspective formed in adulthood on the irrelevance of religion and importance of “spirituality” and “universality”. Such physicians might have been less willing to identify their families as religious because they did not want to label their families as lower or less evolved on the evolutionary scale of the Spirit. In addition, a person who considered himself or herself a spiritual person, devoid of religious influence, was more likely to attribute religious practice to cultural practice, and therefore categorize his or her family as non-religious. However, those who believed in the universality of spirituality to any degree usually declared that religion is in essence a cultural expression of spirituality, that the basic essence of God is expressed differently according to the evolution of different communities around the world. They were simply unwilling to apply this definition of religion as a culturally influenced expression of spirituality to themselves. Yet, their Indian background greatly influenced their worldviews and adherence to “spirituality” or “universality”, because they regularly referred to religious concepts such as dharma, karma, reincarnation, the relation of ego to suffering, and the importance of Sanskrit in spiritual advancement (even though some interviewees were Sikh and one was an Indian Christian). These interviewees were unlike the traditional interviewees in that the latter recognized and accepted Hindu or Indian influence in their worldview, and they characterized such influence as both religious and spiritual.

To conclude, those with traditional, religious upbringings had higher opinions of religious practices as children and also as adults. Constancy in opinion on religion also occurred in the non-traditional group: those who were brought up in modern families retained their disdain for religious practices into adulthood. However, a modern and

secular upbringing did not necessarily translate into an adult life devoid of spirituality. Spirituality was a phenomenon that played a great life-changing role in the lives of modern interviewees. The more secular the background of the interviewee, the more radical the change in adulthood to “spirituality”, and the more sympathetic the interviewee was to “New Age Spirituality”. It is a point of contention among the interviewees whether spirituality must be preceded by religion, and whether the terms spirituality and religion can be used simultaneously. Another point of contention is whether “spiritual” persons can accept a label of their practices as religious and culturally influenced, or whether they are only spiritual and universal.

Views on the Relation of Religion and Contemporary Indian Ayurveda

Only the traditional interviewees conceded to a role of religion in Ayurveda, first because they were comfortable using a conventional (and not New Age) definition of the term, and because they were aware of the more ritualized aspects of Ayurvedic practice, being more familiar with the historical practice of Ayurvedic and traditional Indian culture in general. They suggested that a spiritual element exists in Ayurveda as well because of its holistic approach that includes treating the spiritual aspect of the person, but that it is not the defining aspect of Ayurveda. To support their argument, they described how Western medicine has started to incorporate the holistic approach, including spirituality as part of the definition of a healthy person², but that this is not reason enough to call Western medicine spiritual medicine. Most interviewees rationalized that Indian Ayurveda has

² The 1948 WHO (World Health Organization) definition of health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (“WHO”). Various WHO subsections recognize the “spiritual dimension” of the patient, such as in reproductive health, palliative care, prevention of violence, among others (see <http://www.who.int/en/>).

been called religious medicine by stating that it came from the Vedas, as a “revealed science”. An obvious religious (Hindu) element of traditional Indian Ayurveda cited was the use of mantras with the growing of herbs, processing, preparation, and administration of medicines. One interviewee (MD1), who had extensive and exclusive exposure to sampradaya Ayurveda (following a traditional guru-lineage transmission of knowledge) growing up in pre-independent India, said that the problem with modern governmental sponsored Ayurveda in India is its removal of mantras, because of commercialisation and the influence of Western-style education:

It is only taught on the technical side; even when you go to Ayurveda College in Trivandrum, the mantra part has been strictly removed. There are lineages of Ayurvedic physicians who still use the classical ways of practicing Ayurveda, but they are not part of the academic community. For example, there is this famous Kottakal Arya Vaidya Sala [in Kerala, which] still prepares all those medicines, and the practitioners practice this themselves. [Originally], the practice of healing was part of the spiritual practices; [it was] not considered to be strictly the effect of the medicines ... giving treatment was a part of a ritual. In other words, nobody gave a medicine and said, “You take it and see what happens.” It was a system, and medicine was part of it, and the whole system was part of the religion. In fact, each lineage, each vaidya sala, has its own deity. And [physicians in the lineage] don’t do anything without initially worshipping that particular deity.

Many interviewees have had contact with the Arya Vaidya Sala in Kottakkal, an institution created in imitation of the Western concept of the hospital. This institution is unique in that it was founded by a traditional lineage of Ayurvedic vaidyas, and many of the religious practices of its founding members are still in effect. For example, there is a room for worship in this hospital that houses an image of the god Dhanvantari, a deity that one Ayurvedic vaidya described as a form of Vishnu who is a patron god of

Ayurveda. However, it is interesting to note that a great difference in opinion regarding the authenticity of the Arya Vaidya Sala exists between the most traditional interviewees and Zimmermann (“Gentle” 215-216, see also Chapter 2): the interviewees see this institution as traditional Ayurveda (although they recognize some modern elements in it), whereas Zimmermann identifies it among other commercial distortions of Ayurveda, such as TM Ayur-Ved. All the Indian vaidyas interviewed in this study were trained at governmental institutions in modernized Ayurveda (Leslie *Asian* 358), although perhaps due to the different styles of teaching in different schools, some vaidyas were more conservative of traditional religious practices within Ayurveda than others. Although Zimmermann’s criticisms stem mainly from advertisements for commercialized Ayurveda, he may be hinting at an overarching transformation of both governmental and commercialized Ayurveda, in which there is a distortion of the basic concepts. In other words, Zimmermann’s stance might be even more conservative on classical Ayurvedic practice than the traditional interviewees of this study. Compared to Zimmermann, these interviewees consider the Arya Vaidya Sala to be mainly traditional, when in point of fact it might be a glorified commercial Ayurvedic centre (that perhaps conserves religious practices only to create an image of authenticity). It is beyond the scope of this thesis to determine whether Kottakal can be classified as commercialized Indian Ayurveda or not; however, its conservation of religious practice does appeal to the more traditional interviewees.

