

**CHARLES UNIVERSITY**  
**FACULTY OF HUMANITIES**

General Anthropology



**Becoming Bodies:**  
**An Ethnographic Study of Ayurvedic Practice**

Doctoral thesis

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## **Declaration**

Hereby I declare that I have written this doctoral thesis by myself, using solely the references and data cited and presented in this thesis. I declare that I have not been awarded other degree or diploma for thesis or its substantial part. I give approval to make this thesis accessible by Charles University libraries and the electronic Thesis Repository of Charles University, to be utilized for study purposes in accordance with the copyrights.

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## **Bibliographical information**

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## **Abstract**

This thesis introduces a critical analysis of a self-proclaimed alternative to modernity. Based on a case of selected, so-called non-conventional medicine within the context of the Czech Republic between 2013 and 2017, I explore how a specific bodily practice like Ayurveda works in this environment. Since it is sought and employed in the everyday lives of an increasing number of people, even in such modestly sized post-socialist country, it resembles similar tendencies generally described in the globalized world (especially from the middle class upwards) in recent decades.

Drawing upon (auto)ethnographic research, which originated at a school for future Ayurvedic practitioners and continued into informal meetings— sometimes at the homes of practitioners, I introduce Ayurveda as a specific way of body becoming. Starting with how the body and wellbeing is discursively established within the space of schools, I nevertheless focus mostly on individual practice. I look at how Ayurvedic epistemology is employed and how it enables recognition of one's own body, and subjectivity as interconnected with the surrounding environment. I follow how, as a result of this process, this recognition conditions a certain self-empowerment, especially regarding the establishment or maintenance of one's own wellbeing. I emphasise it provides benefits to practitioners, who remain loyal to Ayurveda even though they do not, for example, necessarily heal their bodies or social relations. Finally, I also show how this newly accessed agency heightens a contemporary self-management imperative. This way, I argue that Ayurvedic practice resembles the dictate of neoliberal subjectivity.

Even though in theory, Ayurvedic practice, i.e. this way of living, provides a certain alternative—an escape from universalism and general alienation, promoting an approach to wellbeing that respects individual characteristics and needs and that functions in conjunction with the surrounding bio-social environment—in practice it does not fulfil this premise. I argue that this is because, in connection with existent social pressures on self-care, it does not posit individuals as equal with other participant entities within a given ecosystem, but as being at the centre of it. Finally, it therefore works in practice as a very efficient tool for modernist domination.

### **Key words:**

Body; Becoming; Ayurveda; Modernity; Alternative; Techniques of Self; Ethnography

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# 1 Introduction

“... it sounds a bit like... the last stage of the ecosystem... it is stable... the energy relations, the inputs and outputs are balanced and the moment when there is any kind of stressor, intervention from the outside... it can face that disturbance in such a way that it doesn't hit it so much... And the moment, when it is not in a state of equilibrium, the same force that would come from the outside can completely destroy it and actually wipe it off the face of the earth... when you translate that to your body...” (interview with Simona, 9/2017)

Understanding and performing oneself as a body-subject, interconnected with the surrounding environment, is a part of Ayurvedic practice. It implies various techniques of self, and produces subtle everyday changes, as well as more profound life changes. I have studied how people that serious about learning this so-called alternative approach to well-being to enrol in a course for Ayurvedic practice in 2013, have been applying these methods of relating to themselves and their environment to their lives. I have also been paying attention to what kind of tensions emerged during this process.

Although I was expecting to negotiate my way into the consultation rooms or Ayurvedic spa, I ended up enrolling in the school. I discovered that, contrary to my preconceptions, what I learned at this school was not alien to my experience. I found that calling Ayurveda a form of traditional medicine developed, according to ancient texts, long before Common Era, barely captures the ways of understanding and practicing one's body and well-being, that characterised it in my field site. I kept returning to the field site until 2017, no longer exclusively defined by the school, but by the people I met and eventually also by my own experience. Even though a certain physical co-dependency of being—or becoming—as a performative process was a new thing for most of us students, it strangely conformed to some of our existing ideas, and in some cases, our practices. Indeed, Ayurveda as I encountered it, was not something different from our own methods of self-care, it largely resembled principles that already structured our lives. Consequently, a stricter form of self-governance based on more profound self-observation was the most pronounced change occurring in people's lives following the introduction of Ayurvedic practices. Ayurveda did indeed become tightly interwoven with my perception of the world, the way I interpret my experiences, and how I choose which stimuli to focus on. Moreover, the Ayurvedic practice of recognising connections between seemingly unconnected elements of my own being could be, in a Foucauldian sense, also interpreted as an effective tool for deepening self-knowledge enabling more effective government of self.

The aim of my thesis is therefore to introduce the practice of Ayurveda, within the local context, as an example of strategies that can enable people to reconfigure their everyday lives, their morality, and even their subjectivity in relation to their surrounding environment. Based on this down to earth analysis I am opening the floor for further theoretical discussion on the possibilities of connections and coherence between the body and the environment in order to finally discuss the practice of Ayurveda as an example of a so-called alternative to modern(ist) biomedical approaches to well-being with a potential to alternate the modern behavioural and attitudinal patterns it claims to be fighting against.



In the empirical part of this thesis, I therefore first attempt to define the Ayurvedic discourse in the context of its construction in a culturally specific Czech environment based on my ethnographic research in, with and of Ayurveda schools, schooling and study. In the second part, I focus on the resulting Ayurvedic practice itself. Firstly, I elaborate on the ways, Ayurvedic knowledge—or rather types of knowing and skills are mastered, i.e. from the ways actors practice it in relation to knowing or modifying certain aspects of one's regime or morality to ontological changes. Here I introduce how Ayurvedic body-subjects are produced within this process. Then, I uncover the process of how Ayurvedic practices are applied to the lives of its practitioners, exploring the struggles they reflect within. Focusing on good and bad passages (Moser and Law 1999), i.e., the limits of becoming Ayurvedic bodies, I unpack the ways of reconciling Ayurvedic modes of ordering (Law 1993) within the existing ones.

The discussion covers how Ayurveda's combination of new ways of spatiotemporal, moral and ontological existence—building upon tensions and clashes emerging in the border spaces between competing practices—engenders several theoretical questions. Through addressing the question of un/certainty and body/self agency and autonomy, I get to the most involved chapter. Finally, on the subject of the limits of becoming Ayurvedic bodies, implying living well and offering a potential alternative to modern life, I open the topic up to a much larger debate on the political potential of alternatives.

I follow the great tradition of reflexive writing in what I present in the thesis, what have I learned from the research not just in terms of enriching contemporary knowledge about the body through the practice of alternative medicine as a form of self-discipline, as a contribution to or change in my everyday experience, but also about the process of establishing a new disciplinary topic within the specific local context of Czech academia. How is this anthropologically relevant? I believe, like Tim Ingold (2018), that the aim of anthropology is to mediate a better, deeper, or at least just some understanding of the diverse ways of being in the world and of figuring out our lives.

## 2 Theoretical-Methodological and Contextual Background

After introducing an outline of my basic theoretical assumptions—an account of body based foremost upon a combination of social, or rather heterogeneous constructionism and poststructuralist theories—more detailed analytical frames of the topic then follow. These frames are built upon the basic empirical and theoretical problems addressed by the thesis so as to introduce how the Ayurvedic practice under study is situated within further social science debates and the empirical context. This will be followed by a brief sketch of the historical and, more importantly, the current global political context of Ayurveda, after which I will review four boxes where it has been put by scholarship. I discuss the definition of Ayurveda as a science of life and question its framing as traditional and alternative medicine (TCM), introducing it as an example of individual practice dealing with un/certainty in late modernity. A thorough account of the theories which influenced my thinking about the body the most is then presented to build a solid background for the analysis of Ayurveda as a discourse on the wellbeing<sup>1</sup>, as an everyday practice of differently knowing and being and as a way of encountering various im/possibilities of living well as an alternative to modernism. Finally, I arrive at the methodological context, introducing the field and methods and the main ethical dilemmas of this research.

### 2.1 General Theoretical-Methodological Approach: Working with Sociological Theories and Staying True to Anthropology

As Tim Ingold states in the interview about his latest book for the British Academy Review: “anthropology is not a discipline for the faint-hearted” (Ingold 2018, 30). As much as I would like to go into detail about the social theory I use to frame some of my arguments so as to provide a comprehensive review of the broad variety of approaches, such as the philosophies of Hegel or Nietzsche who thought about the body across Western epistemological dichotomies much earlier than Marcel Mauss—the first author connected to the anthropology of body scholarship due to his argument as to the sociality of the physical body—I do not aim to provide such a comprehensive theoretical background here. Moreover, considering my (conventionally judged) theoretical interdisciplinarity, I cannot easily specify the main theoretical approach, that is, I am unable to assign it to one respective school of thought.

The reason lies at the core of my theoretical focus—the body and, respectively, the recent approach of the social sciences to the body across areas no more than four decades old, labelled as the sociology of body / anthropology of body, which overlap and often reach into the domains of philosophy; psychology; cognitive science; science, technology and society (STS)<sup>2</sup>; and even biology. This follows from my interest in the ways in which people understand and experience their bodies (typically) as part of the socio-natural environment they inhabit. Still, in respect to

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1 The word wellbeing introduces an analytical term, referring generally rather to the experience which noticeably overlaps with contemporary inclusive formal definition of health, it also introduces a process of living well which refers more profoundly also to practice and often carry moral connotations.

2 The abbreviation, originally labelling “science and technology studies”, was later extended to science, technology and society (studies), which puts more emphasis on the social science perspective within this interdisciplinary framework.

the scholarship I have engaged with during my studies and to my understanding of this discipline, I claim my approach to be anthropological in nature. Here, I follow Ingold's articulation of our discipline, where he states that anthropology "is not a continent of knowledge, with defined borders, to be mapped out and explored. It is rather a conversation, a gathering of many voices—both of scholars and of the people among whom they study—each of which has different experiences to share and different things to say" (ibid.) Furthermore, I identify very much with Ingold's sensitive view of anthropology, which is (ideally) a way of studying *with*<sup>3</sup> people rather than the study *of* them (ibid., 32). How do these, perhaps for some, strong and romantic claims relate to my work? As almost any anthropologist I know would say were they to be unafraid of the vague sound of these words, the phenomenon I am introducing here is very specific and complex. Analysing it without a qualms of conscience would be to omit something essential; therefore, I had to mob multiple research methods (autoethnography included) and multiple seemingly somewhat incompatible theories (Foucauldian discourse together with Merleau-Ponty phenomenology, the Latourian notion of articulation and Ingold's idea of becoming or Annemarie Mol's praxiography). As a result, I take the reader through my own process of making sense of these entanglements—so much for the clarification of this chapter's introductory citation. But why? What is it so specific about how and why the bodies are practiced a certain way as a part of Ayurveda?

Firstly, I am speaking here about certain expert knowledge, practices, and systems. And even though there is already a long tradition of studying the mechanisms of scientific knowledge production within the social sciences, this case, thanks to its lack of standardization, introduces no firm ground from which to work. There is not a very bounded discourse about the body represented in (of course, despite slight differences from each other and in their dynamics) Ayurvedic medical textbooks, laws, established clinical practice, and so on, at least not in the environment under scrutiny—an essential part of the Ayurveda social milieu in the Czech Republic between 2013 and 2017. As will be described in more detail in the methodological part, Ayurveda, together with other (from the dominant medical discourse point of view) non-conventional medicines, was, at the time of this research, still is not legally recognized in terms of practice or education<sup>4</sup>. However, in the end, Ayurveda, as promoted by the schools which created the main field sites of my research, works as a (even quite dynamic) discourse of body—"accessible" and interconnected with(in) the surrounding bio-social environment—but also as a way of individually accessing this discourse through knowing<sup>5</sup> and as a way of becoming this kind of a body on an experiential basis. This situation results in Ayurveda's enactment, which happens through the simultaneous processes of the establishment of an Ayurvedic body discourse and knowing and experiencing the Ayurvedic body. At the same time, the processes under examination do not work as a kind of resocialization, but rather, comprise of negotiation

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3 Emphasis in original

4 Contrary to other EU countries such as the United Kingdom, Germany or Switzerland.

5 "Knowing" relates here to the Czech term *poznání*, which is analytically framed by Elisabeth Hsu's (1999) approach to specific ways of learning certain medicine not just through traditional cognitive processes, like memorization, but via experience in one's own body as well. Moreover, it also translates directly to the gnostic character of medicine, the goal of which is, in opposition to the epistemic goal, not education, but knowledge. (Bates, 1995)

and assemblage of Ayurvedic ideas and experiences within the specific local bio-social (body/health) context.

As was already noted above, this situation, together with the scholarly literature I encountered and found the most interesting over the last few years (originally aimed towards medical anthropology), led me to the decision not to concentrate on Ayurveda but on the body and, respectively, bodies which are produced within the social phenomenon under the study.

Still, due to the sometimes almost scary over-usage of the word Ayurveda, I feel the urge to define it first before I continue to—in relation to the thesis—more analytically define the theoretical framework, that is, to review the literature on body.

## 2.2 Ayurveda

The term Ayurveda is today recognized by societies worldwide, and although the label is used as regards a wide range of practices, whether in reference to research, medical, industrial or market kinds, all of them refer to a specific sum of knowledge focusing on establishing or maintaining wellbeing. Across diverse scholarly frames of Ayurveda, the focus is on various aspects of this “medical system”. And since I have not built my interpretation upon any a priori assumption in attempting to delimitate its borderlines, the goal of this sub-chapter is to introduce several of these discourses so as to create a communicative platform among scholars from diverse fields of the social sciences.

Here I emphasize the differences among these discourses, introducing Ayurveda as a complementary, alternative, traditional or simply non-conventional or unorthodox medicine, in order to shed some light on the crucial distinctions among these terms and their meaning. This debate will be also contextualized empirically in relation to, what I consider relevant, my topics in terms of its selected local and global political aspects. Finally, I also aim to introduce the function of Ayurveda within the frameworks of medicine, lifestyle, religion and New Age, representing Ayurveda as a rather spiritual practice. Through this short review on how Ayurveda is dealt with among various anthropological and sociological subfields, I attempt to clarify the context to which my thesis relates. This literature is not greatly involved in an analytical framework, but figures rather as an empirical inspiration; it is the initial engine which pushed me to understand how my sample and field is specific, similar or different from the examinations of other anthropologists and sociologists elsewhere. At the same time, I feel the urge to ground this study of Ayurveda in relation to these frames so as to provide an initial definition which, further in the thesis, will gain forms that are more concrete and data grounded.

The notes related to religion, spirituality, medicine or lifestyle may seem a bit beyond my scope. Yet, throughout my research, colleagues have often asked why I do not work within these kinds of frameworks. Thus, I consider it necessary to at least briefly review my reasoning for not concentrating on these functions of Ayurveda as a sum of certain ideas and practices, but on the body-becoming in individual Ayurvedic practice.

Nevertheless, since the aim of the thesis is not to define what Ayurveda is in this research (though I sincerely hope this will be its implicit outcome) but rather to introduce my

interpretation of an Ayurvedic practice as an example of a certain approach to the wellbeing, I focus on, how this approach functions in practice, what does it mean and change in the life of people who are actively engaging it via body-becoming, as well as what body-related theoretical conclusions can be drawn based on the data. One by one, I will open all the important boxes where the discourse on Ayurveda is situated so as to, later in the theoretical chapter, explore the studies of Ayurveda and similar practices which serve as my analytical inspiration.

### 2.2.1. Ayurveda as a Medicine

In accordance with most experts but also lay accounts on Ayurveda, this word, in most of its mentions online, is presented in tandem with the term “medicine” or, respectively, “medical system”.

As the results from searches on Google and Wikipedia reflect, this term stands for a medical system. Specifically, Google in cooperation with Oxford Languages<sup>6</sup> presents it as “the traditional Hindu system of medicine (incorporated in *Athara Veda*<sup>7</sup>, the last of the four Vedas), which is based on the idea of balance in bodily systems and uses diet, herbal treatment, and yogic breathing”<sup>8</sup>. Wikipedia adds to its basic definition the deep collision created by the “displacement” of this “ancient medical system” to a different time and bio-social context, as most of the scholarly literature acknowledge. It goes something like this: “Ayurveda ... is a system of medicine with historical roots in the Indian subcontinent<sup>9</sup>. Globalized and modernized practices derived from Ayurvedic traditions are a type of alternative medicine.”<sup>10</sup> In following paragraphs, I will sketch the context of the core components of these two definitions, that is, Ayurveda as an “ancient Hindu practice rooted in Indian subcontinent” and as a “system of medicine”.

The above quoted statements coalesce in the Indological literature, which, among other things, explains the precise (written) history, that is, the historical and philosophical context of Ayurveda emphasizing mostly its status in relation to Vedic literature, despite not containing the word “Ayurveda”. Ayurveda is traditionally understood as connected to Vedic texts based on its content’s proximity to Atharaveda.

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6 <https://languages.oup.com/google-dictionary-en/>

7 Sanskrit terms are transcribed in text using most common transcription, adjusted to the phonetic system of English language (cf. Seidlová, 2016, p. 7), unless, when quoting literature following official International Alphabet of Sanskrit Transliteration (IAST). This is consistent with the way, my informants do it, i.e. Ayurvedic terms are usually transcribed according to Czech language phonetic system, e.g.: „Ājurvéda; váta; kafa“, and as well as with my theoretical-epistemological approach assuming specificity and introducing profound hybridity of Ayurveda under study. Words taken from other language, (usually Sanskrit) or selected analytical terms are put in italics on its first occurrence.

8 [https://www.google.com/search?client=firefox-b-d&sxsrf=alekk00av\\_cumho4dsls9ompsrtlernrq%3a1597445620450&ei=9bu3x8-ag5g1kww5vzkgba&q=ayurveda+meaning&oq=ayurveda+meaning&gs\\_lcp=cgzwc3ktywiqazieccmqjzifcaaqyweybqgaemsbmguiabdlatifcaa qyweybqgaemsbmguiabdlatifcaaqyweybqgaemsbmguiabdlatoecaaqrzoccaa6bwgaeaoqywfqzcvy4djmjroahabeacaawiiayigkgednc40maeaoa ebqgehz3dzlxdpesabaq&sclicnt=psy-ab&ved=0ahukewjpyotw5jvrahwr2qqkhhbmebeqq4dudcas&uact=5](https://www.google.com/search?client=firefox-b-d&sxsrf=alekk00av_cumho4dsls9ompsrtlernrq%3a1597445620450&ei=9bu3x8-ag5g1kww5vzkgba&q=ayurveda+meaning&oq=ayurveda+meaning&gs_lcp=cgzwc3ktywiqazieccmqjzifcaaqyweybqgaemsbmguiabdlatifcaa qyweybqgaemsbmguiabdlatifcaaqyweybqgaemsbmguiabdlatoecaaqrzoccaa6bwgaeaoqywfqzcvy4djmjroahabeacaawiiayigkgednc40maeaoa ebqgehz3dzlxdpesabaq&sclicnt=psy-ab&ved=0ahukewjpyotw5jvrahwr2qqkhhbmebeqq4dudcas&uact=5)

9 “The history of its (Ayurveda’s) development took place only in parts of what is now India, as well as what is now Pakistan, Afghanistan, Nepal and Bangladesh, through an exchange of ideas that is probably more extensive than the borders of anyone of these states or all of them put together” (Alter 2005, p. 2).

10 <https://en.wikipedia.org/wiki/ayurveda>

It was traditionally believed that there was a *Veda* known as *Āyur-veda* which was almost co-existent with the other Vedas [and which] ... was associated with the Atharva-Veda in a special way ... . The nature of this association consisted in the fact that both of them dealt with the curing of diseases and the attainment of long life; the one principally by incantations and charms, and the other by medicines [...]. The former being the holier of the two, on account of its religious value, the latter was associated with it as its literary accessory ... . [The Ayurveda we know of is only from the] treatises of *Caraka* and *Suśruta*<sup>11</sup>, as modified and supplemented by later revisers. (Dasgupta 1922, 275)

*Caraka-Samhita* and *Suśruta-Samhita* (a compendium) are considered the two oldest written foundations of Ayurveda, usually situated between 100 BCE and 200 CE (Caraka) and 800–900 CE (Suśruta) (Meulenbeld 1999, 202). This ancient Hindu literature, consisting altogether of thirteen books written in verses, introduces a theory of the body; diseases aetiology; symptomatology; therapeutics, including prevention, hygiene and diet rules; medical education; and patient-doctor relationship strategies<sup>12</sup> (Caraka) as well as surgical training, instruments and procedures<sup>13</sup> (Suśruta). As Sigdell's report stated forty-five years ago, these compendiums (or their parts) have already been translated into English, German, Latin, French and Italian, with the first English translation published in 1844. (Sigdell 1985) The journal *Science* even published a review of one of the Caraka-Samhita translations by Hassler in 1893 (Hassler 1893). Whereas in the 1980s there were 38 trackable translations published, today<sup>14</sup>, Google shows almost 35,000 results for the keyword “caraka samhita online english translation” in its search engine. These texts still provide baseline as setting certain parameters even for contemporary practice of Ayurveda (Langford 2002, 7), also, they still introduce a source for variety of medical related scholarship as the results of academic text search engines reflect. Finally, within the seminars in which I began my research, references to these texts were a vivid component of every class of Ayurvedic theory or practice.

[According to Caraka,] There was never a time when life did not exist or when intelligent people did not exist, and so there were always plenty of people who knew about life, and there were always medicines which acted on the human body according to the principles which we find enumerated in the Ayur-veda. [It] was not produced at any time out of nothing, but there was always a continuity of the science of life; when we hear of its being produced, it can only be with reference to a beginning of the comprehension of its principles by some original thinker or the initiation of a new course of instruction at the hands of a gifted teacher. The science of life has always been in existence, and there have always been people who understood it in their own way; it is only with reference to its first systematized comprehension or instruction that it may be said to have a beginning.<sup>1</sup> (Dasgupta 1922, 274)

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11 Caraka and Suśruta are names of the authors of the two oldest written accounts of Ayurveda.

12 [https://en.wikipedia.org/wiki/charaka\\_samhita](https://en.wikipedia.org/wiki/charaka_samhita)

13 [https://en.wikipedia.org/wiki/sushruta\\_samhita](https://en.wikipedia.org/wiki/sushruta_samhita)

14 18 December 2021, to be precise.