Although largely ignored by many modern Ayurvedic practitioners, the religious element of Ayurvedic practice is not forgotten; the Ayurvedic vaidyas interviewed who were trained at modern institutions in India always mention that there was religion in

ancient practice, but that it is not relevant in modern times. One point that many of the traditional interviewees insisted upon was that Ayurveda is a malleable system; Hindu religious practices within Ayurveda can be replaced by those of other religions, in concordance with Ayurveda's holistic approach to treating the individual. The patient's beliefs are always taken into account and respected.

Views on the Relation of Religion and Ayurveda in North America

The interviewees of this study are split on whether they support New Age Ayurveda or not. Traditional interviewees were unsupportive of New Age Ayurveda mainly because they found it to be too closely aligned with New Age religious organizations. For those who grew up in an English-influenced secular atmosphere, immigration to North America (Canada), disappointment with medicine in North America, and spiritual discovery were all key factors in effecting a positive change in opinion regarding New Age Ayurveda; however, many of these interviewees only partially support New Age Ayurveda. In this study, secularization and the extent of exposure to Indian culture were factors that are correlated with approval or disapproval, respectively, of New Age Ayurveda and its emphasis on New Age spirituality.

Critics of North American Ayurveda

For Ayurvedic practitioners who trained in India, New Age Ayurveda is only important as a context within which to practice or introduce Ayurveda to the Western hemisphere and not as a vehicle for spirituality. The most traditional interviewees were totally

against New Age Ayurveda; only Indian forms of Ayurveda were useful to them. They felt that New Age Ayurveda was not legitimate for a variety of reasons. Most felt that those who administer Ayurveda in North America are lacking depth in practice, both in the science of Ayurveda and in spirituality in general, although they did not feel that there is a specific spirituality offered by Ayurveda. As has already been discussed, the realm of Ayurvedic practice in North America is so limited that Ayurvedic vaidyas and counsellors (but not the TM “vaidya”) hesitate to call it Ayurvedic; rather, they felt that what is practised under the name of Ayurveda in North America is actually a “conglomeration of glorified spas and phoney spirituality”, as one interviewee (MD4) asserted. Concern was expressed over the unregulated use of Ayurvedic medicines, that those who administer these medicines are not taking the responsibility to fully treat individuals. This anxiety was rationalized by the lack of in-depth Ayurvedic knowledge North Americans possess, such that they are incapable of giving a full diagnosis, treatment, and follow-up. For example, one interviewee (MD1) reasoned that recent poisoning incidents from taking Ayurvedic remedies could have been avoided if capable Ayurvedic vaidyas had guided these individuals³.

Of the spiritual aspect of New Age Ayurveda, traditional interviewees charged that the vast majority of people in North America who provide Ayurvedic treatments or herbal remedies are not spiritually evolved people and engage in non-genuine practice. Of TM Ayur-Ved, the consensus was that it is a hoax, a commercial fabrication of pseudo-spirituality that profits from the naïveté of the New Age consumer. One physician (MD1) pointed out that the term “Transcendental Meditation” is merely a catch

³ Recently, there have been several reports of heavy metal poisoning in people taking Indian herbal remedies bought from a variety of outlets, including health food stores and internet sites (Ernst 891).

phrase coined by Maharishi Mahesh Yogi, for all meditation is transcendental, not only his technique of meditation. Others pointed out that this institution is successful because of its organization and manipulation of the rich, and not because of the quality of the “product” (“spirituality”) it offers. Although the interviewees asserted that focusing on spirituality for health reasons is commendable and that Western medicine is moving in this direction, it should not be the sole determining factor of health and that it is inappropriate for a spiritual or religious institution to utilize the name Ayurveda to expand its sphere of influence. MD1 asserted that it is only acceptable for religious institutions to undertake promoting Ayurveda from a “strictly spiritual point of view”, which he felt is not possible in any country today, for it would require a majority population of spiritually evolved people. These interviewees felt that religious institutions should not undertake the promotion of Ayurveda because it becomes difficult for people of different religions to accept. Rather, they maintained that Ayurveda should evolve in Canada under the auspices of Western medical science. Even the most traditional interviewees, who were most supportive of traditional sampradaya Ayurveda, asserted that the most appropriate avenue for Ayurveda to enter Canada is through a slow incorporation of its techniques after Western scientific testing. Even though they acknowledged that traditional religious elements most probably would be lost in this scenario, they still felt that given Canada’s political and legal environment, this would be the only manner by which it could be accepted as scientifically valid in Canada.

Another Ayurvedic physician (A1), who recently immigrated and had not heard of the term New Age, stated that the connection between Ayurveda and spirituality was problematic. Her attitude towards commercial Indian Ayurvedic resorts was extremely

negative: “[T]hey are doing the worst. I really hate those places because they are really killing Ayurveda and they are making money.” She related that such places offer a quick-fix version of Ayurveda, one that does not deliver the full potential of Ayurveda and can be potentially harmful because of a lack of expertise. On the spiritual aspect of New Age Ayurveda, she felt that there is no real religion or spirituality even in Indian Ayurveda – such topics are only employed to cater to the psychological needs of patients.

Even the most traditional of interviewees asserted that there is no distinctive Ayurvedic religion; rather that it evolved as a medical science in the general framework of Hindu religious culture. They argued that historically, religious institutions did not promote Ayurveda in India; rather, it was accepted as a science that evolved out of Indian culture. All interviewees insisted that Ayurveda can be used to treat persons of any religious or spiritual path, and this is the way it is practiced in India. Even though the most traditional interviewees expressed regret at the loss of religious elements (mantras, rituals, and so forth) in modern (government funded) Ayurveda, they still maintained that both the modern and the traditional religious versions of Ayurveda could be used without religious conflict. Although this is a point New Age Ayurvedic proponents use as well, traditional interviewees asserted that any system that calls itself Ayurveda but only takes care of the “spiritual” aspect of a person is not Ayurveda, but a specialized branch of it that verges on religion or cult. Therefore, these interviewees maintained that what is evolving in North America is a religious New Age system, not a system of medicine. They charged that New Age Ayurveda, epitomized by TM Ayur-Ved, only pays lip service to Ayurvedic treatments, using the name of Ayurveda to benefit from its image as an ancient, esoteric system of secret mystical truths.

Supporters of North American Ayurveda

Those with modern, English-influenced backgrounds had tended to dismiss Indian Ayurveda as quackery in their formative years, but they changed their views as adults in Canada, finding it to be a legitimate system. Exposure to New Age Ayurveda in North America through New Age institutions served as a turning point, regardless of whether they stayed loyal to those particular New Age institutions. For the three most English-influenced interviewees (A5, A2, and MD3), the spiritual aspect of New Age Ayurveda was the most important factor attracting them to the system, whereas the other supporter of North America Ayurveda (MD2) became interested because of personal health problems that could not be addressed by Western medicine. The latter interviewee was slightly less modern growing up and simply wanted nutritional information and access to yoga and meditation, not unlike many New Age consumers. New Age Ayurveda was seen to be a positive influence in North America because of its introductory purpose: modern interviewees commended those who have transformed Ayurveda to cater to a North American audience.

North American Ayurveda specifically caters to a subsection of the New Age market, the neo-Orientalists (those who approach Indian culture from a Western or outsider's perspective and use Western cultural concepts and parameters in their understanding and classification of Indian practices). In their philosophy, they use concepts borrowed from Indian philosophies such as Universal Truth or Spirit, and combine them with terms such as "scientific rationality" to support or legitimize their worldview. Within this subsection of New Age is a further division of people of Indian

origin who are seeking knowledge about their heritage; either they revel in seeing their culture promoted within the Western hemisphere (the “nostalgists”) because they admire Indian philosophy, and/or because they are completely out of touch with Indian culture due to their modern upbringing. Such interviewees, although Indian themselves, have had the least contact with Indian culture while growing up in India and feel a distant curiosity when they see Indian culture glorified in New Age Orientalism. This may be intensified because of some identity crisis created by their move to North America. In the latter case, North Americans may expect them to be exotic and spiritual, but because of their modern backgrounds, they have nothing to “show and tell.” Perhaps because they have had practically no religious or spiritual learning from their families, they are the most likely to undergo a radical spiritual transformation as an adult, which makes New Age groups in North America attractive to them.

North Indians versus South Indians

Support of the TM movement was only found in North Indian interviewees (TM “vaidyas” and MDs), but this may be due to the small sample size of this study. Of the Malayalee interviewees, both vaidyas and MDs, held a negative view of TM and TM Ayur-Ved. They asserted that there is no genuine spiritual learning that one can gain from TM, that they are almost a fraud, that they overemphasize spirituality, and that the only positive aspect of their influence is that Deepak Chopra introduced Ayurvedic concepts to North America. Only one Malayalee interviewee (MD4) had actually visited a TM Ayur-Ved centre, and this interviewee had the most modern upbringing of the Malayalee interviewees. This visit ended in disappointment, for this physician was

looking for Ayurvedic treatment because of a specific ailment that Western medicine could not treat. Unsatisfied with what TM could offer her, she successfully took Ayurvedic treatment at the Arya Vaidya Sala in Kottakal (Kerala, India). Other Malayalees had never been associated formally with the TM movement mainly because they had objections about its claims and practices. None of the Malayalee interviewees truly approved of New Age Ayurveda, which may be related to the fact that they did not grow up in truly secular, English-influenced households⁴.