Indological scholarship also frames Ayurveda in relation to the word and concept “medicine”. Etymologically, the roots of this word can be traced to the early fourteenth century Old French term *medecine* (*medicine* in modern French) defined as “medicine, art of healing, cure, treatment, potion” or the Latin term *medicina*, “the healing art, medicine; a remedy”<sup>15</sup>. The World Health Organization (WHO) does not provide any definition of this obviously common knowledge expression, but according to Merriam-Webster dictionary it is “the science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease”<sup>16</sup>. The direct translation of the word *Āyurvedaḥ* (I.A.S.T.) and the translation followed by most scholarly literature on this topic nowadays is the “science of longevity” or rather the “science of life”<sup>17</sup>. The meaning of the word medicine and Ayurveda thus differs profoundly, as medicine is, according to the above definition, concerned *just* with very specific remedial practices or products, that is, those related to unusual states of the human body—healing, treatment, cure—but Ayurveda is a core strategy for living/surviving, based on the idea that the natural state of the body is imperfection (not health) (Alter 1999). It can be claimed then that “Ayurveda is not a medicine in the sense of the term prevalent in modern Western culture [... but] the issues at large are about the wisdom of life, and life is not there fully medicalized.” (Salema 2002, 7)

The medicine identified today with this word is otherwise more precisely called modern, Western, allopathic, conventional, evidence-based or biomedicine, depending on the context emphasized. While “modern” refers to the historical epoch when the principles of current medical science were (re)formulated and stabilized, “Western<sup>18</sup>” relates to the geographical origin of this reformulation, and “allopathic” then to its nineteenth century competitor homeopathy (today’s osteopathy in the United States or in the United Kingdom). (cf. Baer 1984) The attribution “conventional” refers simply to its dominant (global) political status while “evidence-based” navigates more precisely to the grounding paradigmatic principles of the discipline. Finally, “biomedicine” introduces the most precise variant when it refers to the type of natural science—the specific application of biological principles in clinical practice; this is why I will follow the (medical) anthropological canon using this alternative in most of the thesis.

It is apparent that the difference between medicine and Ayurveda is not etymological but paradigmatic in nature, or even ontological one. (Bio)medicine grounds the character of its knowledge and practice in a positivist paradigm which is universalist in essence, whereas Ayurveda could be considered a very constructivist and individualist approach. In Ayurveda, “individual bodies are inherently variable one from another—which is to say that one individual’s ‘natural constitution’ is not necessarily the same as any other’s. Health, in this

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15 <https://www.etymonline.com/word/medicine>

16 <https://www.merriam-webster.com/dictionary/medicine>

17 Wujastyk (2003, 3) follows the classical translation, defined as “the knowledge or science (skt. veda) for longevity (skt. āyus)”. Jean Langford comments that its scholarly (and favoured) translation “can be translated simply as knowledge of life or of long life, although for strategic reasons having to do with its promotion as medicine, it is more often translated now as the science of life” (Langford 2002, 4).

18 Following Sarah Cant and Ursula Sharma, the terms “West” or “Western” refer to “European countries, North America and other (mainly anglophone) countries that are generally referred to collectively as “the West” (a problematic term if ever there was one). (Cant and Sharma 2004, 2)

context, is highly relativistic and linked to specifically local if not idiosyncratically unique ecologies.” (Alter 1999, 46)

Apart from the paradigmatic/ontological differences between the Ayurvedic and (bio)medical discourses, I must emphasize the second most profound distinction, which lies in its formal status outside of the environment of its origin. Biomedicine manifests, and was also originally constituted, as a professionalized discipline, while Ayurveda, from its definition, refers to some extent to the type of knowledge and practices essential for surviving or even good living. This particularly wide definition of the word Ayurveda is supported by its narrative of continuity (see the paragraphs above), introduced by the ancient literature as something rather natural, ever present or even accessible to everyone. Nevertheless, today’s biomedicine as a widespread representative of medicine still introduces the most important referential point in relation to the current politics of Ayurvedic practice in terms of medicines, clinical practice and education as well as the lived experiences of its practitioners worldwide.

### 2.2.2. A Quick Dip into Today’s Political Context of Ayurveda

While Ayurveda in South Asian contexts was revived through a series of ideological conflicts with biomedicine, whether these were late-nineteenth-century Orientalist debates about indigenous medical education, early-twentieth-century nationalist struggles for cultural identity, or mid-twentieth-century arguments about scientific authenticity, transnational contexts suggest that Ayurveda’s encounters with the West are not restricted to its encounters with biomedicine. (Reddy 2002, 104)

The Ayurvedic advocacy narrative includes arguments like the necessity to approach patients as whole, which is grounded in the idea of body and mind interdependence, suggesting centuries-old consideration for “the social and environmental factors of disease that alternative health critics of biomedicine only recently suggested” (ibid.). This “neo-Orientalist valorization” (Langford in ibid.) as a holistic health care approach may be what plays a crucial role in shaping Ayurveda not just in the United States, as Reddy observes, but in the West in general.

As mentioned above, Ayurveda’s medical potential is today widely recognized around the world, and therefore Ayurveda (together with other traditional and complementary medicine; T&CM) has become an important agent in local (specifically, institution-related) and, more importantly, national and global policies (WHO 2013; 2022; EU 2004<sup>19</sup>). In India—at present distinguished as the biggest formally, defined (within scholarly and political discourse) home of Ayurveda (and the most profound political actor)—the Ministry of AYUSH (standing for Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy) was formed in 2014. It grew within the framework of the former Directorate of Indian System of Medicine and Homeopathy created in March 1995, renamed the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November 2003. The Ministry of AYUSH, as officially presented, aims “to ensure the optimal development and propagation of

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<sup>19</sup> <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:136:0085:0090:en:PDF>



AYUSH systems of health care”<sup>20</sup>—from my ethnocentric point of view, it seems quite unusual to have “propagation” among the two main goals of a ministry.

Nowadays, there is an institutionalized educational system for AYUSH with more than five hundred colleges across India. (WHO 2013, 30). India is also a second greatest exporter of herbal medicinal products (Nirmal et al. 2013), and within India packaged medicaments are the third largest group of export goods (after petroleum and diamonds)<sup>21</sup>. According to official national reports, the export of AYUSH product increased 45% in September 2020 as compared to the same period in 2019, apparently due to the official “adoption of AYUSH practices by the government to manage and boost immunity against COVID-19”<sup>22</sup>.

Even though Ayurveda (together with other T&CM occurring on the Indian subcontinent) has a much longer local continuity than modern medicine, 90% of the Indian population (in rural and urban areas) prefer biomedical over AYUSH treatment (Rudrappa, Agarkhed, and Vaidya 2019). Despite the new legislation supporting AYUSH practices, covering up to 25% of the treatment<sup>23</sup>, there seems to have been no large change in the population preferences according to statistical data.

The multilevel dominance of biomedicine in India is undoubtedly a result of its long British colonization. In her book, Jean Langford states that promoting Ayurveda as a culture was a part of an Indian nationalist project of indigenous revival<sup>24</sup>, starting at the beginning of twentieth century and continuing long after the liberation of India in 1947. (Langford 2002) Its reading as an ethnomedicine has been, according to Langford (ibid.), a continuous anthropological project of comparison between Ayurveda and other “medical systems”. This could be considered complementary to the scientific research on Ayurveda, which focuses primarily on its validation through “the rationality and objectivity of Western science, to find out whether Ayurveda has a scientific basis and whether Ayurvedic methods can be standardised to suit the contemporary demands” (Salema 2002, 9). Ayurveda’s encounter with biomedicine in the framework of modernization has been happening in form of a political project that keeps Ayurveda distinguished from biomedicine while modernizing (in terms of the development of educational curricula and clinical practice) towards it at the same time. This process of adjusting Ayurveda towards a more unified modernist clinical and educational practice according to biomedical practice criterion is usually labelled in scholarly discourse as biomedicalization<sup>25</sup>.

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20 <https://main.ayush.gov.in/about-us/about-the-ministry>

21 <https://oec.world/en/profile/country/ind>

22 <https://indbiz.gov.in/ayurveda-exports-rise-with-govt-support-for-ayush/>

23 <https://securenow.in/insuropedia/covered-ayush-benefit-individual-health-insurance-plan/>

24 “These revivalists standardized Ayurvedic curricula through the introduction of scientific manuals and modern textbooks. They reinterpreted traditional Ayurvedic knowledge through the publication of popular (non-sanskrit) vernacular translations, professional journals, and popular tracts that integrated it with modern biomedical knowledge. They founded pharmaceutical firms that could commercially manufacture Ayurvedic medicine and lobbied to create state and central government agencies that would support indigenous medicine and license practitioners” (Leslie and Young in Reddy 2002, 102), “In other words, during the past two centuries, revivalists used the ideology of medical revivalism to create parallel institutions and an official, professionalized system of Ayurvedic knowledge for the modern Indian nation/state” (Reddy 2002, 102).

25 This expression labels, e.g., the character of college Ayurvedic education in contemporary India due to a compulsory modern biomedicine part (Wujastyk and Smith 2008). In the discourse of medical anthropology, the term has a more complex definition. Contrary to medicalization, which “helped medicine to gain power over sick lives, biomedicalization helps it to question, transform, and manage life itself”. Biomedicalized complementary and alternative medicine is then that which is integrated, scientized and commodified as a part of biomedicine (Klepal and Stöckelová 2018, 412–13).

Langford nevertheless claims, that modern medical institutions cannot be introduced into Ayurveda without altering underlying formulations of person and illness (Langford 2002, 13). It could be therefore argued that the framing Ayurveda as a medicine is part of the Indian political and economic project to establish the competitiveness of an Indian (and South Asian) asset within the global, capitalist market.

I believe this introduces an important context in relation to the way Ayurveda has been promoted in Europe and the Czech Republic as well. It has basically enabled Ayurveda's occurrence here as well as the Ayurveda schools—my field sites' leaders rely on and are in continuous dialogue with them. This is a context which has profoundly shaped the content and way Ayurveda had been taught in the Czech context.

Bode (2006), complementing Langford, takes a different perspective, observing the commoditization of Ayurveda (and Unani<sup>26</sup> medicine) between 1980 and 2005, claiming that the most profound consequence of “taking traditional knowledge” (ibid.) to the capitalist market is the exclusion of access for poor people. Ayurveda and Unani firms operate according to the market strategy—to buy their products and “feel good” as an Indian, no matter whether one is a Hindu or a Muslim. They claim that unlike Western, synthetic pharmaceuticals that have many side effects, Ayurvedic and Unani medicines give Indians “what they really are—their history, their culture and their health” (Marketing Manager, Hamdard, interview, Delhi, February 1999; ibid, 234).

Biomedicalization seems to go hand in hand with the commodification of Ayurveda. While it connects people from different biosocial environments, medical systems, even countries and continents, it also creates a significant gap between those who can no longer afford Ayurvedic treatments and those who can and are most likely interested in it, in part, due to the fashionable aura around the current marketing of Ayurveda. This gap therefore emerges not just within India or the Indian subcontinent but worldwide, where, despite the WHO's intent to disseminate more accessible T&CM so as to, as claimed, maintain a certain level of health among wider groups of people (WHO 2013, 11), it also tends to split the population between the middle and upper class, who can afford this often extra (and not insurance-covered) treatment, and the very poor. Moreover, as Ayurvedic education within India becomes professionalized, Western Ayurvedic education goes, according to some scholars, in the other direction. As Smith puts it rather critically, Western Ayurveda is developing in favour of economic profit at the expense of the quality of its education, generating a dichotomy between Western wellness Ayurveda and (Indian) Ayurveda as a medicine. (Smith 2020)

Consequentially, in a globalized (Western) world, Ayurveda often serves as a favourite market article, but apart from the widespread use of herbal medicinal products and wellness procedures found under the umbrella of Ayurveda, there are also places where Ayurveda has been formally recognized. Within Europe several countries already have a long tradition of Ayurvedic practice (Switzerland, Germany, UK) resulting in a much wider practitioner organization base, including its existence in some legislation related to its practice/education (Hungary, Latvia,

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26 Perso-Arabic traditional medicine based in the Muslim culture of South Asia ([https://en.wikipedia.org/wiki/unani\\_medicine](https://en.wikipedia.org/wiki/unani_medicine)).

Romania, Slovenia, Serbia, Switzerland)<sup>27</sup>. Nevertheless, Ayurveda is still not part of the top 10 complementary and alternative medicines (CAMs) in the European Union (Kessler 2019, 184). Over a decade ago the WHO published a 61-page document, “Benchmarks for Training in Traditional / Complementary and Alternative Medicine” (2010), providing recommendations to its member states. Despite this, legislation has yet to be unified either in education or treatment/consultation within most countries, let alone amongst them (CAMbrella 2012). Still, there are hundreds of formal education programmes usually designed as a post-graduate education for medical professionals (most in the UK, Germany, Switzerland). In Germany, Switzerland and Lichtenstein, T&CM is practiced also by specifically trained people without a biomedical education (ibid., 17). There are also many research institutes focusing on T&CM from a medicinal perspective but also from a social scientific perspective as well (e.g., NAFKAM, Cambridge and Sheffield, but also private pharmaceutical companies), and scholarly journal with this scope.<sup>28</sup> Moreover, there are dozens of international (usually specific T&CM therapy-based) initiatives, mostly bottom up practitioners’ organizations such as Ayurvedic Practitioners Association (APA)<sup>29</sup>, European Ayurvedic Association (EUAA)<sup>30</sup>, European Herbal and Traditional Medicine Practitioners Association (EHTPA)<sup>31</sup>, Association for Natural Medicine in Europe (ANME)<sup>32</sup>, or the umbrella platform EUROCAM.<sup>3334</sup> These Ayurvedic practitioners’ organizations claim to aim for the unification of some Ayurvedic practices (education included) so as to, in agreement with mainstream concerns related to T&CM, protect patients/clients as well as the practitioners themselves. Even its (not formally recognized) unification is by some authors considered unavoidable due to the dispersion of its sub-traditions and the different ways being deployed to legitimize them, total standardization is and most likely will be hard to achieve. Nevertheless, since diverse strategies to professionalize Ayurveda have been gaining legitimacy (more profoundly in the US), while slowly disrupting the dominant medical paradigm as well, this trend could, according to some authors, lead to deprofessionalization of orthodox biomedicine as well (Reddy 2002, 116). Still,

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27 “Hungary has regulated Ayurvedic medicine as ‘an individual complex medical system’ provided only by medical doctors. In Latvia Ayurvedic medicine has a legal status and was recommended as safe to wide application in the institutions of public health services.” In Romania Ayurvedic medicine is “legally recognized as a CAM therapy in the group ‘alternative therapies’ in the law on CAM”. In Serbia the CAM bylaw lists Ayurvedic medicine as “a method of treatment suitable for practise”. Slovenia has listed Ayurvedic medicine in the CAM act as “a CAM system that may be used when carrying out cam practices” (CAMbrella 2012, 27). According to Kessler (2019) the only country recognizing Ayurveda as an independent medical system, i.e., with at least one government-acknowledged Ayurveda profession (and a super-qualification for medical doctors in the pipeline) is Switzerland.

28 e.g., the Journal of Alternative and Complementary Medicine (<https://www.liebertpub.com/loi/acm/>) or the Journal of Ayurveda and Integrative Medicine (<http://www.jaim.in/>)

29 <https://apa.uk.com/>

30 <http://www.euroayurveda.eu/>

31 <http://ehtpa.org/>

32 <https://www.anme-ngo.eu/en>

33 EUROCAM is a European platform for organizations representing patients, medical doctors, veterinarians and practitioners in the traditional, complementary, and integrative medicine (TCIM) sector (<https://cam-europe.eu/>)

34 “While a considerable number of Ayurveda associations exist on national levels and supranational levels, e.g., within the European Union and its member states, they remain rather small with very limited visibility in healthcare policy making and, in spite of several attempts by visionaries, pioneers, and mavericks over the last 30 years, have overall not been effective to change regulation in favour of Ayurveda there to date (e.g., EUAA, VEAT, VSAMT, DGA, DĀGAM, APA, NAMA, AAPNA). Also, structures of most of these Ājurvedā associations are quite heterogeneous. Moreover, interactions and cooperations between most Ayurveda associations are, if at all existent, loose or at times even controversial or adversary; notably, activities for forming an overarching Ayurveda umbrella organization are quite strong in Germany right now, which might be a template for other comparable national or supranational processes in the field” (Kessler 2019, 187).

according to the last EU scale research project (financed by the European Commission), the only unified legislation relates to T&CM medicinal products (CAMbrella 2012)<sup>35</sup>.

Without question, the formal status of medicines determines its character to a great extent. Křížová (2015) divides CAM modalities based on the nature of their regulation. Compared to the tolerant/integrated model (UK, Germany, Sweden), in the monopolist model (of France, Finland, Belgium, Czech Republic) only (bio)medical professionals are entitled to practice any kind of medicine. The monopolist model is nevertheless inclusive towards certain CAM practices, as in the case of homeopathy and acupuncture in the Czech Republic. Their practice is conditioned by a specific education and informed consent from patients. Coverage of CAM therapies, however, is problematic. Czech Republic remains a country with “de facto universal and still relatively egalitarian health care, CAM is the sector that has been promoting privately paid care across the social classes, including among those who regularly use publicly funded services for most of their health care” (Klepal and Stöckelová 2018, 422). In some EU member states, there is automatic public health insurance coverage for some therapies (such as acupuncture in France, Ireland, Belgium) or coverage upon a referral from a physician or GP. Even though the Czech state’s affection for CAM together with its formal medical recognition has been over for some time<sup>36</sup>, P homeopathic remedies are still formally considered a medicinal product. Furthermore, the only CAM therapy covered by public health insurance “is ‘medical acupuncture,’ developed as a method decoupled from the nosology and aetiology of Chinese medicine and has been an optional part of Czech biomedical education since 1970” (Stöckelová and Klepal 2018). Although a follow up, quantitative study published several years ago (Pokladnikova and Selke-Krulichova 2018) states the prevalence of CAM therapy use in the Czech population is 76% and is increasing, the official stance towards non-conventional medicine is still quite sceptical. The official statement of the Czech Medical Chamber<sup>37</sup> stresses the risk that CAM practices introduce, defining them as primarily “unscientific”, usually based on the “placebo effect” and often pursued by “quacks” without any medical education.<sup>38</sup> This,

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35 “The 39 nations have all structured legislation and regulation differently: 17 have a general CAM legislation, 11 of these have a specific CAM law, and 6 have sections on CAM included in their general healthcare laws. Some countries only regulate specific CAM treatments. CAM medicinal products are subject to the same market authorization procedures as other medicinal products with the possible exception of documentation of efficacy...there is an extraordinary diversity with regard to the regulation of CAM practice, but not CAM medicinal products” (CAMbrella, 2012).

36 Křížová (2015) provides an overview of the history of nonconventional medicine in the Czech/ Czechoslovak Republic during last decades. The summary follows: From the end of WW2 to 1989, scientific medicine is the only model of health care. Between 1948 and 1952, health care is made available to all segments of the population (introduction of free health care). By 1960 the health status of the population has improved; there is lay herbalism and psychotronics unofficially. The 1970s and 1980s see state-funded research on psychotronics and energy transfer between healer and healed under the leadership of Prof. Kahuda. From the 1980s onwards, acupuncture becomes established, part of a postgraduate medical education, and until 1997, is provided as part of legally guaranteed services. After the 1989 opening of the private market to non-conventional medicine (homeopathy, TCM, Ayurveda, reflexology, aromatherapy, etc), Martin Bojar, the minister of health, in the early 1990s creates a “commission for alternative medicine”; homeopathy (1993) and acupuncture are declared medical methods; the registration of homeopathic medicines by the State Institute for Drug Control is started; the Homeopathic Medical Society provides membership to the Czechoslovak Society of Homeopathy (1991; Czechoslovak sinobiological society); and HLS is expelled from the Czech Medical Society. In 1997 restrictions are placed on acupuncture as regards public insurance. In 2000, the trade licensing act is changed, prohibiting the provision of health care as a trade to professionals and lay people: 455/1991 coll. on trade business and 95/2004 coll. on the conditions of acquiring professional competence and specialized competence to practice the medical profession of physician, dentist and pharmacist. (Křížová 2015: 40-47) The Czech Medical Association in 2002 excludes electroacupuncture according to Voll (EAV), medical acupuncture remains (but is not reimbursed).

37 An autonomous professional organization with obligatory membership for all the physicians who practice medicine within the country. <https://www.lkcr.cz/clk-2.html>

38 <https://www.cls.cz/stanovisko-k-alternativni-medicine>

together with an absence of legal regulation, creates an environment where most of CAMs are practiced unofficially as a part of consulting or wellness procedures.

Although the first Ayurvedic clinics in Europe were opened in the mid-1980s (the Maharishi Ayurvedic Clinic in Switzerland), it was not until 1989, following the long presence of yoga within the Czech (and Slovak) environment (thanks to the Czech translation of yoga literature) that Ayurveda, together with other TCM modalities previously unwelcome politically, could start to be openly practiced in the country. The initial entrance of Ayurveda to the European health care market in the form of Maharishi Ayur-Ved (MAV), popularized by Indian guru Maharishi Mahesh Yogi (Jeannotat, 2008), therefore did not influence the Czech health care landscape. In spite of that, the rhetoric around Ayurveda's introduction to the West is one of revival (Souček 2015, 157–58). This idea is grounded in the long lasting (since the seventeenth century) historical attempt at approximation between Western and Indian culture. This was ceased (that is, its official support ended) in 1835 when the British Crown chose over it a stronger Westernization of secular and religious life in India, resulting in the recasting of traditional Indian medicine as non-scientific and therefore non-acceptable (Ibid.). Maharishi considered Ayurveda to be a holistic approach to life, and its “reappearance” in the West a rescue of Ayurveda from its final decline (Souček 2015, 158). He put a lot of emphasis on the connection of health to the philosophical-religious aspects of life, choosing to refer much more to Vedas than to classical Ayurvedic Samhitas (Souček 2015, 159).

Similarly, as in other European countries, the establishment of Ayurveda in the Czech Republic was driven by the popularization of publications or seminars given by Indian promoters of Ayurveda such as Deepak Chopra<sup>39</sup> or Vasant Lad<sup>40</sup> (ibid; Sujatha, 2020). Today Ayurveda in the Czech Republic is popularized and practiced by biomedical physicians such as Martina Zisková or David Frej, both of whom have attended several Ayurveda seminars at Western colleges (UK, Austria, Switzerland, USA) and in India; and by Indian (yoga) practitioners/gurus, claiming to obtain traditional Ayurvedic/yoga education in India via apprenticeship<sup>41</sup>; or Czech practitioners who are formal students of one of those named above stated—they have also attended many Ayurveda seminars/workshop, usually conducted by a Western propagator of Ayurveda (Vasant Lad, David Frawley, Robert Svoboda, etc.). Since 1989, but especially since the beginning of the 2010s, Ayurveda has gradually gained importance in the Czech Republic.<sup>42</sup> This is evidenced by the increasing number of publications on this topic intended for the general public by Czech authors (mostly Ayurvedic practitioners); the translations of the now classics of Ayurveda, which initially contributed to its spread in the West (see above); and the rapidly increasing offer of Ayurvedic consulting services, clinics and educational programmes. So far Ayurveda has not received much interest from the Czech social sciences despite, as was shown above, the situation having already been very different for several decades in other places around the world. Scholars publishing on Ayurveda in the Czech

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39 Chopra originally studied biomedicine (<https://www.deepakchopra.com>).