Summary of Attitudes towards New Age Ayurveda

It seems that the traditional Indian view is better informed about Ayurveda; it cannot support New Age practices because they run contrary to basic Ayurvedic medical principles and because they are commercially marketed as a spiritual product for the New Age consumer. Only superficially do New Age values coincide with Indian philosophy, according to the traditional interviewees. From the results of the interviews, the less exposure one had to Indian Ayurveda and Indian culture as children, the more likely one is to approve of New Age Ayurveda. If one is not grounded by the religious and spiritual learning that often comes with a traditional religious background, then one is more likely to find New Age ideas attractive. Indian immigrants in Canada are an interesting case of this trend, because they have a close connection with India; their interest in New Age always has an Indian flavour. Even if interviewees recognized Ayurveda as permeated legitimately by religious elements, no interviewee saw Indian Ayurveda as catering to

⁴ One interviewee, MD4, is on the borderline between the two groups because as an adult, she has had much traditional influence through her marriage and her connections to Swami Chinmaya, a Malayalee guru who is popular mainly in India and the Indian diaspora worldwide community.

religious exclusivism; those patients or vaidyas of non-Hindu religions were not required to participate in the Hindu religious elements that often came with traditional Ayurvedic treatment. Most traditional interviewees saw New Age Ayurveda as inappropriately imposing New Age religious exclusivism onto Ayurveda. On the other hand, modern interviewees regarded New Age Ayurveda as universally applicable to persons of all religions, perhaps because their modern upbringing catalyzed their attraction to New Age religion or “spirituality”, which prompted them to insist that Hindu religious concepts (such as reincarnation, karma, and dharma) are universal.

Chapter 7

CONCLUSION

This thesis characterizes how the role of religion and spirituality in Ayurveda is changing and suggests that this occurs out of a propensity for change within Ayurveda itself (as indicated by the many forms of Ayurveda in India outlined in Chapter 2), as well as out of a history of mutual appropriation and transformation of concepts by Western esoteric traditions and Eastern traditions (outlined in Chapter 4). It suggests that in the opinion of the Indian diaspora medical community of both Ayurvedic and Western medical training, Ayurveda has been transformed by New Age organizations to fit into the New Age market, to the dismay of more traditional Indians (who have relatively religious backgrounds) and to the praise of those who are less traditional (who have relatively secular backgrounds). Surprisingly, neither vocation nor religion was correlated with opinions on New Age Ayurveda. Divergence in opinion revolved around issues of authenticity or what constitutes acceptable ideological distortion, mainly as it pertains to the role of religion and New Age spirituality within Ayurveda. New Age thought, especially TM philosophy, played a great role in the perceptions of many of the interviewees. There was a high degree of influence of the TM and New Age movements among the interviewees coming from modern (secular) backgrounds and an awareness but rejection of them by those coming from traditional religious backgrounds.

All Western medical doctors (MDs) and Ayurvedic practitioners (vaidyas, counsellors, and TM “vaidyas”) recognized that historically, practitioners of Ayurveda integrated much Hindu religious belief into their medical theory and practice, and that

modernized forms of Ayurveda have shifted this religious emphasis in two directions: in India, there is an overall reduction of religion in Ayurveda in favour of secularization, as well as a willingness to draw on multiple religions to relate to the religious backgrounds of their patients. And in New Age Ayurveda, there is an extreme emphasis on New Age religious concepts. Except for the most traditional interviewees, government-regulated Indian Ayurveda was taken to be the most acceptable form of Ayurveda today, mostly because it is professionalized, secularized, efficient (due to the manufacture of herbal remedies), and syncretic, integrating aspects of Western medicine, such as physiology, and acknowledging India's religious pluralism. The most traditional interviewees maintained that the traditional type of Ayurveda that conserves ritual elements and minimizes Western influence (such as sampradaya Ayurveda) is the most valid form of Ayurveda. All interviewees from the traditional group found commercialized Ayurveda to be a great distortion of Ayurvedic principles, in a manner reminiscent of Zimmermann's criticisms outlined in the article "Gentle Purge: The Flower Power of Ayurveda" (as discussed in Chapter 2). Traditional interviewees were unanimously disdainful of New Age Ayurveda, as epitomized by TM Ayur-Ved; they associated it with commercialism, inadequate knowledge, and a lack of religious and spiritual legitimacy. They felt that the traditional system of Ayurveda is more valid in that it has Hindu religious elements that can be used by Hindus or ignored by practitioners and patients of different religions (providing evidence from the plural religious scene of India and its widespread practice of Ayurveda). They are very critical of religious organizations, especially those that are New Age and take it upon themselves to promote Ayurveda in North America as a New Age spiritual system.

It was unexpected to see the parallel between a secular background in India and a propensity after immigration (in mid-life) for New Age spirituality; it seems as though such a background pre-disposes a person to New Age thinking, namely neo-Orientalist spirituality. From the results of the interviews, the less exposure one has to Indian Ayurveda and Indian culture as a child and adult, the more likely one is to approve of New Age Ayurveda. If one is not grounded by the religious and spiritual learning that often comes with a traditional religious background, then one is more likely to find New Age ideas attractive. The neo-Orientalist spiritualists of this study supported New Age Ayurveda for purely spiritual reasons; they also avoided categorizing their spiritual practices as religious practices. It seems that because of their need to be “objective”, doctors in particular identify with New Age thinking because of its claims to be scientific and to have the ability to transcend the doctrinal boundaries that separate the religions of the world. But objectivity is impossible for these doctors in two ways: because of their grounding in Indian culture with its religious concepts despite their disclaimer, and because of their grounding in North American, New Age culture, which rejects the religious dogmatism and exclusivism of established religions. Their strong emphasis on the values of religious “freedom” and “individuality” are directly part of American culture. Even though the interviewees most influenced by New Age values ascribe to universalism, this New Age universalism is largely grounded in the Indian worldview (of Advaita Vedanta) and is highly influenced by neo-Vedantic thought. Childhood Indian religious influence often occurs on an unconscious level and is usually denied importance – this may be due to the influence of South Asian New Age NRMs, more specifically the TM movement, which strives to sever its Indian roots (even though Western esoteric

traditions of the past have heralded Eastern religions). Contact with New Age currents within these movements such as the TM movement, Siddha Yoga, Kripalu Yoga, or Sivananda Yoga, has encouraged the assumption that the New Age spirituality present in these South Asian NRMs is a-religious. In addition, association with NRMs was correlated with the assumption that spirituality is the primary facet in which Ayurveda is and should be introduced in Canada – as a spiritual modality of the New Age market.

The Future of Ayurveda in Canada

Both the traditional and modern interviewees see North American culture, especially the New Age movement, as lower on the scale of spiritual evolution. This seems an obvious conclusion for traditional interviewees, for they have strict standards concerning religious and spiritual practice, but it is somewhat counterintuitive in the case of modern interviewees. Even though many modern interviewees openly support New Age thought, they feel themselves spiritually superior to their fellow New Age Canadians. This is supported by their opinion that New Age Ayurveda is presented in a simplified form that North Americans “can handle”. They characterized New Agers as lacking in-depth knowledge of spirituality, even though they themselves parallel such a lack of knowledge in Indian culture and history (from an academic point of view). Therefore, even though these interviewees are educated as medical doctors, scholarly characterization of the New Age demographic as lacking in education – more specifically in the social sciences and humanities (Hess 5) – is supported by my study in two ways: those who are less educated in religion and philosophy as children are those who are most likely to ally themselves with New Age thought; and the interviewees (both New Age and not) described North

American New Agers as lower on the spiritual evolutionary scale. The unsympathetic suggestion seems to be that these people cannot grasp higher spiritual concepts. They are described as being less developed, at a child-like stage. Although modern interviewees see themselves as superior to their North American New Age counterparts, they support the New Age movement. They consider the traditionalist stance to be intolerant of the radical transformations that are, in the secular opinion, necessary in North America. However, as a group that is the least educated in Indian Ayurveda and Hindu culture, secular interviewee approval of New Age Ayurveda is, according to the traditional interviewees, without grounding.

The data from this study suggests that New Age Ayurveda is, as Hanegraaff would purport, an Americanized system that acts as a missionary movement in non-Western cultures. Using the Indian diaspora medical community in Canada as a model of how New Age CAM movements function in diaspora cultures has provided both expected and unexpected results. New Age Ayurvedic proponents (especially from the TM movement) claim to have revived an ancient medical system that has until now been lost – even though Ayurveda clearly flourishes in India today in many different forms and has had a continuous history since about 300 B.C.E. Especially in the case of TM Ayur-Ved, the Hindu tradition from which it is derived is not exalted; rather, TM seeks to spread its “non-Hindu” message to Hindus even though it retains the nomenclature of Vedic. Hindus are not sought as allies against the dominant Western worldview; in part because the New Age movement has moved from a marginal Western esoteric tradition into mainstream Western secular culture. In alienating much of the Hindu diaspora, including qualified Ayurvedic physicians, the TM Ayur-Ved rejects one avenue to

legitimization in Canada. The strict Canadian medical system also is proving to be a large obstacle for the synthesizing TM movement, intent on spreading its version of philosophia perennis alongside TM Ayur-Ved. With the exception of TM proponents, the interviewees (traditional and modern) were wary of any religious organization undertaking the promotion of Ayurveda in Canada. They felt that, because Canadian medicine is monopolized by Western medicine, Ayurveda's future most probably would entail its slow incorporation into Western medical practice as one of many complementary medical techniques, only after undergoing rigorous Western scientific testing.

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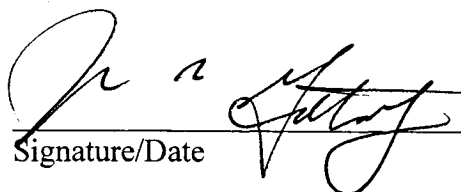
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Ethics website: www.mcgill.ca/rgo/ethics/human**Research Ethics Board I****Certificate of Ethical Acceptability of Research Involving Humans****Project Title:** The Role of Religion in the Interface of Western and Ayurvedic Medicine**Applicant's Name:** Natalia Abraham**Department:** Faculty of Religious Studies**Status:** Master's student**Supervisor's Name (if applicable):** Dr. K. Young**Granting Agency and Title (if applicable):** N/AThis project was reviewed on 17 March, 2003 byExpedited Review ☐Full Review ☒

 17/03/03
 Signature/Date

John Galaty, Ph.D.
 Chair, REB I

Approval Period: March 27, 2003 to March 26, 2004**REB File #:** 508-0303

cc: Faculty of Religious Studies
 Dr. K. Young

APPENDIX B

Interview Schedule

PERSONAL INFORMATION

Date of birth?