40 An attendee at one of the Ayurvedic colleges in India (<https://www.ayurveda.com/about-vasant-lad/>)

41 In today's India, this education entitles a practitioner to be called *vaidya* (broadly meaning simply Ayurvedic practitioner), compared to a formal college Ayurvedic education, which grants a doctorate to the student (Langford 2002).

42 When using the search term “Ajurveda” among websites only in Czech made in the first decade of the twenty-first century, Google Search shows results for 204 sites; the number rises in the second decade of the century by twenty-two times, to 4,490.

Republic can be counted on the fingers of one hand. The most recognized and, at the same time, closest to my field is the work of sociologists Eva Křížová (e.g., 2015) and Slovak anthropologist Ivan Souček (e.g., 2015). The rest of the publications fall under Indological accounts, such as Miltner’s work dedicated to the “healing in old India” (Miltner 2003).

### 2.2.3. Traditional, Alternative or Complementary?

With regard to CAM, it is important to unveil different parties’ understandings of the role of knowledge and science in society, in order to understand better the reasons why people are committed to boundary work that reproduces and continues the societal debates and juxtapositions around CAM. (Brosnan, Vuolanto, and Danell 2018, 11)

Since Ayurveda apparently needs to be comprehensible to Western audiences, clientele and students—that is, to the Western health care and health knowledge market—it has been further categorized. The labelling often seems rather random, but in scholarly discourse or political argumentation, the etymological meaning of these play a notable role. In the following paragraphs I therefore attempt to shed light on official yet scholarly Western/European/Czech boundary work (cf. Brosnan, Vuolanto, and Danell 2018).

The most common label, under which we can find Ayurveda in today’s globalized world are traditional and complementary medicine (T&CM), complementary and alternative medicine (CAM), non-conventional or unorthodox medicine. Even the problematics of this terminology could serve as enough material for a separate thesis; I however will be rather brief here. These categories refer to non-biomedical types of health care practices resisting biomedical ways of knowing and, in conclusion, to their “historical exclusion from biomedical sites of knowledge making and knowledge transmission (e.g. hospitals and universities)” (ibid., 14). They indicate epistemological differences. These epistemological boundaries nevertheless became eroded with professionalization of CAM, leading to its establishment as an “epistemic” object rather than a healing practice (ibid.)

Terms like “alternative” or “non-conventional” or “un-orthodox” are synonyms referring to a non-mainstream, whole medical systems or sole practices, usually not legally recognized as medical and therefore not covered by health insurance. These are traditionally defined in relation to “Western”/“allopathic<sup>43</sup>”/“conventional” or “orthodox” medicine or more accurately to the discourse of medical science’s clinical application—to biomedicine. This “orthodox” medicine is moreover characterized by its “position of social, economic and ideological hegemony in the health care market as a result of its own professional project and through the support of the state. This hegemonic position has been maintained for at least a century but since the late 1960s the growing popularity of ‘alternative’ or ‘complementary’ medicines might appear to be undermining it and bringing about a revival of [medical] pluralism” (Cant and Sharma 2004, 2). While the word “alternative” implicates alternative to

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<sup>43</sup>Ironically, this term, coined in 18th century by homeopathic practitioners as a pejorative label of the kind of medicine treating only symptoms (with no preventive or healing agency) [https://en.wikipedia.org/wiki/Allopathic\\_medicine#cite\\_note-Whorton2004-3](https://en.wikipedia.org/wiki/Allopathic_medicine#cite_note-Whorton2004-3)

the dominant, officially accepted / formally recognized and professionalized medicine, the term “complementary” also indicates a certain relation to the mainstream, but it refers explicitly to the status of this medical system or practice as solely additional in relation to the mainstream medicine. The term “traditional” is outside these four since it does not reveal any relation to a dominant medicine but refers precisely to the “the sum of total knowledge, skill and practices based on the theories, beliefs, and experiences indigenous to different cultures” (WHO 2013: 15). The above discussed terms have been largely (in scholarly discourse) used to address the health/body-related knowledge and practices of relatively recent origin, or “loosely configured organic, holistic, or New Age alternatives to conventional health care organization and delivery” as opposed to the “classical Asian medical tradition which emerged independently of biomedicine” (Reddy 2002, 98).

The term CAM has been usually chosen (as in the Ayurvedic framework) over, according to me, the more accurate T&CM. I assume CAM is by natural scientists and public authorities considered to be more politically correct due to the fact that it is stripped of its Orientalist nostalgia. Despite that, it might seem quite heretic at the same time since it offers two roles for CAM practice which are alternative (possible substitutes) or complementary to biomedicine. Here I would like to note that official the statement of the Czech Medical Chamber towards non-conventional medicines starts with their concern over this exact term, suggesting that complementary should actually come first since non-conventional medicine can in no way introduce an alternative to biomedicine.<sup>44</sup> Interestingly, this reframing of alternative to complementary can suggest approval when it is formally legitimized (through the emergence of certain regulations and possibly public insurance coverage for these practices) (cp. Cant and Sharma 2004, 50–79). Nevertheless, here, I prefer to use the later term when not referring to the literature favouring the previous one as the rhetoric of my informants (aligned with the whole emic discourse of Ayurveda in the West) stresses its traditional layer, and I must admit the intellectual property discussion should be paid attention to, even in relation to this globalized phenomenon. When talking generally about the milieu of health-related practices which are not biomedical and not necessarily inclusive of Ayurveda, I use, similar to Křížová (2015), non-conventional—to me the most neutral term.

#### 2.2.4 Anthropological/Sociological Account of Ayurveda and T&CM

In the following pages, I aim to present a brief introduction to the character of the anthropological and sociological discourse on Ayurveda, providing here mainly a scholarly context for more analytically inspiring studies based not exclusively on Ayurveda, but broader T&CM research.

To expand on the already established differences between non-conventional medicine and biomedicine, I first sketch the basic specifics of general Ayurvedic cosmology, body-health-illness ontology and epistemology. These should serve as an elementary frame for how mostly medical anthropology and sociology have understood Ayurveda as an ethnomedicine.

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<sup>44</sup> <https://www.cls.cz/stanovisko-k-alternativni-medicine>

Moreover, it should provide hints as regards my choice of theoretical perspective of the topic I focus on in this text, which is *body*. A brief review of the social scientific approaches to Ayurveda in the West (especially in Europe) is then introduced so as to identify the main topics addressed within. This serves as contextual literature. At the end of this part, I concentrate on the closest pieces methodologically, focusing on the Ayurvedic practitioners' and clients' perspectives. The final paragraphs are nevertheless dedicated to the literature, which is, contrary to the above mentioned, theoretically stimulating to me and which I have, to some extent, used as empirical inspiration—and to support some of my partial interpretations. These are still mostly building upon research of related (T&CM) practices and not specifically Ayurveda.

### *Ayurveda as a Science of Life: Basic Discursive Framework*

Jean Langford (1995, 330) builds upon ethnographies of Ayurveda when she differentiates between biomedical and Ayurvedic paradigms. She claims that while biomedicine defines diseases as discrete entities, Ayurveda treats them as a disruption of the socio-psychosomatic system and understands the patient as a part of the social, climate or cosmic field (ibid.). Bodies, people and diseases, which are objects in biomedicine, are then seen in Ayurveda as processes and patterns of relationships (ibid.).

Drawing upon the classical Ayurvedic paradigm—that which is framed by the constituent Ayurvedic literature—Ana Salema (2002) states this is enabled by / possibly due to the assumption that everything consists of the same five elements, called *mahabhootas* (Salema 2002, 4). These are mixed in innumerable ways (making diagnosis and prognosis easier and more comprehensible, based on a tripartite system of mind-body typologies—*tridosha* (Reddy 2002, 101), where the particular configuration of mahabhootas within a being or object is able to be perceived thanks to their characteristics given by distinctive qualities or *guna*. In other words, “the predominance of the earth appears by heaviness, solidity, toughness or slowness; the predominance of water by fluidity or viscosity; the predominance of fire by heat or subtlety” (ibid.) In Ayurveda, “words correspond at the same time to a scholarly systematisation and to the particular sensory experience of individuals” (ibid.). This is a very different design/configuration from biomedical epistemology—“to know is to make contact”; in Ayurveda the world is savoured the same way as known (ibid.).

Some academic proponents of more pluralistic health care (with a better position vis-à-vis Ayurveda) put forward the following view:

The enterprise of modern science, the method of science breaks the whole (of nature) into its fundamental parts (atoms, molecules, cells) and thus, achieves a fragmented view of nature. This epistemology gives an inevitably reduced and partial view of nature because reconstruction or extrapolation from parts does not give a complete picture of the complexity in the interconnected whole. In the Indian knowledge systems, unlike modern science and the biomedical approach, the



observer is not separated from the observed (*Sankhya*<sup>45</sup> and Yoga) and the view of nature is therefore, relatively more holistic and thus, realistic. (Porter et al. 2021, 2).

The complex living system Ayurveda focuses on is a subject of permanent fluctuation since there is a continual “*exchange between the environment and the body, which [is not] limited by the skin [...]* Man is seen as an integrated system in a plurality of systems of which the social and the ecological are the most easily evident” (ibid.). The healing process then is driven based on two main devices: what is common and what is different. That which is similar (be it a drug, a massage or whatever is a person in contact with) increases; that which is distinct decreases (ibid., 5). The goal is to bring the specific configuration of mahabhootas in forms of energetic flows (doshas or constitutions) back into balance.

### *Ayurveda as a Globalized Ethnomedicine: The Problem of Authenticity/Definition*

Social science approaches to the study of Ayurveda are very diverse and generally lack a unified characterization of this discipline as such. One of the reasons may be the variety of Ayurveda-related practices. These take various forms, including (applied) natural science (cf. Waldram, 2000) as pharmaceutical research and drug development, biomedicalized therapeutic practices, wellness (Frank and Stollberg 2002, 241) and purging procedures such as vomiting (Frank and Stollberg 2004, 82), poly-herbal remedies/treatment, diet adjustments (ibid., 73), and the form of acquiring specific self-knowledge or the Ayurvedic worldview (Warrier 2011, 85). The authors of studies on Ayurveda deal with this plurality often by comparing its neoplasms with a kind of “pure” or “authentic” form of this doctrine (Langford 2002, 2; Warrier 2011, 85) which represents either traditional Ayurveda or its current form in India (Santosh 2015).

Although most scholarly literature is dedicated to the transformation of Ayurvedic forms in India under the influence of colonialism and post-colonialism (Alter 2005; Halliburton 2011; Barenjee 2008; Berger 2008), since the 1980s a very rapid increase in Ayurvedic practice in the West (Warrier 2011, p. 87) has accompanied an increase of social science studies on the subject. Their authors focus most on the changes that arise in its practice in connection with its deterritorialization (Tomlinson in Frank and Stollberg 2004), dislocation (Salema 2002), transplantation (Reddy 2002) or even decontextualization (Frank and Stollberg 2002, 241), that is, its transfer to areas where it did not originally occur (Humes 2008; Frank and Stollberg 2004; Jeannotat 2008; Reddy 2002; Santosh 2013; 2015; Stollberg 2005; Warrier 2008; 2011).

In the opening chapter of *Modern and Global Ayurveda: Pluralism and Paradigm*, Frederick Smith and Dagmar Wujastyk (2008) present how Ayurveda developed under the influence of British colonization and the dominance of allopathic medicine, the pressure of modernization and the emergence of the Ayurvedic diaspora beyond the borders of India (ibid., 1). Based on these changes, as the authors claim, two main areas of contemporary Ayurveda can be distinguished: *modern* and *global*. The term “modern” is here associated with Ayurveda in

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45 “[Sankhya] is a dualistic school of Indian philosophy. It views reality and human experience as composed of two independent principles, *puruṣa* ('consciousness' or spirit); and *prakṛuṭhi*, (nature, including the human mind and emotions)” (<https://en.wikipedia.org/wiki/Samkhya>) Sankhya is also considered as one of five philosophical principles of Ayurveda.

India, which is characterized by a tendency to secularization and adaptation to biomedicine, as well as an effort to standardize it based on classical Ayurvedic texts (ibid., 2). Contrarywise, “global” refers to Ayurvedic knowledge and practice spread beyond the borders of India, among other ways, through the expansion of the pharmaceutical industry and the development of so-called New Age Ayurveda, which the authors characterize as a popularized commodified reformulation of the philosophical and spiritual aspects of this doctrine (ibid., 3). I mostly work here with global Ayurvedic studies, which are based on research done in a culturally closer contexts to my field site than that of contemporary India and Sri Lanka, where, due to its history, Ayurveda has a completely different political position (see chapter 2.2.2).

According to Joseph Alter (2005, 6), medical knowledge loses some of its properties and its uniqueness when it moves beyond the environment where it was originally practiced. Salema (2002) takes an even more critical approach when building upon cross-cultural medical epistemology translation research, stressing how problematic its displacement is given Ayurveda’s character as a local product meant for local use. Expanding on the problematics of Ayurveda in the West, some scholars claim that the changes in its practice—usually referred to, for example, as its spiritualization or simplification (Alter 2005; Santosh 2015)—are caused by its integration into the broader holistic health milieu<sup>46</sup>, stemming from its commercialization (Reddy 2002; Warriar 2008).

Maya Warriar (2011, 85) and Romila Santosh (2013) (both focusing on Ayurveda in the UK) nevertheless argue that Ayurveda benefits from its status as a scientific medicine while still being promoted as an authentic neo-Orientalist symbol through the presentation of its non-violent and non-materialistic character (cf. Langford 2002, 17). Others insist that its change is a response to the legal constraints that, for example, prevent access to the complete arsenal of Ayurvedic medicines (Santosh 2015) or lack of access to proper education (Welch 2008, 137). Santosh (2015, 82) interprets the emergence of these two argued positions, recognizing the main character of global Ayurveda in its spiritualization or simplification, as related to the division of authors publishing on Ayurveda into academics and Ayurvedic practitioners.

Nevertheless, the narrative of how globalization is saving (conserving) Ayurveda portrays the changes or, if you prefer, modifications are portrayed by contrast as a kind of authenticity enactment, such as when Ayurvedic remedies are replaced with local herbs interpreted as cultivating the abilities possessed by practitioners in the traditional period before the pharmaceuticalization of Ayurveda (Banerjee 2008). Others, however, associate these modifications with the diverse cultural background of Ayurvedic practitioners (Warriar in Santosh 2015). Nevertheless, it was shown above, there are, for example, “empirical changes that make the [biomedicine vs. CAM] binary less salient—from CAM’s inclusion in national scientific research programmes to practitioners’ engagement in *epistemic hybridity*” (Brosnan 2016, 20). Santosh (2013, 241) goes even further, following Foucault’s idea of the competitiveness of the subjugated system, interpreting the fluidity of Ayurveda as a condition of its survival in the West.

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46 I.e., “where practitioners trained in a range of so-called complementary and alternative medical (CAM) traditions from different parts of the world offer healing and therapy in ways that are understood to be ‘holistic’—addressing the mind, body and spirit of their clients” (Warriar 2008, 423-424).

Merging Ayurveda with other healing systems (be it other T&CM or biomedicine) at the level of theory or treatment proves that it is possible to practice Ayurveda within medical pluralism (Santosh 2015, 81). The main question then is how much authenticity will be preserved. This is illustrated, for instance, by Robert Frank and Gunnar Stollberg's typology of Ayurveda hybridization structured by its level of de/contextualization. (Frank and Stollberg 2004)

In summary, the debates surrounding changes in Ayurveda's character as a result of its entrance into the global health care market as well as the extent and ways in which these have transpired is determined by the political, or rather paradigmatic position of the author within the scientific discourse / the field. If the underlying idea of such work is more dichotomous, that is, that Ayurveda (together with other T&CM) is being endangered by a different, more powerful (medical) culture, the focus on the extent and character of its authenticity disruption follows naturally. On the other hand—and now I am recalling the declaration of my theoretical-methodological position in the introduction of this chapter—we can also look at the phenomenon differently: “Rather than viewing this as a top-down ‘subjugation’ or ‘colonisation’ of authentic CAM practice ... [the concept of] co-production prompts us to study instead the new forms that CAM actually takes in these settings. Equally, it encourages consideration of how CAM is implicated in the production of new kinds of knowledge” (Brosnan, Vuolanto, and Danell 2018, 16). The question remains whether the goal is purely academic, “just” to understand, or if it is (also) motivated by moral or ethical issues like a fear of losing some potentially important (medical) knowledge or intellectual property endangerment.

Although in most of the above-cited literature I find many inspiring theoretical ideas, and foremost a very robust corpus of contextual empirical descriptions and interpretations, the past or present existence of Ayurveda as an authentic homogeneous body is not my point of departure (cf. Frank and Stollberg 2002). Moreover, this is not just a matter of my political positioning towards my field and topic (see the paragraph above). There are also supporting arguments. There is a great natural diversity of areas from which Ayurveda originated. More importantly, “for thousands of years the name (Ayurveda) has been used across South Asia to refer to an eclectic range of healing practices” (Langford 2002, 4). This includes Ayurveda's origin as built upon a syncretism of several Indian systems of philosophy and religion; the fluidity of traditional Ayurvedic texts (Kessler 2019, 183; Meulenbeld 1992; Miltner 2003, 34; Warriar 2011; Wujastyk and Smith 2008) and the historical variability caused by its intertwinement with other philosophical and medical traditions (Zysk 2002, 218; Warriar 2011, 81)<sup>47</sup>. Moreover, analyses of its current forms in India, like those in the West, demonstrate a rather wide range of forms (Langford 1995). Warriar (2011) interprets the insufficiently critical background of social scientific analysis on this topic by exaggerating the focus among authors on the “pure” form of classical Ayurveda left intact despite the effects of modernity, and appeals, among other things, to expanding the corpus of this knowledge with deeper studies of contemporary Ayurvedic practice (Warriar 2011, 85).

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<sup>47</sup> Zysk describes how after the Vedic period (1200–800 BCE) and the classical period (“marked by the advent of the first Sanskrit medical treatise”; (Zysk 2002, 218), the third phase, which he calls “syncretic”, was characterized by the influence of Islam, Unani or other non-classical medical traditions (ibid.). Finally, from sixteenth century onwards, the colonization of India and its connection with the influence of biomedicine comes into play. (Santosh 2015)

The strong reliance on medical dominance and neo-Weberian perspectives means that CAM is often interpreted through pre-existing categories and defined by its marginalisation from mainstream healthcare. This can produce a black-boxing effect where the content of CAM is rarely treated as an object of analysis. (Brosnan, Vuolanto, and Danell 2018, 5)

I still believe concepts such as plurality and hybridity can serve as a basic analytical starting point (cf. Latour 1993) or can be loosely used to describe the practices of two distinct systems blending, as the above-cited authors do successfully. I am nevertheless interested in how they can open a deeper understanding of the ontology and epistemology of the examined phenomena, ideally based on individual practice/experience/reflection. Even though, for example, the correlativity (Lin and Law 2014) of a specific medicine / medical practice would probably be an effective tool for which to grasp these, the underlying comparison is not possible in the case of my research. Given the lack of other clearly defined medicines in the field and, foremost, my simple focus on the people and their enactments of body-subjectivities, I would rather choose to talk about different ways of practicing Ayurveda. I consider these to be the result of multilateral negotiations not only between some translation of canonical doctrine, local legislation, culture (e.g., dominant medical), market and natural environment, but also between individuals with different motivations and goals, such as Ayurvedic practitioners.

From here forward my theoretical-methodological approach to the Ayurveda under research is one of practice—I mostly draw on data based on practitioners’ reflections of their Ayurvedic experiences.

### *Ayurveda as a Vocation, a Practice, an Experience*

As was already foreshadowed, the main topic of social science (anthropological mainly) studies of Ayurveda remains its definition. This can be explained, on the one hand, by the traditional anthropological orientation towards the Other and the associated anxiety about the disappearance of traditional forms of medicine by the demand created by the T&CM industry (see chapter 2.2.2) but also by the high diversity of forms of Ayurvedic practices (see above).

Across the reviewed literature, most of which is preoccupied with Ayurveda’s (global) discursive delimitation, I found a relatively small amount of work focused on the people practicing Ayurveda on/for themselves in the first place, interpreting their ways of practicing Ayurveda and connected experiences. The practice is usually portrayed from the perspective of Ayurveda doctors, Vaidas, consultants, gurus, that is, people who directly apply or prescribe specific treatment to others (patients, clients). The literature focused on the perspective of people’s experience with Ayurveda includes Warrier’s research (2008, 2011), where she looked at the differences in the way Ayurveda is approached by its British and Indian students (in the UK and India). Warrier (2008) draws mainly on interviews so as to introduce the Ayurvedic practice in the United Kingdom as rather a spiritual path. This is motivated by the students’ concern with “depersonalized” biomedicine and a generally “detraditionalized” approach to human health and life to which Ayurvedic practice offers a satisfying alternative (ibid.). Frank and Stollberg then provide a rather in-depth account of Ayurveda in Germany (Frank and Stollberg 2006; 2002; Stollberg 2005). Apart from their above-mentioned focus on Asian

medicine (Ayurveda included) hybridization in the country, they also bring practitioner and patients perspectives to the debate. Although they examine motivation and trust-building mechanisms, they focus almost exclusively on health-related issues, contrasting Ayurveda with biomedicine (*ibid.*).

However, the above-mentioned studies, even when focusing exceptionally on actual practice and experience from the perspective of clients or students of Ayurveda, they refer to data consisting of relatively abstract statements about the practitioners' connection to the cosmos and other such things (Warrier 2008); otherwise, they stay focused exclusively on the treatment of health problems (Stollberg 2005; Frank and Stollberg 2002). They do not pay enough attention to how are people's everyday bodily practices/experience changes in the context of accommodating Ayurveda into their lives. Although they agree Ayurveda helps clients and practitioners gain self-control and, as a result, some emancipation, they focus foremost on this phenomenon in the context of mainstream biomedical practice or the materialistic lifestyle of Western societies (Warrier 2008, 2011; Frank and Stollberg 2002, 2004; Stollberg 2005). Despite the fact these works are rich in empirical descriptions, as regards their theoretical content, they focus again almost exclusively on the definition of Ayurveda in relation to biomedicine or New Age doctrines. Most of the authors still interpret Ayurveda in terms of its assimilation into the Western holistic health trend, which has been traditionally seen as driven by consumer demand (Beeler 2015).