Place of birth?

Where did you grow up?

When did you immigrate to Canada?

Why did you immigrate?

How did you manage and arrange this move?

Partnership status/marital status?

Who lives in your household?

Have you had any contact with Ayurveda in North America and/or India?

What kind of medical training did you undergo, where, and for how long?

Did you receive further training in a different country?

What is your area of specialization?

What is your present occupation?

Are you officially practicing medicine in this country? What institution are you affiliated with?

What is your religion? Sub-tradition?

RELIGIOUS ISSUES: PERSONAL

Do you come from a religious family? How do you define “religion” and “spirituality”?

Do you consider yourself a “religious” or “spiritual person”? Why?

Do you incorporate prayer/mantras/chants/pujas into your daily religious practice?

Do you practice yoga and/or meditation?

Do you attend church regularly, pray regularly?

Why do you meditate?

Do you ever employ these religious/spiritual activities for personal health purposes?

Do you ever advise such practices for health purposes?

When you pray, do you focus on God/the metaphysical, or something else? Or, what is your technique of meditation?

What is your caste [if applicable]?

Did you marry within your caste?

Did you or do you want your children to marry within your caste?

What happens when a person dies?

How do you think religion/spirituality can aid in a person's overall health?

How do you explain health and disease?

CONTACT WITH AYURVEDA

Do you have any Ayurvedic books in your personal library? Have you read Caraka Samhita, Sushruta Samhita, or Ashtangahridaya?

What (Indian) languages do you know?

Which language should be the language of Ayurvedic instruction in North America: Sanskrit or English, and why?

Is the vocation of the physician (allopathy or Ayurveda) a tradition in your family? If so, how were they trained? Who was their clientele? Where did they practice? If not, what influenced you to choose your career?

Can you recall instances of when your parents or relatives would go to Ayurvedic and/or allopathic physicians? Did they consult only one type of physician or different kinds of doctors? Why? Did the kind of disease determine which type of doctor they consulted?

Was there any debate within your family or with friends on whether it was good or bad to consult an Ayurvedic physician, or a Western physician? Was either perceived to be taboo or a source of conflict? Would you say that Hindu patients were more likely to

consult an Ayurvedic physician? Would they benefit more because of their religious beliefs? Why?

As an adult (in Canada), have your views of Ayurveda changed? If yes, were there any particular experiences that prompted change?

Can you describe places of healing that have you visited in India? How would you rate their legitimacy? What relationship, if any, do they have with North America?

Have you ever visited an Ayurvedic physician in India? If yes, describe your experience(s). Did you observe them utilizing 'Western' techniques and/or medicines (such as x-rays, stethoscopes, or antibiotics)?

Have you ever practiced medicine/Ayurveda in India?

Have you noticed any major changes or evolution of Ayurveda in India itself? If yes, why has it changed? Do you know of any differences between North Indian Ayurveda and South Indian Ayurveda?

Ayurveda is often termed alternative or complementary medicine. What do these terms convey to you? Are there better terms?

What does holistic medicine mean to you?

RELIGIOUS ISSUES: AYURVEDA

Why do you think Ayurveda has been called "religious medicine" in India? In North America?

Can you identify purely religious practices in Ayurveda in India? North America? Explain.

Do you think that the fact that Ayurveda is a system that promotes meditation is cause to call the system a religious system?

Does the physician in Ayurveda occupy the role of guru? How?

Do you consider Deepak Chopra to be a guru?

Are there any particular deities that one can pray to for any ailments, are there different deities for different kinds of ailments?

Do you ever relate astrology to Ayurveda?

What do you think of the relevance of the Brahmanical taboo on learning anatomy?
What is the basis of this taboo?

Is the philosophy of Ayurveda based on religion in India? Are there lectures on it in ashrams or temples, in Canada or North America?

What role does Hindu philosophy play in Ayurvedic theory? How is this applied practically during physician-patient interactions?

Do you see Ayurveda as being based on Hindu religious belief? If so, which ones? And/or on a general Indian cultural framework?

Do you know of any Indian Orthodox Christian Ayurvedic practitioners in India? If so, who are their clientele? Are they viewed as different from their Hindu contemporaries?

Is Ayurveda a system that anyone can practice, or is understanding of the Hindu worldview a prerequisite for use of the system?

Do you have to believe in reincarnation to practice Ayurveda?

Do you have to believe in the power of meditation?

To what extent do you believe diaspora Indians have a cultural (or religious) right to involve Ayurveda in their health plan? For which practices? Explain.

Do you feel that the Canadian government is appropriately approaching the practice of Ayurveda in its country?

Do you feel that Ayurveda should be presented as a medical system, as opposed to a religious system in Canada? What do you think about the Maharishi Institute promoting Ayurveda as part of its “religious” practice, to avoid medical liability in the United States? Do you think that is a valid position or do you think Ayurvedic practitioners in North America should not take the position of religious practitioners?

Do you believe that Ayurveda/Western medicine is well aligned with deep human needs and values?