Similarly, studies can also be found that are dedicated to contemporary local (within a specific country) Ayurvedic practice definitions but that deconstruct its legitimization process through discursive strategies analyses. Even though they primarily analyse the practitioner's perspective, considering their higher theoretical density, or rather more profound orientation towards the power aspect of Ayurveda's delimitation and its effects on the practice, including the related experience of clients to the treatment, they are analytically inspirational.

Antony Pattathu (2018), for instance, unpacks how Ayurveda is (academically and emically) constructed, articulated and performed in Germany, which he approaches as a discursive formation between religion, medicine and (spiritual) embodiment<sup>48</sup>. Similarly, Sita Reddy, who provides an account of diverse legitimization and professionalization strategies for Ayurveda in the United States, suggest it occupies the space between medicine and metaphysics due to the huge influence of Maharishi Ayur-Veda (Reddy 2002). She looks at three main arenas in which Ayurveda is discursively established: legal, clinical and popular. Pattathu meanwhile leaves the legal domain as a context. He starts with introduction of how the discourse is established through the negotiation of characteristics ascribed to Ayurveda in the field by different authorities (practitioners, academics, journalists, etc., who constitute the discursive community), and later looks at how it prevents or enables individual religious embodiment (*ibid.*). Although the study unconventionally focuses on the role of the contemporary scholarly definition of Ayurveda as one actor in the discursive formation and, similar to Reddy's work, the influence of the biomedically-dominated healthcare landscape delegitimizing Ayurveda's medical properties, the effect of these on "the client" is what caught my eye. Unlike Reddy,

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48 "These positions—that is, Ayurveda as a religion based on semantic stereotypes (cp. Koch 2005a, 2005b), Ayurveda as a medical discipline based on tradition (cp. Chopra 2008; Kessler et al. 2013), and Ayurveda as spiritual through its connection to new age movements and notions of holistic health (cp. Reddy 2000; Zysk 2001)—take part in constant processes of exchange." (Pattathu 2018, p. 137)

who talks about different Ayurvedic sub-traditions formed and manifested through different legitimization and, therefore, professionalization strategies, Pattathu looks at the constant interchange between the three identified discursive frames, which is empirically much closer to what I have observed during my research. An interesting argument he puts forward is that the embodiment of Ayurveda (although he is convinced it is of a spiritual character) directly arises from the practitioner-patient encounter in terms of the practitioner's strategy towards the German medical landscape / culture and the patient's need and ability to continue on a subtle level of bodily experience. The result of this process is what Pattathu describes as the reconstitution of the patient's identity according to the main Ayurvedic cosmology doshas (tools) (ibid. 157). Following Butler, he interprets this as a performative resignification from the a priori negative, sick position to the out-of-balance kind. Despite the fact that Pattathu performed ethnographic research in diverse Ayurveda facilities and consulting practices, he unfortunately does not make any use of the patients' experiences and reflections. The embodiment of the thesis is, to a great extent based on theories, that is, he understood it "as a process that is negotiated between the practitioner, the patient, and their surroundings. In this process the body becomes the medium between the inner and outer worlds and oscillates between processes of subjective perception and objectification" (Csordas in Pattathu 2018, 35). This is where I identify a gap—the nature of Ayurvedic embodiment deserves more attention, which I choose to pay through research of people's reflections on their own experience of their practice.

The contribution of Carolyn Nordstrom (1989) to this discussion is rather profound, although based on geographically further in space. No doubt, the Sri Lankan context cannot be, concerning the Ayurvedic political position or cultural tradition, further from ours (see chapter 2.2.2). Still, as it concerns thematic literature, it takes the two above-mentioned studies closer to my topic and so bridges the contextual and theoretical literature. She discusses how Ayurveda is rooted in interpretive schemes for understanding oneself and one's surroundings manifested in everyday practice in Sri Lanka (ibid.). Ayurveda there provides solutions to many social, epistemological and ontological dilemmas and problems that people face in everyday life (ibid.). Denise Defelice's dip into an ontology of personhood, based on research in India, suggests this structured around several issues (DeFelice 2018): The balance-action issue implies imbalance (illness) as a natural state of the body, making health-seeking action a principle of personhood (ibid., 23). The body-mind issue suggests mind's destructive and body's stabilizing tendency, thus "the mind must be controlled to allow for the body to rescue the person" (ibid., 24), which rather makes body over the mind the trusted source of authoritative knowledge (Jordan 1997). The behavioural issue—introduced via the concept of *prakruthi*—an individual natural state/temperament (body-mind-soul) given by birth manifests in one's inclination or attraction towards certain habits and objects (ibid, 25). It makes behaviour the key pathway towards maintaining the un/true self (ibid.) makes behaviour the key pathway towards maintaining the un/true self. The change and deterioration issue shows change as one of life's constants; provoking every second an effect on our physical body but leaving the mind and soul intact (ibid., 26-27). Perhaps therefore the title of the most famous monography on Ayurveda written by a Western scholar, Jean Langford (2002), does not claim fluent self but "fluent bodies". Following Obeyesekere's (in Langford 2002, 233 – 234) or Nichter's (ibid.) analyses

on the character of the psychological-physical issue in Ayurvedic practice—a discussion of whether personal social psychical problems manifest physically—Langford observes North American Ayurveda consumers as disappointed with the lack of confession in Ayurvedic consultation. The reason lies, as Lanford claims, in the character of self, which is not, as in Western epistemology, hidden, unconscious, and to be revealed—the inner self—but which is, in fact, manifested also in every material aspect of the person (Langford 2002, 247). Prakruthi seems to be, according to Langford, even more a “characterization of physical substance than a psychic essence” (ibid., 248).

The body that lies passively on the dissection table as a positivistic object is difficult to reconcile with the body that courses with angry or calm dosha. This latter body is ... not the disciplined body of modern medicine, but rather a fluent body, streaming with temperatures and aromas, eloquent with densities and moistures, where illness is communicated in a teeming polysemic lexicon of air currents and blockage, emotions, and digestive fire. (Langford 2002, 22)

For Helle Johannessen (2007) the body in CAM is not the only fluent part of the person. Based on her qualitative research among twelve Danish CAM clinics, she observes bodies and selves of patients to be highly flexible and linked to diverse networks of praxis, knowledge and power. She claims the experience of the self and body change in relation to the “metaphors, technologies and social relations they encounter” (ibid., 267). She distinguishes between a technocratic network, a social-democratic consultancy network and a neoliberal network (ibid.). I very much share the idea of body and self both as, to some extent, a flexible matter, a result of practice, but, at the same time, as one’s position within a social structure or dominant socioeconomic ideology. From a rather phenomenological perspective, even though I do not entirely share his idea of emerging religious embodiment as a result of a patient-practitioner-environment Ayurvedic interaction, I follow Pattathu’s argument of body, becoming in this practice a medium between subjectification and objectification (Pattathu 2018, 134–36).

### *Ayurveda as a Way of Dealing with Uncertainty*

Necessarily, for a global phenomenon which finds itself in need of recognition but also of its unique profile (ensuring among others also its capitalization),

“... contemporary Ayurveda is simultaneously modern and in tension with the modern, invoking, like other signs of antiquity, an ever-deferred authenticity. For the promises of twentieth century Ayurveda extend from calming the overexcited dosha to easing the excessiveness of industrial lifestyles and from curing illness to healing modernity itself. To fulfil such promises, practitioners employ potent neo-orientalism, promoting Ayurveda as spiritually attuned, anti-materialist, and nonviolent, in contrast to biomedicine. Its therapies are advertised as antidotes for the severe and toxic side effects of both modern lifestyles and modern pharmaceuticals. The healing of modernity, whether at the somatic or social level, is enveloped by and yet always escaping a rhetoric and a discipline of the restoration of order” (Langford 2002, 17).

What Langford, based on her extensive research of Ayurvedic practice in India, writes, also reflects scholarly discourse on Ayurveda I have reviewed in the West. Ayurveda is promoted here as a counterweight to modernity based on its character as a “miraculous and inexplicable tradition” (ibid.). Similarly, Eva Křížová (2015, 115) attributes the increased interest in nonconventional medicine in Czech society to people’s desire to meet their “irrational” needs, needs to which modernity has not yet been able to respond.

Here, the “why” in scholarly discourse should be answered. Among the social science literature related to my interest, Ayurveda is portrayed as an ethnomedicine or as a vocation and experience. After going through some accounts on how Ayurveda is accommodated within people’s lives, and what kind of experience its practice produces, I will focus, in the following pages, on the suggested interpretations of why people should find these kinds of practices appealing or even fulfilling, on which kind of needs or even frustrations of people living in post-industrial or even post-socialist societies get addressed by practices like Ayurveda.

According to Anita Lūse and Imre Lázár (2007), the social and political transformation that followed the collapse of communist modernism has brought new forms of helplessness and social deprivation. Uncertainty and instability, both mantras of the current social (dis)order (cf. Bauman 2006), are surely not something exclusive to the inhabitants of former Czechoslovakia. On the contrary, these social trends have been analysed since the 1970s by social science and humanities scholars in predominantly Western. From Giddens (Giddens 1990), or Bauman (2006), we learn that nowadays a general acceleration or hyper-individualization that pushes us to take responsibility for all areas of our lives has taken over. At the same time, a person’s understanding the self and of the world develops without reference to the community or social institutions that formed person before. The insecurity of the individual thus stems from a feeling of incomprehensibility of reality influenced, for example, by the loss of the authority of modern sciences, universal knowledge (Seidman 1994, 3) and continuity in relation to the past (Giddens in Seidman 1994, 46). When culturally transmitted beliefs and theories (grounded in general knowledge, science, philosophy, myth) fail to explain reality, there is a risk of the concrete order of things will collapse into a chaos of “thingless names and nameless things” (Geertz 1973, 100). In this case, “local cosmologies, myths, rituals, as well as healing practices can help to organize chaos into an intelligible whole, through the discovery or representation of the universal laws that govern everything” (Lūse and Lázár 2007, 2).

But instability does not stem only from the incomprehensibility of reality. Geertz has, in relation to religion, identified three situations where individuals feel threatened by chaos (Geertz 1973, 100): the limit of their analytical abilities, the limit of their resilience and the limit of their moral insight (ibid.). A certain stabilization can be generally provided by developing a thicker relation towards a matter considered durable and something which transcends oneself. That may be something literary-metaphysical such as a religious or rather spiritual practice or understanding, but it could also be transcendental in terms of endurance and an invented cultural tradition like (the wisdom of) nature, or just something material, made from physical matter, stable until physically destroyed, like one’s own body. Under the New Age label dwells the combination of these transcendental potential sources of stabilization.



Although I do not particularly work with this concept in my analysis—I find it too vague and my data does not manifest some of its essential characteristics connected to spirituality—many authors however find here a suitable shelter for their interpretations. Kenneth Zysk even suggests looking at the development of Ayurveda through phases, where the current one is characterized as New Age Ayurveda, framed by its global success (Zysk 2001). I sympathize much more with the idea of counterculture (Bennett 2013), a wider concept referring etymologically to its declared revolutionary (cultural) potential instead of an (metaphysical) astrological age. Still all these concepts, including New Age, are considered a reaction to technocratic society; hence, the back-to-the-land ethos, the emphasis on the planet and agency of plants and natural solutions (cf. Vrzal 2011).

Paul Heelas and Linda Woodhead, who published a book on New Age, recognize a subjective turn, an underlying societal change, as key to its successful diffusion (Heelas and Woodhead 2005, 4–5) They look at the dispersion of what is called a “life-as” mode of living, which requires the core of life to be a duty to fulfil some kind(s) of social role(s) (ibid., 4-5). This mode becomes, according to the authors, challenged and threatened by the unique, emotionally-driven subjective life, which can, “for example, easily disrupt the course of the life one ought to be living, and ‘indulgence’ of personal feelings makes the proper discharge of duty impossible” (ibid.). Following Eric Hobsbawn, Ronald Inglehart, Charles Taylor, and Joseph Veroff, Heelas and Woodhead also claim that the:

“subjective turn has become the defining cultural development of modern western culture ... . Both, self-understanding and socio-cultural arrangements have been developing in a ‘person-centred’ or ‘subjectivity-centred’ direction ... [that is manifested by a] turn away from a more hierarchical, deferential, life-as order of things ... . Thus, those institutions that cater for the unique subjective-lives of the ‘centred’ are on the increase, whilst those that continue to operate in life-as mode find themselves out of step with the times” (Heelas and Woodhead 2005, 5).

Still, I would argue that, even though within the referred to social context there is generally more value ascribed to subjective experience and perception, it correlates positively with the neoliberal project, which has an exploitative effect, working most on the most marginalized groups of people. My question is then whether the “subjective turn” is not just another marketing trend.

Nevertheless, even without the New Age framing, the literature on CAM also focuses on new, “emancipated” ways of dealing with health that conventional medicine is unable to provide (Baarts and Pedersen 2009). These, again, often mediate benefits, making it possible to fulfil widely shared social ideals, such as individual self-sufficiency. This area of anthropology concerning CAM literature suggests that non-conventional medical therapy grants clients recognition (Sointu 2006) of their health problems, their own subjectivity (cf. Grüenberg et al. 2013; Nissen 2013) or their self-awareness (Baarts and Pedersen 2009). As a result, they can control their body and themselves better (cf. Grüenberg et al. 2013; Sointu 2006), something which, until the present, had been denied by modernity (Křížová 2015, 115). Similar to the abovementioned anthropological/sociological account of New Age, a rather analytically appealing literature such as this, which implicitly communicates New Age/ T&CM/ CAM

practices, is beneficial for people— even to me. However, authors of this research do not stop here, they go further, as if these so-called alternatives (maybe together with any alternative to the mainstream) are somehow inherently good.

Analysing contemporary female CAM-related self-care practices entailing responsabilization, Alex Broom, Carla Meurk and Joe Adams (2014) question this assumption. By following the dynamics of autonomy in this process, they claim—opposing the texts cited above, which may have not question the declared emancipatory character of CAM—that these practices also, in some cases, produce neoliberal forms of governance and therefore create further inequalities. (ibid.)

To enrich certain analytical openness, to avoid stereotypization and to have an option to encounter something perhaps new but also extremely scary and not-yet properly described layer of this phenomenon, I decided not to employ most of the above introduced analytical concepts, even though this literature formed my thinking about embodied Ayurvedic practices profoundly.

To me, Ayurveda introduces, for people who practice it, a way of dealing with uncertainty and instability. And it does so by mobilizing different, newly accessed/mastered practices to fight this fear of their own lacking moral insight, endurance and understanding. In this sense, Ayurveda takes on a similar function as, for example, religion, as the Geertzian reference showed. That is nevertheless not enough of a reason for me to frame it as a religion, referring to Abrahamic religions functioning via church; or to the new, inclusive idea of religiosity that also entails spiritual practices. Even though I work with a contemporary theory emerged within the anthropology of religion and religionism, understanding ways of dealing with uncertainty as a religion (cf. Fujda 2020; Kripal 2008). I do not interpret Ayurveda as a religion, as religious or even as a practice. The scholarly discourse on Ayurveda is burdened too much by this, and I think it produces a great reduction. It is therefore partly a political decision. On the other hand, as opposed to most of above-cited literature on Ayurveda, I have not identified meaning or transcendence seeking behavior, or worship, which are to me comprehensible characteristics of a religion. More precisely, I have not encountered these aspects of Ayurveda in such a way that they would be important for people to stabilize themselves. Therefore, I rather look at the phenomenon through the various embodied practices that were mobilized as meaningful to people, practices that were working for them in their search for stabilization, regardless of whether it might be considered, from some perspective, as ambivalent or unsuccessful. Here I build on the actual and continuous practice to which they have been dedicated. By unravelling this process, I focus on what happens to bodies and subjectivities within.

## **2.3 Body: The Story of How I Came to Think of It**

Body.

Is it good to think with (Douglas, 1996)?

Is it necessary to think with (Lakoff and Johnson 1999)?

Is it IT, as an object? Is it possible to define it as some stable entity?

How is it related to social norms?

How is it performed (Butler 1988)?

How is governed (Foucault 1995)?

How dynamic is it?

How multiple (Mol 2002) is it?

How is body framed by time and space?

And IS it actual? Or is it rather becoming (with) (Ingold 2016; Haraway 1991)?

How to capture it? In words? In practice (Wacquant 1995)?

Existence, specific to the human being, is always already out there. The inevitability of our being is that it is already in the world, *geworfen sein*, as Heidegger thought. This phrase was inscribed in my mind through eclectic undergraduate classes on the roots of European culture, which is interesting as I have very blurry memories regarding the knowledge I encountered during the first years of my bachelor studies. Despite that, this direction of thinking about the specificity of human beings as shaped by the environments in which they are situated and, at the same time, continuously accommodating themselves within, foreshadowed my future focus. After roughly five years I found my way back to the problem of how one is, in terms of how body and self is constituted in practice. Starting to teach the anthropology of body at that time, I was slowly (inspired by the opinions of prominent anthropologists and sociologists) taken by what I consider to be the most important social science theories about body. This process took place after I had turned the focus of my research to the body; thus, my theoretical knowledge was developing in relation to my body-based data. Since I consider my theoretical framework to be a product of this process, I feel the urge to introduce it here. The aim is to build a foundation for the theoretical framework that is structured by the relation between the social norms governing body, how we think about our body and how we practice and experience our body. This allows me to explain the connection between the discourses related to the body and its material practice and sensation. In other words, I intend to frame the discussion of Ayurveda as entangled practices of objectification and subjectification—an enactment.

Historically, body was treated as ontologically dichotomous, split into an object we have—a possession to be manipulated and a subject we are—a self-extension we experience (cf. Mol and Law 2004, 43–44). This dichotomization has its roots in Cartesian dualism, which delimits the modern epistemological approach to the human being. This alienation of the rationally thinking, privileged part of a human and its corps builds upon Descartes' thesis, and as a consequence, structures modern science's area of interest. In the Enlightenment era, the human is split into a material object, the body, which can be examined only through the natural sciences, and the mind, the body's social filling, left for later social scientific endeavour. Due to this very strict agenda allocation, the social sciences have long avoided or, more accurately, have not had access to the materiality of the body. Therefore it has been researched only as a source of social symbolism, a naturalization of social order (Scheper-Hughes and Lock 1996).

Even though “the body mediates all reflection and action upon the world [so] its centrality to the anthropological endeavour seems assured, but a perusal of the canon of social and cultural anthropology indicates that the body’s explicit appearance has been sporadic throughout the history of the discipline” (Lock 1993, 133), which is something, Lock calls an analytic gap. According to Lock and Scheper-Hughes, the shift of the body from the margins to the “primary action zone of the late twentieth century” (Scheper-Hughes and Lock 1996, 42) has been led mostly by sociologists such as Durkheim, with his anomie, and Marx, with his alienation theory, accompanied by Freud with the conversion of hysterics followed slowly by Foucault and feminist criticism (ibid.). At that time, medical anthropology develops bit by bit, from the comparative study of medical systems to the research of medical clinics, coming with concepts such as body praxis (Scheper-Hughes) or local biologies (Lock), digging deeper into an understanding of the social and political dimension of illness (ibid.).

### 2.3.1 Mary Douglas and the Individual and Social Body

In 1935 Mauss admitted, what had until then been, a rather heretic observation, that is, the way that people move is socially determined (Mauss 1973) and, following nineteenth century psychological researches, claimed that “there has never existed a human being who has not been aware, not only of his body” but that it is distinguished from other individuals (Mauss 1985, 3). Mary Douglas then, still assuming the (ontological) distinction of body and mind, developed a comprehensive theory of the body without neglecting its materiality (Douglas 2004). Her idea of two bodies still represents the foundation of the contemporary approach to the body within the social sciences. Even though her work is situated at the intersection of structural functionalism and symbolical anthropology, I agree with Heřmanský (2014), it creates a clear path towards a constructionist thinking about the body. Moreover, she focuses on the role of power as well. In her work body does not serve just as a metaphor for society, but society is exteriorized on the bodies of its members. The social body here constrains the way the physical, individual body is perceived (Douglas 2004, 72):

The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two kinds of bodily experience so that each reinforces the categories of the other. ... all the cultural categories in which it is perceived, must correlate closely with the categories in which it is seen in so far as these also draw upon the same culturally processed idea of the body. (ibid.)

She shifts from the sole meaning layer of the body to bodily experience, which is, in consequence, socially constructed. Her work connects in this regard to Mauss (1973) and the moral dimension of socially forwarded ways of handling the body which, predicted Susan Sontag’s point about illness becoming a metaphor/sign for somehow not adhering to norms, that is, dysfunctional individuals (Sontag 1978). She concludes that the way we understand (our) bodies is driven by socially established norms about the body which serve social claims, that is, via a continual exchange between the social and individual body, the social order is being reproduced. She illustrates this with many empirical examples about how the

strengthening of social control corresponds with strengthening the individual and even bodily control. Although Mary Douglas grasped this complicated relationship and introduced a universal theory—mainly of how the meaning exchange between society and individual works, be it culturally specific understanding or experience—she has not expanded much on the physical body or experience domain, and her perspective remains on symbols—social structure.

Here a link to Judith Butler’s seminal work *Bodies that Matter* (Butler 2011) can be made. Butler claims that bodies that do not fall into normative categories are therefore non-intelligible in away, and thus much more vulnerable than normative bodies that mirror and set standards. Such out-of-place, insignificant bodies then represent a danger of disrupting the social order.

### 2.3.2. Pierre Bourdieu and the Practiced Body

Despite being already aware of and sensitive to the symbolic interrelation between social and individual bodies, I still crave to understand how these resemblances happen in practice, of a social body but also the very physical, individual one, as well as how they are experienced. Here I shift to another author considered a peacemaker between two sociological traditions, Pierre Bourdieu. He provides a theory targeting the problem of the individual adoption of one’s place in a social structure but also places focus on the physical body. Since Bourdieu’s purview is practice, the relationship between the social and individual body here would be that of practice. As Csordas puts it, the work of Bourdieu “shifted an earlier focus on the body as the source of symbolism or means of expression to an awareness of the body as the locus of social practice” (Csordas 1993, 135). Words about the body, to Bourdieu (1992, 69–70), contain qualities which we relate specifically to “virtue” and “states of mind”. He writes that “these two relations to the body are charged with two relations to other people, time and the world, and through these, to two systems of values”. (ibid.)

Still, departing implicitly from Mary Douglas’s two bodies theory, Bourdieu brings the question of power even more explicitly into play, stating that “symbolic power works partly through the control of other people’s bodies and belief that is given by the collectively recognized capacity to act in various ways on deep-rooted linguistic and muscular patterns of behaviour” (Bourdieu 1992, 69). This capacity to act or, put differently, dispositions are grasped in the concept of habitus, consisting of mental and bodily dimensions. In Bourdieu’s terminology, the *bodily hexis* is [then] political mythology realized, em-bodied, turned into a permanent disposition, a durable way of standing, speaking, walking, and thereby of feeling and thinking” (ibid.). Although Bourdieu builds upon Mauss’s theory resembling the described habitus (bodily hexis) display, he focuses more profoundly on the mechanisms of acquiring this embodied (habitual) social *enskilment*, which he explains through the concept of belief.

Something he calls “practical belief”, he then surprisingly, in comparison to previous treatment of this term, situates with the body (ibid., 68). By doing so he destigmatizes the problematic concept of belief (Good 1994a), stating our social qualification, together with social structure itself, are established via the practice of transmitting culturally specific ways of being in a society (ibid.). These are fixed to (and reproduced by) body like a memory card (Bourdieu 1992, 68). While this practical belief is a “state of a body” rather than a state of mind or “an

arbitrary adherence to a set of instituted dogmas and doctrines ('beliefs')", the relationship of immediate adherence which emerges from this practice "between a habitus and the field to which it is attuned" is called doxa (ibid., 69), usually understood as the rules of the game (field).

Doxa then also frames how habitus that makes the body and mind socially qualified is acquired (ibid., 73). This process happens through a practical mimesis (ibid.), which "has nothing in common with an imitation that would presuppose a conscious effort to reproduce [a model of movement, attitude, etc.]" and which "take place below the level of consciousness, expression and the reflexive distance which these presuppose. The body believes in what it plays at: it weeps if it mimes grief. It does not represent what it performs, it does not memorize the past, it enacts the past, bringing it back to life. What is 'learned by body' is not something that one has, like knowledge that can be brandished, but something that one is" (ibid.).

Here, Bourdieu treats the body as a performance (cf. Butler 1988). We are an enactment of our position in the social structure, a becoming of provided schemes of bodily ways of relating to oneself and the world. And we do not doubt this becoming. It is automatic because the body believes the practice it is conveying. Here, belief is a principle of habitus—an embodied disposition (knowledge—not knowledge). This treatment of belief has an interesting implication to the medical anthropology tradition I aim to connect to here and to the anthropology of religion I am, to a certain extent, bypassing. It does not introduce the concept of belief as a way of disqualifying others (who only believe, whereas we know the facts). Good criticizes the usage of this concept to demonstrate how belief has been abused as an "anthropological response to fundamentalist epistemologies" that support the ethnocentric approach of conceptualizing and therefore devaluing culture as a belief—based on a rationalist tradition implying an assumption of correct/wrong belief (to be corrected). (Good 1994a, 7- 8)

Bourdieu nevertheless builds his argumentation as a critique of the positivist sociological treatment of belief as a logical decision of the rational agent (Bourdieu 1992, 50). He claims belief, as an anthropological construct, worked as a shelter for rational actor theorists in situations where "rational action can have no other principle than the intention of rationality and the free, informed calculation of a rational subject" (ibid.). Belief therefore worked as the logical and best accessible explanation for unusual events (cf. Evans-Pritchard 1976). Complementing Good's critique, he focusses on another dimension of the belief, that is, its acquisition, which happens during "the continuous, unconscious conditioning that is exerted through conditions of existence as much as through explicit encouragements or warnings [which] implies the forgetting of acquisition" (Bourdieu 1992, 50).<sup>49</sup> Belief as a "principle of practices has to be [practically] sought ... in the relationship between external constraints which leave a very variable margin for choice, and dispositions which are the product of economic and social processes that are more or less completely reducible to these constraints, as defined at a particular moment" (ibid.). Actions are, according to Bourdieu, reasonable without being the product of "rational calculation; informed by a kind of objective finality without being consciously organized in relation to an explicitly constituted end; intelligible and coherent

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49 "There is therefore no need to invoke that last refuge of freedom and the dignity of the person, 'bad faith' in the sense of a decision to forget decision and a: lie to oneself, in order to account for the fact that belief, or any other form of cultural acquirement, can be experienced simultaneously as logically necessary and sociologically unconditioned." (Bourdieu 1992, p. 50)

without springing from an intention of coherence and a deliberate decision; adjusted to the future without being the product of a project or a plan” (ibid., 50-51).

Building upon the same premise as Mary Douglas concerning the interdependency between an individual and a society and emphasizing the power relations, together with the physical layer of the habitus, the theory of the social fields seems to create a promising framework for my argumentation. I can affirm that people develop one Ayurvedic practice over the other because they were differently disposed towards it. Similar to the pugs in Wacquant’s work (Wacquant 1995)—who are too short; thus, they “need to fight according to their disposition” and work on their speed—I could also consider that more analytical people would put an emphasis on knowing, whereas intuitive people would develop a more bodily Ayurvedic practice. However, can I really state why this is? They may value one way more than the other despite being able to practice both with the same intensity... What is happening in the study’s field sites, however, is, opposite to habitus, much more grounded in extremely conscious acquisition. Returning to Good (1994b), who, in his: “how medicine constructs its subject”, depicts ways in which medics learn to adopt something—a “medical habitus” in Bourdieu’s jargon. Good describes how medics learn to read, speak and look like doctors.

Furthermore, Bourdieu’s theory is based on a relational understanding of sociality, which makes conflict central to its functioning. The main principle of society is the fight, he argues. Since Ayurveda does not really create a social field in the Bourdieusian sense (conflict, hierarchy, doxa), it cannot serve as my main frame. Nevertheless, I consider this theory useful especially when framing the arguments presented in the chapter on everyday practice. Here, I have chosen a very down-to-earth approach to data interpretation, distilling the spatiotemporal bodily ways of everyday organization. In other words, similarly to Wacquant, I attempt here to discuss how not just an Ayurvedic body, but a way of living is achieved on a material level, through specific body work. What I think can be treated as a habitual process in the phenomenon under scrutiny does not relate to Ayurveda itself, as it does not fulfil the parameters of a social field. What does is today’s prevalent self-management practices and specific ethos of emancipation, which encompass all the processes creating docility described by Foucault (1995): (self-)surveillance, normalization and examination.

The bodily/psychological incorporation of objective social structure entangled with culturally specific ideological structures has its practical forms in the world of bodily practice, that is, the world of already accomplished aims. “The relation to the body is fundamental relation of the habitus that is inseparable from the relation to language and to time. It cannot be reduced to the body image, even the body concept ... [a] subjective representation largely based on the representation of one’s own body produced and returned by others” (Bourdieu, 1992, 72). Although the process of habituation seems to introduce a rather fitting analytical tool in terms of the adoption of complex embodied schemes of relating to oneself and the world, the unconscious character of habitus does not resemble much the effort I have observed in most of the rather disciplined practices my informants enforced upon themselves in the name of a wellbeing according to Ayurveda.

Bourdieu’s work formed my thinking about the body in terms of its primacy (next to language and time) in (human) action, and therefore, I consider it fundamental to understanding that

action. Moreover, the phenomenon I focus on is described using the example of Ayurvedic practice, but I hope to target an area of social nature which reaches far beyond Ayurveda itself. Here, Bourdieusian theory helps to grasp why people search for this kind of alternative, and why it makes sense to them. It also frames my understanding of the politics around Ayurveda in the Czech Republic. Likewise, Wacquant's idea of body work and Bourdieu's perspective of habitus as established according to external constraints and dispositions (reducible to these constraints) helps me to understand the phenomenon under study on a broader scale. To summarize then, I can understand why people value what Ayurveda has to offer—why they are practising it, why it does or does not work in terms of real change—but what remains is the technique of the Self, the self-discipline happening in relation to the (Ayurvedic) discourse, the discourse which Bourdieu condemns.

### 2.3.3. Michel Foucault and Self-government

I should have preferred to be enveloped by speech, and carried away well beyond all possible beginnings, rather than have to begin it myself.

—Foucault (1981, 51)

When speaking about body work and discipline, I must remember (one of Bourdieu's contemporary) Michel Foucault and his contribution to this issue. In his account on the discipline of the body and the self and the power mechanisms directing it, he researches how certain ways of governing society and individuals become prominent in certain times and spaces. Here, even more so than in Bourdieu's work, a focus is put on social and individual bodies as structured or even produced by power and control (Scheper-Hughes and Lock 1996). A social body therefore no longer serves merely as a social representation of a natural, individual body (ibid.). Nor is it "just" built up by an individual embodied practice. It is governing the individual body and the self on a very deep psychological level. Scheper-Hughes and Lock (ibid., 26) in this sense approach culture as a discipline operating on the individual body according to the needs of the social and political order. They add to the basic scheme of body individual–body social established by Mary Douglas, the body politic, as an aspect of power and control in the relation between the individual and the social body.

In *Technologies of the Self*, Foucault (1988) builds upon Weber in terms of the character of self-discipline in relation to knowledge, that is, the relation between asceticism and truth. Whereas Weber asks, in this regard, what part of oneself should one renounce if one wants to behave rationally according to true principles, Foucault asks about the price of certain kinds of knowledge about oneself required by certain kinds of interdictions, that is, "what must one know about oneself in order to be willing to renounce anything" (Foucault 1988, 17)? In analysing the relation between care and self-knowledge, he claims that "in the modern world, knowledge of oneself constitutes the fundamental principle" (ibid., 22).

Aiming to conduct a hermeneutics of technologies of the Self in pagan and early Christian practice, Foucault (ibid.) focuses on the "history of different ways in our culture that humans develop knowledge about themselves [through science] ... [Here his] main point is not to accept this knowledge at face value, but to analyse so-called 'truth games' related to specific



techniques that human beings use to understand themselves” (ibid., 17-18). In doing so he distinguishes four types of techniques, or rather technologies. These consists of technologies of production: the (1) sign system, (2) power and (3) a determination of individual conduct which submits people to certain ends or domination, the basically objectification of the subject. The final type is then introduced as technologies of the self “which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality” (ibid., 18).

Beyond the fact, that these technologies rarely function separately, each of them is connected to a certain type of dominance: each of these also imply training and changing an individual not just in terms to acquiring certain abilities, but certain attitudes as well (ibid., 18; cf. Bourdieu, 1992). The contact between the technologies of domination of others and those of the self is what Foucault calls *governmentality*. It is the way of applying power in terms of practices through which individual the acts upon oneself and through which others are governed.

Despite the widely held assumption of the character of power in capitalist societies denying body over consciousness and soul, “nothing is more material, physical, corporal, than the exercise of power” (Foucault 1980, 57–58).

Concerning power mechanisms in relation to the body, Foucault observes an essential shift between the disciplinary power manifested by the kind of body treatment within disciplinary institutions like schools, barracks, factories and so on: “From the eighteenth to early twentieth century ... the power investment in body had to be heavy, ponderous, meticulous and constant ... [whereas since 1960, it has become clear that this form of power] is no longer as indispensable ... [in favour] of much looser forms of power over body” in (post)industrial societies (Foucault 1980, 58). It became even more obvious that power does not effectively work only in its traditional oppressive sense. On the contrary, power is strong because it has a productive property, it does not (just) take away, it creates: “It produces effects at the level of desire-and also at the level of knowledge. Far from preventing knowledge, power produces it. If it has been possible to constitute a knowledge of the body” (ibid., 59), it was based on power over the body.

Therefore, Foucault suggests, that “one needs to study, what kind of body the current society needs” (ibid.)

He points to the docility of the body as being its most societally compelled character, one which emerged stealthily throughout the classical age. While the concept of docility is based mainly on his study of seventeenth to nineteenth century historical materials related to disciplinary institutions, performed by the three interrelated processes of surveillance, normalization and examination<sup>50</sup>, the notion itself connects the idea of an analysable/intelligible body with a manipulative/useful one (Foucault 1995, 136). The eighteenth-century invention of discipline as the main “formulas of domination” (ibid., 138) produces a certain kind of body by “supervising the process of the activity of the body” (ibid.) down to the smallest detail, in terms of time, space, movement, “assuring constant subjection of its forces” (ibid.). The forces of the

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50 I.e., hierarchical observation, normalizing gaze, examination.

body are both increased and decreased through discipline, where economic utility is increased at the expense of decreasing its political forces, creating obedience (ibid.). It “dissociates power from the body” (ibid.), that is, “if economic exploitation separates the force and the product of labour ... the disciplinary coercion establishes in the body the constricting link between an increased aptitude and increased domination” (ibid.).

At the heart of Foucault’s understanding of disciplinary mechanisms is, similar to Bourdieu, in principle, “the subjection of those who are perceived as objects and the objectification of those who are subjected” (Foucault 1984, 197), all happening within the framework of a discourse.

Here the crucial role of discourse needs to be made clear. Foucault claims that discourse “not just manifests (or hides) desire, it is also the object of desire” (Foucault 1981, 52). Moreover, it is not just a framework which translates struggles or systems of domination, but “is the thing, for which and by which there is struggle ... the power which is to be seized” (ibid., 52-53). Discourse enables recognition. It conditions a phenomenon’s qualities of truth and value. Much like Bourdieu’s doxa, which, when followed carefully, when habituated firmly, mirrors symbolic capital acquisition and, therefore, recognition within the social field. It is produced and maintained by the reproduction of normative framework and by the specific network of institutions, permitting something or someone to be recognized as relevant within it (cf. ibid., 83).

#### 2.3.4. Judith Butler and the Performed and Experienced Body

Following inter alia Foucault, Judith Butler looks further at how the subject is produced. To Foucault, this transpires through discourse’s “submission to power”—discursive production. It is a method of “subjection”, meaning to become “subordinated by power as well as ... becoming a subject” (Butler 1997, 2). According to Butler, Foucault nevertheless does not elaborate enough on the specific mechanisms of “how the subject is formed in submission” (ibid.), nor on the ambivalence of power as subordinating and producing in this regard (ibid.) She builds upon Hegel’s *The Phenomenology of Spirit* and Nietzsche’s *On the Genealogy of Morality*, asserting the essentiality of regulation not just for the formation, but the maintenance of the subject. Therefore “power that at first appears as external, pressed upon the subject and pressing the subject into subordination, assumes a psychic form that constitutes the subject’s self-identity” (ibid., 3). This “turn” towards subjection “appears to function as a tropological inauguration of the subject, a founding moment whose ontological status remains permanently uncertain” (ibid., 3-4). In this turn, power—as an external set of conditions which precedes the subject—in effect, enacts the subjects into being (ibid., 13). This is the moment of subjection needed for individuals to become intelligible (ibid., 11). But if power is wielded by subject, it becomes its effect (ibid.). The subject is therefore a site of an ambivalence, emerging “both as an effect of a priori power” (ibid., 14). The bond of agency is, according to Butler, formed via this double quality of subordination, where power assumed both retains as well as resists this subordination (ibid.). Power conditions a subject’s agency when, if subject is to persist, it must be reiterated; the subject is precisely the site of such reiteration, a repetition that is never merely mechanical” (ibid., 16).

As I understand it, we are born dependent, created as such. Agency cannot rise just like that, from free will, from nothing. We live in a society which has a certain structure, which enables our existence just by taking a place within it. Our possibilities are given to us by taking/occupying that place. Butler dedicates her whole book to the problem of this ambivalence. Subordination is not a deprivation of agency. These two qualities do not necessarily introduce opposites.

The subject is therefore not fully determined by power, nor a full determinant of it—it is partially both (ibid., 17). Butler sees this situation as a vacillation of a sort. We oscillate between an already-there and a yet-to-come (ibid., 18) in a continuous, “painful” performance of oneself (ibid.), and it is directed by the subject’s “turning ... against itself that takes place in acts of self-reproach, conscience, and melancholia that work in tandem with processes of social regulation” (ibid., 18-19). The regulatory power is therefore partly sustained by the exact formation of the subject, which “takes place according to the requirements of power, specifically, as the incorporation of norms” (ibid., 19).

“Where social categories guarantee a recognizable and enduring social existence, the embrace of such categories, even as they work in the service of subjection, is often preferred to no social existence at all” (ibid., 20). Basically “longing for subjection, [is] based on a longing for social existence” (ibid.). Thus, to exist or, put differently, become a subject, one needs to pay the price of subordination: “Precisely at the moment in which choice is impossible, the subject pursues subordination as the promise of existence. This pursuit is not choice, but neither is it necessity” (ibid.). Butler therefore sees the engine for subject formation precisely in the desire of people to exist, circumscribing the domain of a liveable sociality (ibid., 21). Following Freud and Nietzsche, Butler, in speaking about the subject within a priori ascribed social framework, understands “I” not simply as a person who thinks about themselves, but as the capacity to be reflexive (ibid., 22). For Nietzsche then reflexivity follows a conscience, where self-punishment assumes self-knowledge (ibid.).

Butler, not unlike Bourdieu, approaches body as a repetitive action incorporating social norms as conditioned by power (a function of one’s place within a social structure?) and, at the same time, an exercise of (the same) power—the enactment of an individual who is therefore endowed with an agency. What differs, in my reading of Butler, is the emphasis on suffering, where not only is a symbolic layer of violence layer elaborated, but so too is the very experiential and intersubjective layer. In Butler’s work the personal is very much political at the same time, and therefore an experience of “my pain or my silence or my anger or my perception is finally not mine alone ... [but] it delimits me in a shared cultural situation, which in turn enables and empowers me in certain unanticipated ways” (Butler 1988, 522)

Based on a specific “feminist appropriation of phenomenological theory of constitution” (ibid., 523), Butler follows Maurice Merleau-Ponty, Simone de Beauvoir and others in establishing body as a historical situation, where agency is an “active process of embodying certain cultural ... possibilities ... constrained by available historical conventions/expectations”, where concrete bodily expression in the world is understood as this exact process whereby these possibilities are continuously rendered. The historical conventions both condition and circumscribe body, which is not solely matter but a “constant materializing of possibilities”

(*ibid.*, 521). Body then becomes “doing, dramatizing and reproducing this historical situation” via a set of corporeal styles establishing the configuration of bodies into constructed categories. The social norms are fixed in the “concrete and historically mediated acts of individuals”, and at the same time the performances of these norms are the tools which humanize individuals, make them intelligible and therefore free of punishment. The body is here “known through its gendered ... [aestheticized, cared for, etc.] appearance”. (*ibid.*, 523)

As opposed to the theories discussed so far, here, extensive space is dedicated to experience. Apart from the description of the production of the subject, with an essential emphasis on the body, the “subjective” experience is, in effect, “not only structured by existing political arrangements, but effects and structures those arrangements in turn” (*ibid.*, 522).

Similar to Bourdieu’s practice, Butler grasps the body as a continuous and repetitive process of performing social norms and one’s own identity. Body, as a constant materialization of possibilities, gains a very flesh and blood character in her theory, one endowed with the individual experience of a continuous fight with the danger of one’s own unintelligibility. The fight to restrict access (to knowing) and therefore control (body) but, more importantly, in essence, to establish oneself as a subject. The described constant process of self-enactment, which, according to Butler, is characterized by a certain painfulness since a subject needs to turn against itself so as to enact itself through regulation. That communicates clearly the always moralized domain of becoming a subject, one who, to exist, needs to be to some extent continuously in denial of itself. The only option left however is to not be recognized, be intelligible, to not exist socially at all. The body-self is therefore still materializing in, basically, specific historical conditions—discourse. In Butler’s case however an experience and perception of an individual situation is always shared, always collective, in the sense that this collective dimension is a source of empowerment.

What interests me now is how exactly the bodily experience (of oneself as a subject, a being in the world) happens (socially). Thomas Csordas, following Merleau-Ponty and Bourdieu, addresses this question through a synthesis of perception and practice theories. Csordas criticizes the representationist’s anthropological bias heavily, claiming that it has approached body similarly to positivist sciences in accordance with Cartesian dualism. He argues that “meaning cannot be reduced to a sign” (Csordas 1993, 136) and promotes the phenomenological branch of body anthropology. This experience-near anthropology of body have been developing since late 1980s. While I do not completely agree with Csordas in this regard, his monitoring of theories which provided ideas to help us better understand bodily experience much earlier (see above) is very much appreciated. This is particularly true of his connection of the phenomenological account of perception with Bourdieu’s theory of practice, thematizing the social character of (individual) bodily experience. With his notion of the pre-objective and, generally, his approach to how perceptual objects are constructed, Merleau-Ponty argues in favour of the cultural embeddedness of perception. According to him, it starts “in the body and through reflexive thinking ends in the objects” (*ibid.*, 137). Csordas connects this notion of the pre-objective—a cultural grounding of perception which ends in the objectification of the perceived—with Bourdieu’s habitus as a socially-informed body serving as the ground for collective life (*ibid.*). Embodiment is then happening via the unconscious orchestration of practices structured by culture as set of values, categories and so on that are

specific to certain groups of people occupying a concrete space in a social structure. The way we are in the world, one which consists of perceptual objects (people, environment, etc.), is no doubt embodied.

Building further on Alfred Schutz and Merleau-Ponty, Csordas unpacks perception as a conscious attending of the object, which is, in effect, constituted at the “phenomenological horizon itself” (ibid. 138). He calls this focus upon one’s body “somatic modes of attention”, where to attend to bodily sensation is to attend to the bodily situation in the world (ibid.). “The sensation engages something in the world, because ‘the body is already in the world’ ... attention to a bodily sensation can thus become a mode of attending to the intersubjective milieu that give rise to that sensation” (ibid.). Therefore, attention “to one’s body can tell us something about the world which surrounds us” (ibid., 139). In his account of somatic modes of attention, he focuses on the cultural elaboration of sensory engagement—elaboration of, for example, interactive, moral, aesthetic sensibilities surrounding attention. He nevertheless alerts us to the fact, that even though “bodies are always present, we do not always attend to and with them” (ibid.). Csordas does not forget about the bodies of others: We attend to and speak of an intersubjective milieu. We exist within.

Although I consider the withdrawal of perception from the purely cognitive domain to the bodily one, I am not fond of his treatment of intersubjectivity. Shifting from the cultural grounding of our perception, understood as an agreement established within a group of people, I will move to the final part of this chapter, embracing more hybrid and less bordered ideas of body as well as being in the world.

### 2.3.5 Ingold, ANT, Ontology Politics and Becoming

...a body affects other bodies, or is affected by other bodies; it is this capacity for affecting and being affected that also defines a body in its individuality.