NORTH AMERICAN AYURVEDA AND NEW AGE HOLISM

How do you think Ayurveda is perceived by the general public in Canada? Why? In what ways are they exposed to Ayurveda?

Can you describe places of healing that have you visited in North America? How would you rate their legitimacy? What relationship do they have with India, if any?

What is your definition of New Age?

Have you or anyone you know ever visited a New Age institution for health purposes or relaxation? [This can include any North American centre that teaches yoga, meditation, or offers any holistic therapeutic practices, even in connection with any Asian country]. Can you describe this visit? Did you notice any similarities or differences between your worldview/religion and those of the centre?

Have you or any relative ever visited an Ayurvedic physician in North America that was associated with a New Age institution? If yes, describe your experience(s). [If experienced with Indian Ayurveda: How was Ayurveda here different from Ayurveda in India? How was it similar? Would you consider the North American Ayurvedic physician to be a religious practitioner?]

Have you ever practiced Ayurveda unofficially in Canada? If so, who is your clientele (by ethnicity and religion)? What kinds of problems do people bring to you? Why do they come to you instead of other western doctors?

Why do you think Ayurveda has become popular in North America?

Have you read any books by Dr. Deepak Chopra? What did you think of them? How can they help people? How can they harm people? Have you seen Ayurveda in the North American media in any other forms?

How do you think Ayurveda in North America is different from Ayurveda in India? If you consider it different, why do you think it has changed?

How do you feel marketing and media attention on alternative therapies has had an impact on Ayurveda in North America?

AYURVEDA WITHIN DIASPORA COMMUNITY

Do you know of people in your community who ascribe to daily Ayurvedic practices?

Do you have Indian patients who ask you about Ayurvedic medicine? Has there been a situation where you have refused to give treatment or advice?

Do you know of situations where Indo-Canadians go back to India to receive Ayurvedic treatments? Only on return trips to India? Do they consult Ayurvedic physicians who live in North America?

Have you ever advised a patient or family member to consult an Ayurvedic physician, here or in India? Can you describe the circumstances? Why did you do it? If you have never done so, in what situation would you give such advice, and why?

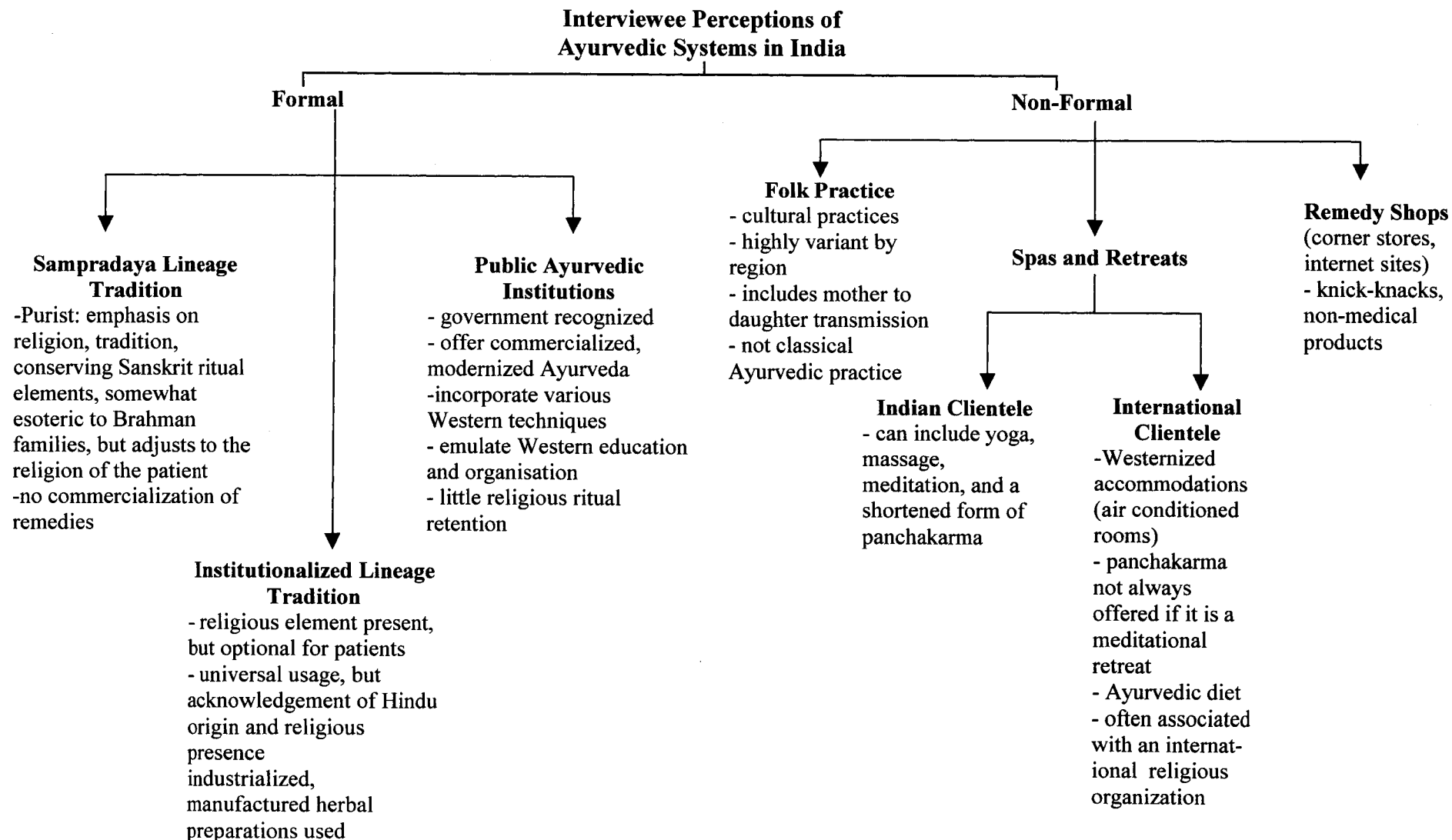
Do you yourself maintain any Ayurvedic practices? Which ones? Have you ever taken any Ayurvedic medicines?