—(Spinoza in Deleuze 2005, 59)

Building upon phenomenology but criticizing its approach to body as too subjective, which, in effect, denies any reality to the world around, Bruno Latour (2004), similar to Csordas, speaks about body in terms of engagement. Instead of “embodiment” in Csordas’s terminology, and respectively “body”, he chooses to research body through what he calls “body talk”, that is, “the many ways in which the body is engaged in accounts about what it does” (ibid., 206). He implicitly takes Csordas approach to a completely different level, making the process of engagement with others (entities) constituent of (physical) body. Thus, to have a body, drawing upon the arguments of others on the same issue, then means “to learn to be affected ... ‘effectuated’, moved, put into motion by other entities, humans or non-humans. If you are not engaged in this learning, you become insensitive, dumb, you drop dead” (ibid., 205). What emerges in this process is then a bodily articulation, meaning to learn to be affected, to become sensitive, to become, to articulate, which is theoretically a never-ending process of articulating others and other “layers” of sensitivities (Latour 2004).

Ingold (2016) departs from my perspective a little towards a symmetrical approach to the (co)existence or co-dependency of existence. He describes attention as a way in which beings wait upon and responding to the other, they attend. He further differentiates between this kind of attention, which is inherently mutual, and that which is guided by a goal of achieving something (Ingold 2016). This is demonstrated in the understanding or explanation, which falls under the mode of accounting. In this *modus operandi*, which is, as I understand it, much more common for modernists, a person acts to get something done, that is, to allow oneself to check something off a “to do” list. This kind of action, with a defined start and end, is exclusive to mutuality. This substitution for the notion of volitional acting is exactly the already-mentioned active undergoing or, if you want, active experiencing, a process that changes the one experiencing—a kind of a cognitive operation where the work of a mind that, in its deliberations, freely mingles with the body and the world (Clark in Ingold 2016, 16). Here, speaking about inhabiting the practice, there is no longer any “I” who acts a priori the experience, but undergoes it as it happens.

And being in the midst, it is continually rediscovering itself. It is no longer possible to say, in confidence, “I do this” or “I did that” . . . . Such is the “I” of habit, in which agency arises a posteriori as a query rather than being posited in advance as an efficient cause. As a query, it calls on others to respond, and in so doing to put their own agency on the line. (Ingold 2016, 16–17)

In this “correspondence”, which is even more sensitive concept regarding the environment and in respect to a critique of modernist individuality rather than *habitus*, embodiment or articulation, the subject loses the properties I attempted to painfully elaborate in previous chapters.

This idea of an alternative and a kind of rebellious way of being by embracing the interdependency of all aspects is one Haraway (1991) promoted long before holism became a fashionable symbol of various “alternatives” promising the resurgence of the natural, be it well-being, the Self or body in the (post)socialist area. She nevertheless calls attention to the modernist ground of this imperative. Holistic organicism, as she puts it, introduces, in consequence, an analytical longing for a natural body, which, stripped of its artificial sediment, calls for yet another version of totality. Here, the relationships to forming totalities are questioned as are the relationships of domination and hierarchy promoted by the dualities of encompassment, such as the Self vs. the Other, mind vs. body and nature vs. culture. These dichotomies need to be reworked so that they are no longer resources for the appropriation or incorporation of the Other (Haraway in Strathern 2004, 37).

While Haraway (together with other postmodern and poststructuralist theorists) reflects on how the world and (human) beings have long been obliged to modernist dichotomies, as a basic structuring principle of reality, she calls for revolution. From embracing to a reversion of modern domination, to an embracement of incoherencies, heterogeneities, that is, a hybrid character of being. This appeal is embodied in a hybrid being—a cyborg who is wary of holism but needy for connection (Haraway 1991, 151). Being organic wholes therefore does not mean to be free but indebted to the old world, structured by divisions and dichotomies. The cyborg is

made from parts that are not necessarily reconciled into a bigger coherent, autonomous whole, and yet it is successfully existing in acceptance.

### 2.3.6. Epilogue to the Body Theory

Reductionism is not a sin for which scientists should make amends, but a dream precisely as unreachable as being alive and having no body.

—(Latour 2004, 226)

To paraphrase Bourdieu, when speaking of eating the same wheat cake as a reassertion of human solidarity, body introduces the ultimate sign of humanity as a shared quality. That is also why the anthropology/sociology of body has the potential to speak to people, since all of us are already familiar with it some similar ways. In their seminal essay, Margaret Lock and Nancy Scheper-Hughes (1996) compare the anthropology of body to the anthropology of religion, inquiring as to the universality of its assumption. What would we ever understand in through the anthropology of religion if we would not approach critically the assumption of “our” religion (meaning I guess that there is one God, Jesus Christ, heaven, hell, and stuff)? It follows then that, just when we leave the idea of body’s universality, we can understand body, its role in individual and social life and, more importantly, how exactly this role is fulfilled/enacted and experienced. Even body however cannot be the ultimate common place of humankind. Based on my research, I have realized we do not breathe, swallow food, chew, touch, not even defecate in the same way. Body is far from universal, and it is not just bio-socially specific, it is also individually specific. But what I would like to introduce here is its specificity established through the Ayurvedic practice under research. Thus, in the coming pages I will offer something about the body-related characteristics of the current social transformation, on a case of specific bodily self-care research in the culturally specific environment of the Czech Republic. The following chapter on methodology will discuss how this environment creates the context of my specific research as well as to what extent my results are therefore applicable to other environments or other phenomena.

## 2.4 Methodological reflections

The ethnographic research on Ayurvedic practice was conducted in the Czech Republic between 2013 and 2017, with a five-month break for a traineeship in the United Kingdom. The first year (June 2013—June 2014) was done as a part of my master's studies, while the following years were done as part of my PhD programme. Over its course, I have shifted my largely local, bordered field of one Ayurvedic centre to a methodology closer to classical ethnography (Malinowski 1922) and then progressed to a dispersed (multi-sited) field in the sense referred to by Marcus (1995). As a result of implementing a multi-sited ethnography (ibid.), the field(site) is constructed only during the research and is thus a result rather than a starting point, as is the case with classical ethnography. Even though my field is not defined by a geographically- and socially-bounded and coherent space, nor by a group of individuals, the Ayurvedic schools remain the centre from which I followed Ayurveda further—to the meetings of my schoolmates, various events organized by the community to the home environments of practitioners<sup>51</sup>. My position in the field developed from that of an outsider (entering it generally interested in CAM, but without any deeper knowledge of Ayurveda or its community) to an insider, closer to a converted complete member-researcher status (CMR) (L. Anderson 2006, 378).

I subscribe to the Denzin and Lincoln's (Denzin and Lincoln 2003, 17) thesis, in which they state: "All writing reflects a particular standpoint: that of the inquirer/ author. All texts arrive shaped implicitly or explicitly by the social, cultural, class, and gendered location of the author." Anthropological writing is first based on data, which are validated by fixing their reliability and accountability—only when validated, does information become *knowledge* (cf. Strathern 2005). The knowledge then is produced by a specific power mechanism (cf. Foucault, 1980), where our approach to data and writing is unavoidably assessable to the discipline (of anthropology), shaping the author's professional socialization, and which, upon successful completion, determines the legitimacy of her work.

Nevertheless, I also believe our situatedness is not just of a symbolic character, given by our fixed or current affiliation to certain (age, gender, etc.) social groups, but it is embedded profoundly in our physical body, where an embodied mind (Lakoff and Johnson 1999) also delves. In what appears as a manifesto, Loïc Wacquant (2015) advocates for a kind of a praxiography (Mol 2002) that he calls "enactive ethnography"—a method of immersive fieldwork acknowledging the processual character of a social phenomenon, as well as experiencing the flesh and blood body as a cognitive tool. Following Ruth Behar, he argues that "we can and should work to become 'vulnerable observers' in our practice of fieldwork—and not on paper, in 'writing vulnerably' by verbally elaborating on our subjectivity within ethnography" (Wacquant 2015, 4-5). At which point, participant experience (Hsu 2006), autoethnography (L. Anderson, 2006) or carnal sociology (Wacquant, 2015) might introduce more bodily and emotionally open methodological tools than does participant observation in its classical form.

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51 To make the most frequently used term clear rather sooner than later, I refer to my informants usually as Ayurvedic practitioners, or just practitioners, since all of them have practiced Ayurveda from the beginning of their study at school. Nevertheless, I also refer to them as to students, emphasising their student status when it is meaningful regarding the referred context.



Since my field was originally defined through the practice of studying, training and acquiring certain knowledge and skills (in Ayurveda schools), “engaging in participant experience meant, that I should learn the skills I studied to such a degree that I could perform them myself” (Hsu, 2006, 149). Similarly as Elisabeth Hsu, I also believe, that to master the kind of knowledge and skills together with my informants provided me with more insight, than participant observation, not just into the knowledge itself, but possibly also into the related experience connected to bodily practice. However, contrary to Tamara Kohn (Kohn 2007; 2008 2011a2011b), who built most of her great work on aikido, that is, on her own experience as an aikido practitioner and lecturer, without explaining extensively her methodological choice, I feel the urge to expand on why my own bodily experience makes a relevant source of data considering the genre of this text.

Similarly, like the usage of body as a methodological tool, the field of nonconventional medicine was not exactly established within Czech anthropology when I started. Even though I was soon after I started my PhD study welcomed among lecturers teaching my own courses on Anthropology of medicine, body or alternative medicine and even though I have experienced more support that raised eyebrows throughout my journey of researching Ayurveda, in this part of the chapter, I concentrate on moments which I consider to be analytically relevant regarding the process of establishing certain topic, field, and methodological-epistemological approach. This is followed on the example of researching symmetrically and with an involvement of own bodily experience as a research instrument a non-conventional medicine within Czech academic environment. In the following pages I therefore focus on the kind of research limits and dilemmas I have had to negotiate in legitimating my topics and methods, providing insight into this process from the perspective of a member of this academic community.

To summarize, this chapter introduces the research process I have undertaken, shedding light on the methods in which the presented understanding is situated by the discipline, my level immersion in the field, including within my body.

#### 2.4.1 Entrance: Initial Positioning of Myself, the Field and Academia

If we want to understand the mechanics of power and organization it is important not to start out assuming whatever we wish to explain.

—(Law 1992, 380)

I believe, ones’ own preunderstanding should be measured on the same strict scale as the social reality under the study (cf. Latour 2005). Hence why, I dedicate some space here to my positionality within the field of (nonconventional approaches to health and) body.

I have been always close to nonconventional medicine, but in a rather superficial way. My mum used to make extra money by dealing Herbal Life<sup>52</sup> food supplements, in addition to her regular

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<sup>52</sup> Originally American, by the 1990s, it had already become an international company with a direct seller based distribution of nutritional supplements (<https://www.herbalife.com/about-us/>).

job in a hospital. As a daughter of a single mother, I spent a lot of evenings in the radiology department waiting for my mum to finish her shift, developing a rather close and positive home-like relationship to the place—most people I know try to avoid it. Moreover, my mother's library counted several CAM books written by practitioners, be it medical doctors like Jiří Janča<sup>53</sup>, one of the main promoters of nonconventional medicine in 1990s Czech Republic, or the famous Austrian (known around Europe since the 1980s) herbalist Maria Treben<sup>54</sup>. When I moved into my own place, I bought both these books, not being able to imagine life without them—referring to them when I get a cold, or when I want to know which herbs to pick (and at what time they are ripe) when I am in the wilderness.

Growing up as, from my perception, a big girl engaged in several sport activities (and preferably female collectives), the body was and still is one of the main topics in my life. I have always concentrated excessively on how my body looks and how it functions. Or, more precisely, I have been disciplining my body intentionally since I can remember having had any power over my body-related decisions. As a child, I also suffered from a brutal pollen allergy, that got bearable only after going through several vaccination procedures. Still, soon after, I discovered I have congenital hip dysplasia, a hip condition which assumes early arthrosis development. As a consequence, I have always cared about what kind of physical exercises I do and what kind of food I eat in terms of what they may do to me. Of course, and in great accordance with most of my informants, I usually fooled myself into believing I just wanted to be healthy. However, at the core of all this work was craving to be slim, slimmer, or at least not fat. It an idea which has been drastically changing since my teenage years and which has weakened in importance over time. It has not however disappeared completely. Despite that, I do not hate my body anymore. I made peace with it even though I still sometimes whine over not looking good enough.

Naturally, body has always been and still is one of my most favourite (sometimes in a masochist sense) topic of discussion with my close and even more distant friends.

In this fashion, my friend Gina, a girl of my age with a long history of digestion issues and connected dietary experiments, told me in summer 2012 that she had visited an Ayurvedic practitioner. He diagnosed her bodily constitution and advised her to wear high waist pants and eat rather moist and fatty food. These recommendations sounded rather unconnected and weird to me. So much so that I became curious. I knew nothing about Ayurveda apart that it was supposedly a traditional Indian medicine. Considering the locally shaped

Luckily, my colleague had a friend named Jakub, who, being still somewhat of a student, empathized with me. Jakub was one of the oldest apprentices to the leader of contemporary Ayurveda's biggest school, its main lecturer, and, as some students address and perceive him, a Teacher, in a sense very close to a guru (spiritual leader). I arranged a meeting with the Teacher and thanks to Jakub, who put in a good word for me, he agreed to a research project in his school. This situation is illustrated in following fieldnotes' excerpt.

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53 [https://cs.wikipedia.org/wiki/Jiří\\_Janča](https://cs.wikipedia.org/wiki/Jiří_Janča)

54 [https://cs.wikipedia.org/wiki/Maria\\_Treben](https://cs.wikipedia.org/wiki/Maria_Treben)

I arrive slightly late, ring the bell nervously, and instead of the classic “crrrrr”, the chanting of a mantra starts. The door is opened by the teacher’s wife [Sára], who made it clear to me on the phone that email is not the best way to ask the Teacher for something. She then welcomed my proposal for a personal meeting... From behind the desk in a small office, the Teacher, who could not be bothered to stand up to greet me, is looking directly at me. I see him for the first time in my life, thinking to myself that, although he may seem like a nice person, in other circumstances this is not the case. His expression conveys that I have miscalculated and overestimated myself... I knew I had to pay respect to him in certain ways. I was told not to speak when unrequested and basically not to do anything else uninvited. As expected, I didn’t feel very natural or comfortable. “Good day”, I said. “Good day”, the teacher replied with a slightly raised eyebrow. “Sit down.” A long pause followed... It was the end of June, but even if it was ten degrees in here, I was sweating like hell. “So, tell me what’s on your mind” (no specific question). I start with a short pre-prepared description of my plea and the purpose of the research, edited into an understandable form for someone outside of my field... He’s been looking me in the eye the whole time. Another, perhaps even longer pause follows. Then the Teacher’s monologue begins with the words: “You can’t study Ayurveda if you don’t know anything about it...” It would go on for twenty long minutes. (fielnotes; first meeting with the Teacher, 6/2013)

After the initial consultation with Jakub and the Teacher, I had to abandon my naïve idea of researching the consultation practice and accepted school as the main field site. In the end, situating the research in an Ayurveda school seemed to be the only option for me to meet with any kind of group of people engaged in its practice regularly and continuously. However, since the Teacher agreed out of a courtesy and was not willing to make any exceptions for me, I, of course, had to pay a tuition fee like any other student.<sup>55</sup>

When I was first applied for the funding of my (master’s) research in an Ayurveda school to cover the tuition fees, the application got rejected. Back then, it was<sup>56</sup>only 10,000 Czech crowns<sup>[CZK]</sup>. True, to get financial support for master’s research was quite rare almost ten years ago. Nevertheless, it was rather a bummer. The real shock came anyway when it somehow leaked to me via informal channels that it got refused because, “of course, they will not pay me for some hobby course in alternative medicine”. This anecdote has turned, in the end, into an amusing story about what people can ask funding for. (recollection based on the field diary, 2013)

This situation resonates with an old experience of Elisabeth Hsu: When planning her fieldwork on Chinese medicine in 1985, she was perplexed over the reaction of some anthropologists, who were suspicious that she just wanted to take a trip to China (Hsu 2006, 150–51). I assume new fields, topics and methodologies must always fight for their legitimacy at first, field of science being no exception—novelties are not introduced organically.

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<sup>55</sup> Back then it took me rather by surprise, but now I find it fair, considering that I can practice Ayurveda, on some level, based on this education.

<sup>56</sup> Approx. €400/£300.

Still, the results of my initial negotiations upon entering the field predetermined not just the character of the research in terms of field and topic, which goes hand in hand with methodology, but also the related ethical issues. These are twofold and relate to my status as a student in a school for Ayurveda practitioners and to the slow establishment of my complete research membership (L. Anderson, 2006). The chapter is therefore highly reflexive as I am convinced it is the best tool not just for dealing with procedural ethics (Fassin 2009) but for understanding better the process and, therefore, the character of anthropological knowledge production, which is only situated and thus also partial (cf. Haraway 1988).

Geert De Neve and Maya Unnithan-Kumar (2006) coined the term “critical journey” for an anthropology understood as movement, in terms of a research process which transforms not just the researcher’s self and field but also the discipline itself as a still reconfiguring entity (cf. *ibid.*, 1). These journeys need to be critically reflected upon and evaluated so as to “render them collectively visible and more comparable” (*ibid.*, 2). According to some authors, reflexivity is beneficial for the research and discipline itself only when it provides insight into the inter-relationship between the personal domains of the anthropologist and the informants on the one hand, and the collective anthropological conscience on the other (*ibid.*) Hence, I dedicate the main space of this chapter to these two groups of ethical issues: the first is introduced by dilemmas and limits related to the dynamics of myself and the field, while the second regards academia, that is, the local Czech anthropology context and its overlap with the general field.

I was moving to a different place. And since I was basically moving the whole flat, furniture included, the process had taken me several days. I remember that adrenaline rush. I could not sleep well, my body had not showed enough usual interest in food. I just wanted it to be over, to have stability again, to have a home. When I finally unpacked the last box, and my new place started to look liveable, I breathed out and calmed down. I also noticed my skin was very dry and my lips were full of bloody cracks that hurt. I again had again that feeling that I understand exactly what is happening with my body and that I just have to calm down, sleep, stay in one place for a while and start regularly eating and drinking water again, to get into shape. In recent years, I have often found myself in situations like this. Persuading me, Ayurveda has left a deep trail in my mind and my body. (autoethnographic note, remembering my first move in 6/2022)

Nowadays, it is more than clear that ethnographic data are not collected but rather created by the researcher and that the researched phenomenon is due to the researcher’s participation, which is influenced by the researcher’s presence during the empirical phase of the research and after. The researcher leaves imprints on the place, on the people’s lives and sometimes on institutions or even the character of transmitting the phenomenon under study, as it was in my case. But the researcher is influenced by the research too. Sometimes the object of study sneaks under the researcher’s skin, blends her way of thinking about and relating to herself and the world around (cf. Kohn 2007). More importantly, it affects how the research is accommodated in the researcher’s mind and, most likely, other aspects of life, having a profound effect not just on what is observed but what and how interpretations are communicated. Far from a substitution for therapy or narcissist projects, as some see its promoters, what is called a *reflexive turn* was introduced, for example, in James Clifford and George Marcus (1986) textual/hermeneutic

approach to the poetics and politics of ethnography. I however agree with its critics (e.g. Abu Lughod 1991; Haraway 1988; Bourdieu 2003) that we must employ this instrument such that it enables a better understanding about the character of anthropological knowledge production. The knowledge being produced is, at the same time, determined by “what takes place in the field as an intersubjective practice” (De Neve 2006, 73) as by the discipline introducing the biggest authority framing this process.

#### 2.4.2 Accommodation: The Dynamics of Field, Sample and Methods

At the end of the class, he says, that we have an FBI agent here. She is not a criminal but an academical agent that has chosen our institution for her dissertation.  
(fieldnotes, 7/ 2013)

My initial doubt about the legitimacy of the Ayurvedic practice in the Czech Republic directed a much harsher line of questioning towards it than is mentioned in previous chapter (pp. 18-21) about thematization such as a transplant (Reddy, 2002). This, together with other factors, contributed to some discomfort I have experienced in the first months of the field work. At the time, I was dedicating a lot of energy to trying to bridge an atmosphere in the school that had been partly established by the Teacher’s interpretation of my role there. I was, for instance, repeatedly referred to in front of the class as the “spy-one” in a suspicious tone of voice. By the time I assumed, I was considered a medical student of a sort, that might somehow abuse their knowledge-how.

Apart from that, I kept having the feeling that the Teacher could perceive even a seed of distrust in Ayurveda that remained in my mind, which might trigger him. I had a feeling he could see through me, like a telepath. My informants, including the more experienced ones who were no longer caught up in Ayurveda’s “magic”, still mentioned sometimes that he just “sees”. Maybe I was imagining it, maybe not, but what was important was that I had disciplined myself to give up, utterly and completely, all my assumptions about how body and health work.

Back then, I experienced for the first time how it feels to take different ideas about the world seriously (cf. MacClancy 2002; Ingold 2018), what it means to let them object (cf. Latour 2000) or even disrupt my understanding (cf. Viveiros de Castro 2004), which had for quite some time been one of my anchors in this fluid, late-modern world. Moreover, this was also the start of never-ending discussions with myself and my colleagues about the issue of what it means to take not just the people, involved in the phenomenon we study, seriously.

#### 2.4.3 Changing Position, Field-site, and Topic: Protection and Reciprocity

I seek to understand how our own critical thinking and reflection about a society is shaped through the particular encounters, exchanges and interactions that take place in the course of fieldwork.

—De Neve (2006, 72)

In this part, I reflect on several situations and contexts which introduce the entanglement of my changing position within the field, the character of the field and that of the topic.

Over time, I became rather convinced about the efficacy of Ayurvedic treatment of certain diseases<sup>57</sup> and, perhaps because of that, I started to feel that I was blending in. Also, I had been taking detailed notes from the lectures and was, soon after the start of the school year, asked to provide my notes from the classes. Of course, I agreed<sup>58</sup>—though it did mean often having to type out eight-hour (and even longer) lectures, writing my fieldnotes on the side to then spend hours and days making and editing lectures' notes so they could be shared publicly, not just in terms of grammar and stylistics, but also stripped of my notes, which had been written all over the documents.

Helping with the school's establishment (cooking during seminars, completing innovations meant to entrench Ayurveda in the country) was a common activity for anyone who wanted to participate. Alike most of my classmates, I rotated through a few volunteer jobs for the school even though in my case it was not exactly undisclosed. I must admit, I was just one of many, and also far from the most hardworking of the volunteers recruited from the students' base. Although I have always felt indebted to the school for letting me conduct research there (and they have had their objections), I understood by time that that, especially for the Teacher, it may have been quite uncomfortable for me to be researching the methods in a way. Once, when we discussed with the Teacher's wife my feelings regarding my acceptance, she, using a metaphor typical of the field, explained the following:

I am the only one of the students here who is studying for another purpose, and the Teacher is very aware of the fact that I am here rather as an observer—not as a student. She asked me to what extent am soaked up in Ayurveda, comparing the expected level to “when a drop of red wine falls on wood and completely soaks through, that it's infested completely. That's how much the people who come here are infested.” Continuing with explanation, she claimed the best students are the people who have never studied anything like that before, because once they compare the knowledge they acquired in previous study it “is difficult to forget”.  
(fieldnotes, 12/ 2016)

Despite being considered an intruding observer by the Teacher most of the time, I at least felt useful when I was able to help them with something. Later, it also came in rather handy. I did not have enough funding<sup>59</sup> to cover my tuition (i.e., as an Ayurveda student), and thus continue the research, but I was able to reach another deal with the Sára: I would help them with legislation research for the reconstruction of their Ayurvedic products shop so they could handle (pack, etc.) food supplements (a status ascribed to all Ayurvedic medicine in the Czech Republic and across the European Union). I also concentrated on other concerns of theirs, such as the restriction of some Ayurvedic medicines (e.g., for lactation) to certain groups of people (typically pregnant and breastfeeding women) or a cancelled Ayurveda massage therapy

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<sup>57</sup> Here I do not refer to classical distinction between objective “disease” and subjective “illness”, but rather to much broader category of a struggle as certain and literal dis-ease.

<sup>58</sup> This continued throughout the first two years of my research (master's and first year of my PhD studies).

<sup>59</sup> Even though I got always a funding (even after the first application fiasco, see p. 44).

certification as a legitimate supplement in sport or health masseurs' education. This codetermined Ayurveda institutionalization as my topic and field shape for a while. I assumed it would be safer in terms of my informants' potential feelings of endangerment from my side. I therefore dedicated some research time to bottom-up institutionalization, including the establishing a network of schools and negotiating the recognition of Ayurvedic remedies or massage therapy. Nevertheless, I soon discovered, this topic is perhaps much less safe than others. It seemed to me the Teacher often distinguished himself from what he himself thought I was doing, not forgetting to interlace it elegantly into his lecture or other kinds of speech.

Once, at a group meeting among current and former students and friends of the school aimed at helping with translation of the basic Ayurvedic texts and widening the networks of Ayurvedic schools in the Czech Republic, the Teacher, referring to legitimizing the process from above, stated that they could "go to Wolfová from Prague with that". (fieldnotes, 8/ 2015)

It was just a moment of time. Nonetheless, I could not avoid my emotional perception of the situation: I had gone from something of (a) a medical student who wanted to criticize everything they were doing as wrong to (b) an Ayurveda activist who fought for its top-down legitimization and standardization, possibly endangering them. In the end, I fulfilled many more roles in the field. Besides that of a researcher, I was also a part of a community, helping to disseminate Ayurveda by translating the canonical text, providing an English translation of an interview with a Teacher for websites, or helping Sára navigate the legislation concerning certain adjustments to the Ayurveda centre. Moreover, I also became an Ayurveda authority to some and, several times, a self-proclaimed practitioner.

Thus, starting my master's research almost as a "non-believer" and certainly a doubter as to the possible efficacy of Ayurveda as a way of establishing or maintaining wellbeing, I soon had to admit to myself that, in many cases, the opposite was true. Reflecting on the difficult process of having the gatekeeper to accept my presence at the school, I found myself in a "safe" topics phase focusing on the material politics of Ayurveda remedies. Making a stop by the topic of institutionalization practices which research, at the end, seemed to disturb my informants, I finally ended up with people. I started to focus on their ways of coping with life, being in the world and perceiving themselves and their environment with and from their body differently because of Ayurveda practice. At the final part of the research, I therefore followed people (Marcus, 1995) to their home environments, conducting interviews with them, their partners, even clients and engaging in participant observation of their everyday life.

### *Field-sites, Sample, Methods*

#### *Environment*

For the initial first two years, the central field of research was a single Ayurveda school. Mid-research, when dealing with the institutionalization of Ayurveda, I extended the field site to another school founded and led by a former apprentice of the Teacher. Both schools had been functioning for over ten years before I started my research. Together, they represented the only possibility for long-term, structured theoretical and practical Ayurvedic education in the Czech

environment. As part of my research, I studied Ayurveda in both. I completed two years of study in the initial school, including joining for a half year the “lector” module, designed for the future lectures of basics of Ayurveda. I also paid tuition fees in both schools, although the first allowed me to attend only classes appropriate to my current Ayurveda education (I was studying the programme linearly as formal students do). In the second school, I was welcome to attend any class I wanted<sup>60</sup>. Nevertheless, whereas I “recruited” key informants from the first school, the second school, apart from following some of the key informants there, served mostly as a validation of the findings. Moreover, it adds an important ethnographic context, as is shown in following chapter.

After the first two years of research in the school, the Teacher argued he wouldn't forbid me to keep coming, because it would count in his *samskar*<sup>61</sup>. (fieldnotes, 12/2016)

In the second school, I was considered a visitor for the first academic year and then did part-time studies for the subsequent two years, where I joined by some of my former classmates. This enabled me to organically follow most of the main informants from the beginning of their Ayurvedic studies. Since summer 2013, I observed and inquired as to what was happening in relation to their Ayurveda practice, first within the borders of the school and later during our informal meetings where I finally accessed their home environment and gathered a fuller picture about their everyday life. Furthermore, my student status also opened the possibility for me (or pushed me) to try Ayurveda “for/on myself”. The involvement of the autoethnographic method provided me with access to participation and understanding of both the in- and outside-class experience, including student discussions. Moreover, it allowed me to deepen my insight into areas that I would have had limited access to through ethnography, such as bodily experience (or the perception of changing subjectivity), which is at the core of Ayurvedic study and practice. My position in relation to the topic under investigation is thus on the boundary between that of an interested observer and an observing participant. However, at the same time, I take actor (Ayurvedic) conceptualizations of the world seriously, in terms of welcoming them to transform mine to some extent (cf. Viveiros de Castro, 2004, p. 5). Ayurvedic concepts also partly guided my analysis, although I often found support for them in the literature. Finally, I negotiated my own interpretations with informants, including consulting their written form.

### *Data Construction Methods*

In this text, I draw primarily on participant observation of lectures and seminars on Ayurvedic theory and therapeutic techniques; events organized by Ayurvedic community; free time spent together during seminars that lasted for two or more days; informal meetings with individual classmates or between larger groups of us; twenty-five interviews with twenty-eight people altogether, including semi-structured ones; two group interviews and autoethnography (L. Anderson 2006). In addition to the group interviews, interviews ranged from one to three and a half hours in length, mostly with individuals, and exceptionally with pairs of colleagues or

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60 As I had already completed two years of Ayurvedic study in the initial school, I did not face the same dilemmas with the gatekeeper of the second school as with the Teacher.

61 An expression to something like a background for karma.



partners. Half of the interviews were accompanied by participant observation, where I spent at least one day with my informants and gained some insight as to their homes and work environments. Autoethnography (L. Anderson, 2006) and carnal sociology (Wacquant, 2015) played an essential role in the empirical part of the research concerning my position within the field and is connected to the kind of reflexivity, that is, treatment of emergent ethical dilemmas. In this thesis, nevertheless, data related to my experience specifically (but, as shown above, only that regarding the kind of experiences my informants refer to) are considered everywhere as relevant. This kind of data is needed to build the argument, but conventional qualitative data-construction methods do not allow me to enter, in other words, where the phenomenon was not accessible discursively—as a speech or observable actions.

Although I build upon data generated throughout the research process, I explicitly work with the stories of ten people (key informants), including my own. Excerpts from interviews and fieldnotes serve as models and illustrative examples of the typical (reflective) Ayurvedic ways of dealing with bodies that I have identified. Autoethnographic notes are used especially for descriptions primarily to describe of the specific concrete of the kind of bodily experiences I have (learning from our discussions) shared with my informants.

### *People*

All of the people that are quoted in the thesis or referred to through the fieldnotes quotations have been my classmates or lecturers, even some of them for a shorter period of time. More importantly, all of them practice Ayurveda at some level, so they are referred to as (Ayurvedic) practitioners, even though for some, the label Ayurvedist (i.e., Ayurvedic practitioners) refers to person who mastered certain form of knowing (see chapter 4.1.1).

The broader research sample consists of about thirty people (with ten key informants) who entered and left throughout the duration of my research mainly in relation to changing field sites. Demographically they are mainly Czech except for a few Slovak people, with exactly one-fifth male representation. Within my close sample of ten people, three are men and seven are women. Age-wise, there are people from 21–70 years old, although the majority are productive in age (i.e., 30–55 years of age). My research participants are occupationally involved in the financial and cultural sectors, have their own business or are otherwise employed in various industrial fields (e.g., hospitality). They also represent public service professionals (e.g., healthcare workers). A substantial number of them nevertheless run their own Ayurvedic consulting or therapeutic practices (although this was not the case for most of them at the time we met) or are massage therapists, where they also make use of their Ayurveda training. In terms of educational obtainment and socioeconomic status, the sample is rather heterogeneous, although I am convinced all of them have at least a secondary education. Moreover, since a year of study was equal to half the average monthly wage in the county at the time I started the research, and has almost doubled since that time, no one from the lower classes would be able to afford it. Nevertheless, in relation to most of the CAM literature I work with, the sample consists of people who have studied Ayurveda consistently for at least one year. They therefore differ from the “ordinary” clients that most studies focus on in so far as they often do not need to consult a therapist to practice Ayurveda, relying, as they do, on their own knowledge and acquired skills. In most cases and in the case of all ten key informants, they

are people who have been practicing Ayurveda for a long time, whether on the level of mind or body, as a lifestyle, for self-healing or using it in their own consulting practice. Thus, they are not “just” people who stop practicing Ayurveda after completing the recommended therapy, after solving one dis-ease; all of them practice it on a variety of levels and at differing intensities as a part of their everyday life. It is in this way that I speak about my positionality within the field, that is, a CMR, which Leon Anderson (2006, 378) considers one of the assumptions of autoethnography and I too have employed.

### *Ethics*

Concerning procedural ethics around data construction (Fassin, 2009), informed consent was recorded on a voice recorder for semi-structured interviews. However, regarding participant observation, I have chosen non-resistant consent so as not to undermine the emerging relationships between myself and the informants in the early stages of the research (ibid.). I also engaged in communicative validation, always being very open about my writing and curious about what my schoolmates think. I believe with Latour (2000), that some sort of objectivity can be achieved only when the people or wider phenomenon we study with are let to object our findings. In terms of respecting the privacy of informants, I have anonymized the field and individual actors. Nonetheless, even this anonymization has its limits within the broader Czech Ayurvedic (and hence, CAM) community as, according to the descriptions, individual actors might recognize each other.

In the first months of my research, I found it necessary to consider the principle of respect as regards human dignity and well-being. The Ayurvedic school is a very specific environment in terms of intellectual and emotional demands. For over eight hours a day, variously aged people would often sit on the floor listening to lectures of complicated Ayurvedic theory, including Sanskrit terminology. The lectures argued about the themes of illness (from which some of the students or their loved ones often suffer) and the rightness and wrongness of daily routines and actions in relation to maintaining illness or health—a kind of a personal or existential goal for many in attendance. Moreover, there is only a lunch break between lectures, and it is often late, after the afternoon lecture. Therefore, at the beginning of the research, I decided not to press informants with any unexpected questions at moments when they wanted to rest, eat or meditate. All the data generated from informal interviews from the fieldwork within schools are thus mostly the fruit of natural discussions during and also outside classes.

#### 2.4.4 Representation and Objectivity Grounded in the Body

Objectivity turns out to be about particular and specific embodiment and not about the false vision promising transcendence of all limits and responsibility... Feminist objectivity is about limited location and situated knowledge, not about transcendence and splitting of subject and object. It allows us to become answerable for what we learn how to see.

— Haraway (1988, 582-583)

Since the beginning of the postmodern critique in anthropology, there have been discussions related to the ethics and character of anthropological methods. Ethnocentrism and the remaining heritage of anthropology's positivist times that still survive on the margins of the field can be dealt with, as Ingold suggests, not by studying people but rather studying with and learning from them (Ingold, 2018). Here, I reach out to the field of sociology for systematically established and overlapping methods of autoethnography and carnal sociology. Doing so shows that in overlapping the feminist, ecological, symmetrical and phenomenological anthropological traditions, a related approach to ethnography has been introduced within, even though not that clearly systematized. For this, sociologists need to be recognized.

Autoethnography acknowledges the researcher's own experience more profoundly. It documents, like reflexive ethnographies, how one's own life has been changed by specific research encounters; like narrative ethnographies, it illustrates evocatively the experiences, informants report about (but for which is not approachable easily by the observation or interview); or finally like layered accounts that "just" treat one's own experience as a source of question and comparison to other data, which may also be used for reflexivity and introspection, dragging readers into an "emergent experience" of doing and writing research. (Ellis, Adams, and Bochner 2011, 278-279)

Nevertheless, this tradition, labelled "evocative autoethnography" (Ellis 1997), has been largely criticized for its emphasis on descriptive literary qualities (L. Anderson, 2006, 377), including its possible self-absorbed character, which corresponds to a stream of postmodern reflexive anthropology/ethnography where autobiographical and experimental writing aspects may go on at the expense of "scholarly purpose, its theoretical bases, and its disciplinary contributions" (Atkinson 2006, 402-3). As an alternative to this kind of autoethnography, Leon Anderson (2006) suggests an analytical autoethnography rooted in symbolical interactionism and which, from his perspective, introduces a better fit with the analytical tradition of ethnography. Since I follow the stream of reflexive tradition promoted by Haraway, Bourdieu, Wacquant and Ingold, putting an emphasis on the theoretical aspect of the anthropological endeavour, I believe an analytical autoethnography enables me to include a perspective based on my own experience with Ayurveda that refrains from becoming a self-therapy session. Moreover, by examination of my own experience as a student and, in a sense, an Ayurvedic practitioner of Ayurveda, I believe, I can provide further an insight into the areas, as regards which are regarding the topic, but also the reflections of my informants.

According to Leon Anderson (2006), analytical autoethnography is grounded in three pillars. First, the researcher needs to be a full member of the research group or setting, in which immersion can be organically established a priori by the research or developed during the fieldwork, as in my case. This type of a participation in the field enabled me to document discursively ungraspable data, but, as illustrated in the previous chapter, it has made it difficult at times to stay true to my other status as a researcher. Moreover, as Anderson reflects in Schutzian terminology, it makes the interpretation of first order constructs within a social group rather difficult (ibid., 381). Luckily, attempting to work symmetrically, or rather being unable to work completely cognitively, the first and second order constructs in my research are often collapsing on top of one another. I find this more beneficial than trying to separate them through use of force. Following Ingold, I believe it is better to learn from the people we study (with),

understand how they learn about and navigate through life, ascertain how they make sense of it, not to study people in an objectified manner (Ingold, 2018).

The second tenet of analytical autoethnography is to employ analytic reflexivity, which entails a mutual influence between the researcher and the researched. Understanding this to be core part of ethnography in anthropology, this kind of autoethnography moreover promotes “self-conscious introspection guided by a desire to better understand both self and others through examining one’s actions and perceptions in reference to and dialogue with those of others” (ibid., 382). Here reflexion upon the self is not separated from the “clear data” (L. Anderson 2006, 383). This deeper account of mutual informativity due to CMR entails that “one has more of a stake in the beliefs, values, and actions of other setting members. Indeed, the autoethnographic interrogation of self and other may transform the researcher’s own beliefs, actions, and sense of self” (ibid.).

Following criticism flourishing within the “crisis of representation” (Clifford and Marcus 1986), the researcher needs to be visible and active in the text, as opposed to traditional ethnographies where the omnipresence of the researcher enhances an atmosphere of an objective description of a social reality. But aside of the good habits of contemporary anthropologists, autoethnographers also incorporate their own feelings and experiences, but only as a source of analytic insight. To maintain an “ethnographic imperative”, these need to be continuously in dialogue with the data “on others”, where even the analysis of one’s own experience needs to be approached solely as a relational phenomenon (L. Anderson 2006, 386). Autoethnographers are “revealing themselves as people grappling with issues relevant to membership and participation in fluid rather than static social worlds ... . [Moreover they] should expect to be involved in the construction of meaning and values in the social worlds they investigate” (ibid., 384).

Finally, theoretical aspiration is made a rule in analytical autoethnography, that is, the use of research data as a material upon which it is possible to understand a broader aspect as a social phenomenon itself or even its broader context, rather than the partial story provided by the data themselves. The theoretical overlap, reflexive treatment of the research process and visibility of the researcher in the text is what an autoethnography shares with today’s treatment of ethnography in anthropology.

I have been getting a lot of questions related to how am I [in this research of Ayurvedic bodies becoming] situated regarding the topic or in the field. Most of them came from my supervisors, discussants at conferences, reviewers of my papers. They were, as I believe, directed towards ethics in terms of the validity of my arguments, i.e. the fit between my research methods and research problem. That made me think, if can I really talk about body when most of my data are based on observations or interviews. Where is the physical body? Should I not want to write about how I perceived the body-related changes of my informants? I mean... Can I really talk about the body without reducing its subjective layer? Basically, can the only body I am referring to regarding some of my arguments be reflections of my own experiences? (autoethnographic note, 12/ 2021)

I entered the field of Ayurveda for research purposes. I began to study it because it was expected of me by the gatekeeper and because I found it fascinating. I identified parallels with the way I understand anthropology in Ayurveda. It began to feel rather like a way of something, of knowing or practicing one's own body, of relating to the world but also suffering differently. And it had become a serious thing. A thing which accompanies many people I care about every day, in their thoughts, experiences and decisions, like getting a divorce or changing jobs, getting pregnant or not getting biomedical treatment for, from my perspective, a serious dis-ease. But, for me personally, it was a way of learning and a way of accumulating another perspective of understanding and therefore dealing with things. On a less romantic note, it became another way of whipping myself.

Still considered by a large part of the anthropological community to be quite heretical, the proponents of autoethnography stop with experience and feelings but maintain a direction in the dichotomous understanding of the human being. To finish this journey for me is to attempt to bridge not just the Us vs Them dichotomy, but also the rest. Therefore, together with another sociologist Loïc Wacquant I shall transcend the remaining one. Developing Bourdieu's concept of habitus based on the critique of "(dualist) agent, (externalist) structure, and (mentalist) knowledge prevalent in the contemporary social sciences" (Wacquant, 2015), Wacquant offers an alternative: an ethnography grounded in the body from flesh and blood, with its agency, mind and structure as embodied properties (ibid.). In his view, fieldwork should be grounded in the process of performing the phenomenon (under the study), where the aim is to achieve "social competency", as opposed to "empirical saturation" (ibid.). I subscribe completely to his view on ethnography, which should be "that particular technique of data production and analysis that relies on the skilled and sensate organism of the observer as chief investigative tool" (ibid., 4).

According to Wacquant, ethnography is then an "embedded and embodied social inquiry based on physical co-presence with(in) the phenomenon in real time and space" (ibid.). However, to make it a useful tool, referring critically to the limitation of Geertzian "thick description", Chicago style empiricism and, of course, the already mentioned postmodern "story-telling", as he calls it, it must be firmly bound to theory as well as grounded in "long-term, intensive, even initiatory, forms of ethnographic involvement liable to allow the investigator to master in the first person ... the pre-discursive schemata that make up the competent, diligent, and appetent member of the universe under examination". (ibid., 4-5).

As mentioned in previous chapter, I do not work exactly with the concept of habitus, that is, I do not use it either as an analytical concept or a methodological tool. Nonetheless, I am convinced that to ground the data construction and analysis not just in a representation but in a sensate, suffering, skilled, sedimented and situated (ibid., 3-4) people, the bodies of the informants and the researcher make sense, especially given field is enormously body-centred. This does not mean that paying that a lot of attention to the materiality of the researched and researching body is also necessary in any anthropological research. However, even when research topic is not body-related, the need to bring the binaries established by modernist epistemology is, I believe, the best way to further shift our discipline and open it to future interdisciplinary and more engaged cooperation.

Afterall, we are situated in the (social) world through our bodies. Dona Haraway (1988), in her now classical essay, “Situated Knowledges: The Question in Feminism and the Privilege of Partial Perspective”, introduces how to fight the relativist abandonment of objectivity, which implies “being nowhere while claiming to be every-where equally” (ibid., 84) and which, with a help of a somehow demonstrative tool of old-school positioning, abandons responsibility and critical inquiry. She argues instead for critical positioning, which “is not about fixed location in a reified body ... but about nodes in fields, inflections in orientations, and responsibility for difference in material-semiotic fields of meaning” (ibid., 587), in other words, grounded in our enabling practices (ibid., 586). Resurrecting objectivity requires admitting the embodied nature of the researcher position in the field and knowledge itself. It follows then that knowledge is always situated and therefore partial; only when locatable can knowledge claim to be responsible or accountable (ibid., 83-84).

Assuming that “we are not immediately present to ourselves. Self-knowledge requires a semiotic-material technology to link meanings and bodies” (ibid., 585), understanding self-knowledge as always partial, constructed and “therefore able to join with another, to see together without claiming to be another” (ibid., 585). Thus, the view of the researcher should not be from above, but directly from the body, enabling us to “be there”. At the same time, this entails working with its complexity, contradictory and structured nature and structuring agency. (ibid., 589)

I am convinced that a future anthropology in which I want to participate is stripped off hierarchizing and exoticizing modern epistemology dictate. I attempt to bridge this dichotomizing character of knowledge not just by focusing on the character of interpretations, as introduced in the thesis, but also in the way I approach my field, where it is difficult for me sometimes to separate myself and the Other, the same way it is difficult to identify whether the body experiences changes as a consequence of a changed understanding, the opposite, versa, or the distinction does not apply at all.

I follow Haraway in her argument about the “politics and epistemologies of location, positioning, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims” (ibid., 589). Thus, I attempt to present a kind of knowledge which communicates a “vision of the means of ongoing finite embodiment, of living within limits and contradictions of views from somewhere” (ibid., 590).

#### 2.4.5 How Alternative Should You (Not) Be to Study Nonconventional Medicine?

It is possible to study science without engaging with art, religion or magic, just as it is possible to practice an embodied craft without “thinking” twice about it. But some of the most creative thinkers and craftspeople often do find themselves challenging these divides in the ways they live their lives and perceive themselves and others.

—Kohn (2011a, 40 – 41)

So really, how alternative must someone (not) be to study alternative medicine?