Do you know of any places to buy Ayurvedic remedies? Have you visited any websites for Ayurvedic medicines? Do you believe them to be properly prepared? Have you been to an Indian grocery store that sells Ayurvedic products?

Has any commercialization of Ayurvedic remedies occurred in Canada?

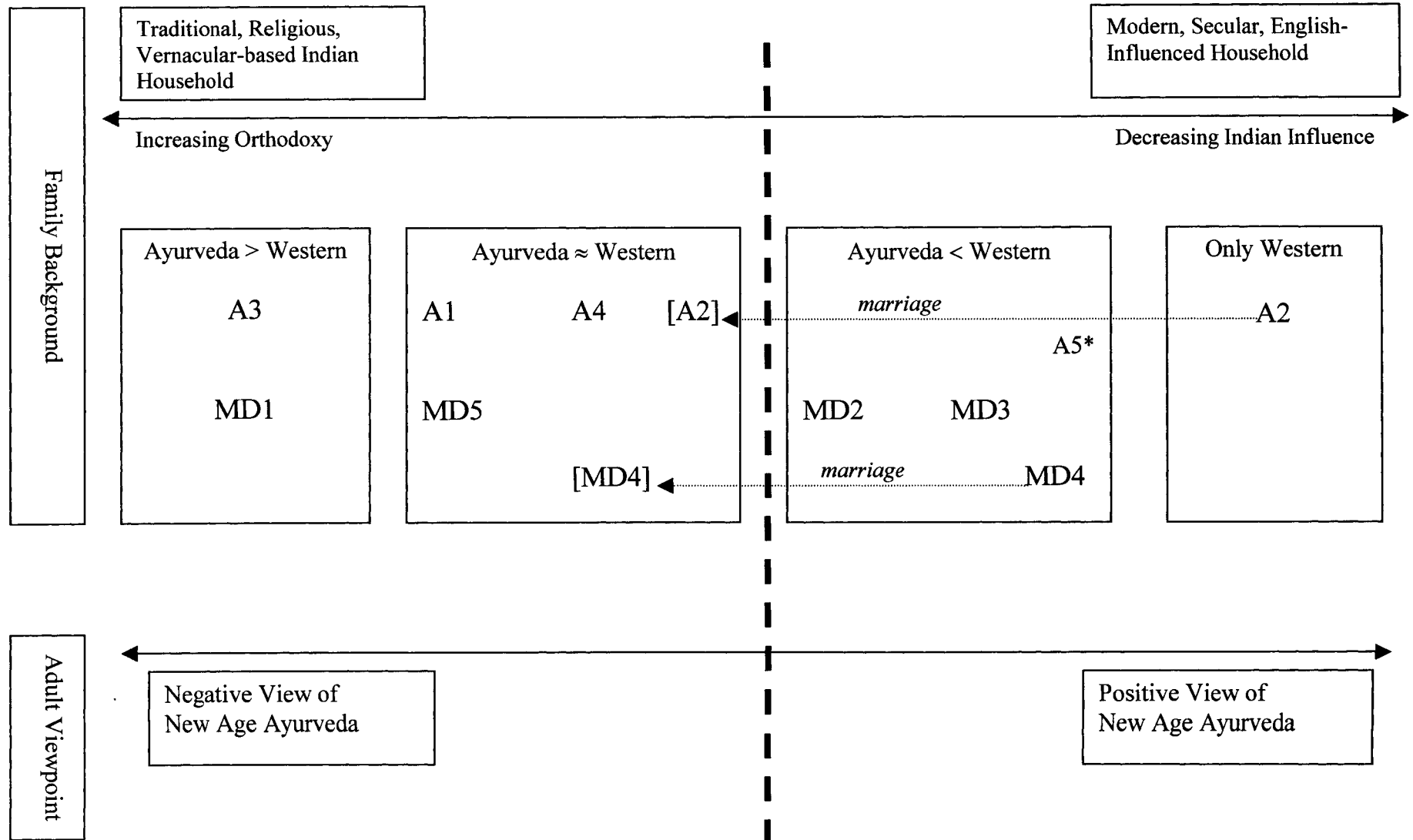
APPENDIX C

Figure One: Interviewee Perceptions of Ayurvedic Systems in India



APPENDIX D

Figure Two: Background Correlated with Interviewee Perspectives on New Age Ayurveda



* A5 is an MD as well as a TM "vaidya"

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