### *Discipline and Responsibility towards an Object of Study as a Phenomenon*

Bourdieu believes that, opposite to what he sees as the narcissist reflexivity of postmodern anthropology or the ecological reflexivity of phenomenology, scientific reflexivity “increase[s] scientificity by turning the most objectivist tools of social science not only onto the private person of the enquirer but also, and more decisively, onto the anthropological field itself and onto the scholastic dispositions and biases it fosters and rewards in its members” (Bourdieu 2003, 281). That is also what I attempt to do in this part, starting with following data quotation:

Around the large round table is a discussion revolving around serious sounding matters like how both the National Institute of Public Health and the State Institute for Drug Administration must deal with China based on which research centre for traditional Chinese medicine [TCM] was established in eastern Bohemia. Big words like the University of Vienna or ethnopharmacology are tingling in the speech of the founders of the Czech-Slovak Medical Anthropology Association-to-be. I am learning about how CAM is, in general, doing well because it is bit by bit being integrated and legitimized. I take the floor, arguing that the way it is being integrated nowadays usually goes hand in hand with its biomedicalization, which, in consequence, often means the healthcare system loses the benefit of a plurality. A senior academic seconds and immediately question the term “alternative medicine”, claiming that we cannot easily talk about alternative medicine when TCM is being practiced in formally recognized clinical environments and when this kind of medicine is today practically on the same level as biomedicine. Because it is becoming evidence-based medicine. It makes me a bit angry and sad even though I know their aim is at least partly applied. They had anyway gathered more than a dozen medical anthropologists to found an organization that would interconnect us and frame some (I hoped also basic research) activities. From my perspective, this argumentation is kind of ethnocentric, implying that CAM is legitimate just because there are some pharmaceutical organizations that fund clinical studies. After my speech, another colleague emphasised this argument, saying that medicine is, in the end, not universal, that there is not just one medicine. (fieldnotes, 6/ 2015)

All the authors, who inspires me in regard to anthropological ethics and reflexivity, place strong emphasis on the role of the discipline itself. One which is enabling but also restricting the anthropologist. Throughout my research, I have felt a constant urge to defend myself, my topic, my methods of research. The moments reflected here introduce one layer of the contemporary context in the anthropological, and to some extent, the sociological community and discourse regarding the status of nonconventional medicine as a field/topic of academic endeavour and the ways it has influenced my research and writing. I do believe in “multi-authorship” or “multi-interpretation”, that not just the researcher but the discourse of the discipline itself intervenes in interpretations of knowledge (Rose 1997). Bourdieu even talks about an *academic unconscious*, a “set of cognitive structures which can be attributed to specifically educational experiences and which is therefore to a large extent common to all the products of the same

(national) educational system or, in a more specified form, to all the members of the same discipline at a given time” (Bourdieu 2003, 284).

Diverse ways of questioning a topics and fields which are not yet established enough within a discipline are typically followed by different legitimation strategies employed to make sense of some non-typical topic/ field under study or to support its place within. These strategies and types of arguments go from emphasizing proximity to natural science, as shown above, via their reference to a traditional anthropological topic, such as (exotic) ethnomedicine, to searching for other benefits the researcher could enjoy despite studying a borderline phenomenon.

From the perspective of my colleagues, I can differentiate between two main (and inter-related) discourses which frame the questioning of my research: The first, more extreme discourse is illustrated in the quotation above, and it is related to the discussion over what kind of research approach to nonconventional medicine is legitimate, that is, in what way can nonconventional medicine be made a legitimate anthropological topic. The second is related to the question of researcher’s positionality within the phenomenon under study and related expectations.

In the previous subchapters, I explained how my original suspicion of Ayurveda in the medical sense slowly turned to the fascination of its wide, detailed and individualized peculiar body and world ontology and epistemology. I was moreover taken by the creativity its actors, similar to anthropologists, make the seemingly distant familiar, and vice versa; fascinated by the complexity of Ayurvedic socio-material translation, which has nevertheless still not achieved a complete metamorphosis; and finally, engrossed by the rather empirical, bodily or, in general, life-related changes these people were reflecting in relation to their Ayurvedic practice. All the while, I faced wondering looks and comments from some of my Czech colleagues, which despite being meant in a friendly way, were nonetheless attempting to persuading me that the thesis would need to be written in a methodologically engaged genre.

On a break between our teaching classes, my colleague, an established professional with a focus on objectively serious topics, asked me, as a matter of actual survival, whether I really believe it [Ayurveda]. This was not the first time this had happened. Quite the opposite, this scenario was, for me, rather consistent with other situations I had been part of since the beginning of my focus on Ayurveda. I replied so as to acknowledge that the body and world indeed might be and work as Ayurveda instruct. Moreover, I mentioned I did not have any tools which would provide me proof of its non/functioning; therefore, I assume, it functions and is real, the same way biomedicine is or a yurt is that we see in front of us in the fields. She replied that it is definitely real at least as a social fact—in that people believe it and practice it—but not the way I was referring to it. (autoethnographic note, reconstruction of a situation 11/ 2016)

What is real? What kinds of phenomenon are legitimate for anthropological research and under what kind of epistemological assumptions? Or rather, more importantly, “when”?

Since I started the research ten years ago, diverse alternatives do become accepted and accessible as commodities, which resonates with the neoliberal imperative. I do not hesitate to admit any more what my field of research is. Still, within an anthropological discourse, can you



seriously leave the reality of nonassessable phenomena to the dictates of modern epistemology? And if so, under what conditions?

Perhaps it is easier within anthropology to focus on non-western phenomena in these cases. Here it is possible to appeal for acknowledgement of the real character of phenomena on the grounds of a different general ontology, for example, in the research of Amazonian people, as Eduardo Viveiros de Castro (e.g. 2004) does in his perspectivist approach. It may raise less eyebrows, since non-western ways of understanding or doing things are a traditional focus within anthropology. I believe that had Ayurveda been exotic enough at the time of my research, or I had researched it within its home environment of the Indian subcontinent, the topic's legitimacy and my theoretical methodological approach to it may have not been questioned at all. At the same time I believe that this questioning was productive, regarding my research subject. Similarly, Tamara Kohn (2011a, 65) observes that "most studies of disciplined practices have tended to be located in the arts' respective homeland", like Alter's Indian wrestlers or Wacquant's Chicago boxers, so maybe the issue of cultural translation plays some role as well.

According to Haraway, "Accounts of a 'real' world do not, then, depend on a logic of 'discovery' but on a power-charged social relation of 'conversation'" (Haraway 1988, 593) For me, to deny the reality to the phenomenon I research is unethical. I am convinced it would be unethical because we, as anthropologists, do not really have the research instruments to verify or falsify this matter. It would be non-scientific in consequence and irresponsible in relation to anthropology as a scientific discipline in terms of a knowledge production entity. Just imagine, as Lock and Scheper-Hughes (1996) astutely ask, what kind legitimacy would the anthropology of religion enjoy were it to assume that mainstream Western religion is undeniably the background for all research within? We anthropologists do not actually know if anxiety, high blood pressure, weight loss or the favouring of light, cold and bitter food and drinks really correlates positively for some individuals<sup>62</sup>, the same way we cannot know for sure that karma is not what determines what happens with us. We can, however, study how these things happen, what they do to people, what they feel like.

More importantly, I would consider it unethical in relation to the people who kindly let me into their businesses, into their lives. In a priori denying their reality, denying what they are engaging and experiencing, I would be establishing a very asymmetrical relationship with them, connecting in consequence to inability to communicate my position transparently. Following the good, kind and empathetic tradition of feminist anthropology and with regard to the currently hip symmetrical approach in anthropology, I believe Ayurvedic practitioners are living in the same real world as us anthropologists and scientists, even if it may seem/be ontologically and epistemologically different. Thus, it is another reason that this topic is a legitimate for anthropological endeavour.

I was inspired by some extent by Susan Lepselter (2016), who, in her research of UFO discourse and its poetical resonance with other cultural aspects in the United States, resisted questioning the reality of phenomenon under study. She claims she was not researching UFOs as such, but

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<sup>62</sup>As I learned in my Ayurvedic education.

the stories about them, which are “real objects ... they are performative, a form of verbal art” (ibid., 17). She also admits that the book itself “performs the ways these uncanny stories grow powerful” (ibid., 17-18).

I do not use my own theoretical voice to clearly stand above the others, easily explaining or forgiving their excesses and illogics, because that is not consistent with my experience of this discourse ... [It works instead as] destabilizing opening into other kinds of theories and other structures of imagination.” (ibid.)

Even though she does not go further—since her data were predominantly of a discursive character, I do not blame her—she writes about several uncanny stories she herself experienced, not commenting on their character in terms of reality, just leaving them there for a reader to judge. Similarly, I too use my stories of life with Ayurveda, not just to make an empirical or theoretical argument, that is, not just for a sake of knowledge. Not even to defend my choice of data construction methods in terms of autoethnography of carnal anthropology. I also do it for political reasons: so as to make clear that the people I worked with on my research, my informants, are not unreasonable people, they are the same as you or I—just people, suffering and sentient. For me, in Didier Fassin’s terms, responsibility towards scientific objectivity and that of the research subjects overlaps completely (Fassin, 2009). Moreover, as Bourdieu claims in promoting scientific reflexivity as a principle tool, “Scientific objectivation is not complete unless it includes the point of view of the objectivizer and the interests he may have in objectivation (especially when he objectivizes his own universe)” (Bourdieu 2003, 285).

Furthermore, I believe “situated knowledges require that the object of knowledge be pictured as an actor and agent, not as a screen or a ground or a resource, never finally as slave to the master that closes off the dialectic in his unique agency and his authorship of ‘objective’ knowledge” (Haraway 1988, 592-593).

Following Latour (2005), I am convinced that the task of the social sciences should be to address the dichotomies imposed by modern thought and to examine how asymmetries are established. Apart from the imperatives to explaining truths and errors in the same terms and to grant the same space to the production of human and non-human existence, I am persuaded that anthropology should not usurp the reality of the phenomenon under the study as a the third rule of symmetry: to stop making the Us vs They distinction. To do this is to imply an ethnocentric approach basically proclaiming one truth (the West’s) as the standard upon which all others are based. That is also why I try to follow the accounts of actors and the associations to which they refer, to, where possible, work directly with these perspectives (Latour 2005), which I do not translate further despite often resonating with existing anthropological concepts. The task of anthropology is not to address the diversity of different worldviews; rather, it is about accepting the ambivalence of the cultures being compared (Viveiros de Castro 2004). And because a cultural translation is not possible, since we are always dealing two different worlds (or a sort), it is not meant to be a process of induction, of finding commonalities despite difference, but of deduction, of applying the principle of natural unification to cultural diversity to determine its meaning, where difference is a feature of meaning and not a constraint (ibid., 20). Finally, I attempt to take one more step and let the conceptualizations of the world under study as a related experience disrupt my own and, following Ingold (2018), learn therefore from my

informants how to deal differently and, perhaps, also better with life. I would thus like to try to construct an ontology of Ayurveda as an analytical tool, establishing a kind of alternative to modernist epistemology and a method of coexistence.

### *The People and Related Responsibility*

I am convinced that one knows the world better and better as one knows oneself better, that scientific knowledge and knowledge of oneself and of one's own social unconscious advance hand in hand, and that primary experience transformed in and through scientific practice transforms scientific practice and conversely.

—(Bourdieu 2003, 289)

Following Bourdieu and other authors cited in this chapter, I believe that the journey towards a partial understanding of a phenomenon under research and that of oneself is interconnected. In my case, this is happening, at least in part, by getting to know myself differently and, therefore, I hope, better. Likely, through prolonged discussions with my colleagues and the research outputs like this thesis, this journey will also have some, even if only slight, influence on the legitimacy of this kind of approach to similar topics within my alma mater, the Czech anthropological milieu.

Still, diverse techniques and approaches to research, including often very bodily and emotional self-experience, have both slight and serious limitations.

In the first school, I was expected to perform at the same pace of study as my classmates, I assume so as not to disrupt the fragile environment but, more importantly, for the sake of school authorities, who stated the following clearly:

We can only research if we know it [Ayurveda]. Research can only be when it is studied, and life is too short for that. By the age of 30, the thinking brain ... you can't cram 10,000 years of knowledge into a 30-year-old brain. We can't even research Einstein, and he was just one person. Are we doing research on Ayurveda? How fake it is! You can't do research on Ayurveda. (fieldnotes, 11/2013)

I was not only reminded often by the Teacher, showing me and everyone else in the class that the only thing a person can do here is to study Ayurveda, I was also demanded to prove that this is what I was doing. And I took this task seriously, for instance, when the Teacher asked me in class: "What do you remember from the last class, Wolfová?" (fieldnotes, 10/ 2013) (ibid.). However, It was also routine for my other (researcher) role to be monitored, for example, I was once "...asked a question at the end of the class, when I had to react to: 'What about Wolfová, how does the anthropologist see it? (fieldnotes, 9/2013)'"

The roles—who is watching who—have been going around and interchanging among us, the people within the field. This mutual surveillance was at times invited, as when I had been happily discussing what I was working on at the time with my informants, learning whether I was on the right path. Other times, I perceived it as rather uncomfortable: We might have become too close, and they had forgotten my main goal in the field. For instance, in the middle of an intimate conversation with my friends/informants about the pain of life, I became almost

hysterically worried that they may have forgotten. I reminded them indiscriminately, as you do when breaking up with someone and you do not want the person to continue liking you: “Are you aware, that when I arrive home, I will write it all down?” When they then replied something like, “Don’t worry, I have complete trust in you” (fieldnotes, 9/2017), I was made me even more nervous.

Even though from my current point of view, I interpret these situations as forming my theoretical-methodological stance, I am not completely sure if I partly did not want to simply blend in, to feel accepted, to not be an invader. Could this be considered a paradox? I want to research (with) them (Ingold 2018). They want me to participate just as any other person there but they do not accept me as any other person. They treat me as though I am different, which I honestly am. I am uncomfortable because I would prefer to feel accepted, to blend in. And when they forget my researcher status, I become scared I am abusing them. So, I remind them what main motivation for spending time with them is.

The second field site was a rather different situation. The school was run by a person who had been very welcoming, I assume, basically happy for someone to write about Ayurveda. I did not spend a lot of time at the site, so I did not develop a close relationship with the people. Moreover, it was always clear that I was there principally for research purposes. In the first school, I was doing the same tasks as my schoolmates. I was even shocked to find my *vihar* (an essay about what I have and what I need in my life) homework published next those of my classmates on websites under my name. Conversely, in the second school, after the end of the academic year, while the others presented their Ayurvedic achievements, I was invited to present my current paper. And I did.

Nonetheless, at the first school, Pavol, the head of the school, introduced me to the other students, most of them new to Ayurveda as a student of the Teacher. He reported that he already knew “a lot of the things he's going to say” (fieldnotes, 8/ 2015). Later in the day, and at other points in the weeklong course, he stated the following:

People have been turning to me for advice, asking my opinion. Today at breakfast, Eva asked me what I thought about dairy products and whether it was right according to Ayurveda to have them for breakfast. I told her that since I just came in from a run and got the fire going, I’m going to smother it a bit with yogurt now, but that I think if I have good metabolism, I’ll be fine and digest it properly. Then, of course, I fell asleep during the lecture, because it’s true, or rather I have experienced, that these dairy products grind and slow things down. She arranged with me to discuss this further. (ibid.)

Situations like this were not at all isolated, nor were the ambivalent feelings that followed about how promptly I usually answered, sometimes adding that I was not sure or that I was no authority to address these kinds of questions. Nevertheless, most of the time, I just automatically answered them, regretting this later.

As mentioned above, I was even asked by a teacher to adopt a certain expert position when he distributed part of consultations concerning the way my mother should proceed with the

treatment. I felt approved back then, in 2014, in first fourth of my research, but I still doubt the ethical cleanliness of this situation.

Finally, the most potentially problematic cases were emergent situations based of my position of Ayurvedic student/practitioner were when I, similar to many people in the field, felt Ayurveda could easily help with a dis-ease someone close to me was suffering from terribly. Not accidentally, this situation—giving unsolicited advice when one lacks the needed expertise—had been named “Alžběta’s Syndrome”. A classmate explained that the term had been “coined after I ‘prescribed’ herbs to a friend to restore her period” (fieldnotes, 5/2014) Me, far from having an exact clue about the herbal product properties, I, did that just based on the experience of two of my classmates. When taking this herb for some time, they have their period back, after several years of not having a cycle. I passed the small bag to the friend of mine, without a thought, I may have jeopardized my friends’ health.

This was the way we talked in the field, discussing what might possibly help a health- or body-related issue our close ones struggled with. I embodied an extreme idea that some unsolvable things were quite easy to deal with through Ayurveda.

Moreover, my anthropology colleagues, often even those who had found slight, silent, visible but friendly amusement with my (esoteric) topic, started, after some time, asking me about the correctness of their diet, or even more serious issues. For example, when a senior colleague came to me saying that they had discovered a food allergy and seriously asked me for advice. Again, this is an example of many similar situations which, over time, happened among my colleagues. Feeling like an Ayurveda activist, as I had been multiple times denounced for it by them, I again, must admit, that telling these stories has, apart from purely academic reasons, also allowed me to defend my field, sample and topic. Moreover, it sheds light on how common the concerns, experiences and other social phenomena are that the thesis targets.

An extreme case is a social expectation that accompanies doing anthropological research on non-conventional medical practice in the twenty-first century Czech context. Not as a mockery this time, there is a genuine belief that you intend to practice the topic of research. I do not know why exactly, but when senior colleagues with similar focus’s asked me, following a seminar in 2016, whether I was going to practice Ayurveda, it again made me kind of upset. Although to be a practitioner of a craft that is also the field of study is legitimate enough—as shown for example by Tamara Kohn, whose experiences based on her own aikido practice and teaching make a great data source for her work—I just felt that my field and my topic is somehow not established within a discipline, and therefore it raises questions, among them are my colleagues trying to make some sense and creating misassumptions as by-products.

Is it legitimate to research this kind of topic and not assume they are just “beliefs”? I mean this in the most offensive, ethnocentric interpretation of this word (see Good 1994a). And what if, at the same time, you do not intended to become a practitioner? I am not saying I have not thought about it as an option were my academic “career” to fail. But I am saying that these stories provide a great window into the character of the academic worldview and its treatment of properties as ontology or epistemology.

### 3 The Construction of Ayurvedic Discourse<sup>63</sup>

People here are fucked up in the head because there is no modern medicine teaching anatomy and physiology, it's just observing under a microscope who is dating who. It is just observing which enzyme does what, just reporting what happens where, ... observation of material, taking pictures, billions of dollars of investment and nothing ... . It's all about how the vertebrae formed, how the joints, the muscles, and bald heads came about. That anatomic knowledge doesn't tell you anything unless there is physiology. And physiology is Ayurveda. It's not observing who dates who, what hormone does what. Physiology is figuring out the origin, the process, why it is the way it is. Modern science is thousands of miles away from that. Recognizing as a very first step what the *dhatu*<sup>64</sup> is, how it develops. It happens just out of the desire to have a child and then, there is a child, then it is dating, and it has started having grandchildren. The complete physiology is hidden in the dhatus, making it clear from the beginning. Yoga, pranayama, cooking— practical topics where one can practice Ayurvedic knowledge in one's daily life. For easy problems, common Ayuryoga, for chronic, psychosomatic, pranayama and cooking turn the household into a clinic—what are pumpkins, meat and eggs for? So, all this information used to occupy seven disciplines. It was not even taught in schools, but by mothers. The last generation and the previous generation were taught these seven disciplines at home, and now Ayurveda is taught right in college. But without that, how can somebody go to college? There is no mother in Europe who knows this. And it will spread with everyone who knows it. In families, in circles of friends is where it should start. Not over coffee talking about Zeman<sup>65</sup>, but about dhatus and philosophy. That's how it's going to build up. If it's destiny, it will get there. (fieldnotes, the final lecture of the first year, 6/2014)<sup>66</sup>

This chapter draws foremost on my field work in two Ayurvedic schools, which for the first three years of the research were the main field sites. Additional data are provided by interviews with Ayurvedic students/practitioners. The aim of this chapter is to build the ground for the empirical part by introducing how Ayurveda is taught and studied, that is, establish the framework of the two schools under the research. First, I will define the core of Ayurveda as promoted within schools. This part introduces aspects of the Ayurvedic curricular which overlap as well as similarities in the teaching and studying methods of both schools. Secondly, based on the lecturers' statements and students' reflections on their developing Ayurveda knowledge and skills, I will attempt to emphasize some differences that emerge among these schools. These should contextualize the reflections of my informants' Ayurvedic experiences, which will be discussed in the following part dedicated to the individual practice of Ayurveda, building upon this collectively negotiated discourse. The discourse is here understood as

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63 This chapter is drawn in part from two papers (Wolfová 2015, 2016).

64 A tissue. When relevant, I explain Ayurveda Sanskrit terminology based on my own understanding, how I have learned it at school. Occasionally. When contextually relevant, I provide a dictionary definition.

65 Since 2013, the third president of the Czech Republic and a controversial political figure surrounded by discussions about his health and his inclination towards alcohol, swearing at the public media and support for Russia.

66 When contextually relevant I provide more detailed information regarding data quotation reference.

a framework for the correct practice, which is at the same time established through this very practice. Moreover, it is negotiated inwardly, amongst the group of people meeting in a school, as well as outside, in society, to recruit (more) potential students and clients.

Basically, I will take you first to the schools, where the journey to, with and sometimes also against Ayurveda begun for all my research participants. I will dedicate the first pages to the teaching and, more importantly, studying, what is Ayurveda (good for), how knowledge and skills can be acquired and practiced, how its effects may be enjoyed. This should provide an overview of what students encounter in Ayurvedic schools, and how.

### **3.1 The Character of Ayurveda: Construction of Ayurvedic Discourse within School**

“Harmony Has Found Its Name” pops up in front of my eyes from among the flood of billboards lining the Prague highway. I had just arrived from Sri Lanka, when, on my way home, I notice, among all these glittering advertisements tempting people to go to the local supermarkets, one advertising Ayurveda. The picture of beautiful green nature surrounding “Resort Svatá Katerina” together with the photography of a young woman, shining with all calmness and wellbeing, promises the return of health and vitality. Later at home, I Google the place, learning that a person can indulge oneself in “romantic” and “anti-stress” stays on an eight-day-long package of Ayurvedic rejuvenating therapies for only thirty thousand Czech crowns<sup>67</sup>. (fieldnotes, 8/2017)

For the past eight years, social awareness about Ayurveda has become firmly established in the Czech environment<sup>68</sup>. More and more often I encounter the term in the media or in the public space, especially in larger cities. Billboards dedicated Ayurvedic stays line the highways, as do signs for wellness centres advertising some type of Ayurvedic treatments on the streets. Ayurveda jumps out at us from subway banners, permeates the shelves of bookstores, whether so-called esoteric or popular-educational and scholarly literature. It infiltrates drugstores, health food stores and even appears in locked shelves in pharmacies. Apart from this, the supply of special Ayurvedic wellness or therapeutic or consultation services is rising rapidly. Ayurveda education is offered by masseur schools, yoga centres and special Ayurveda academies. Ayurvedic consultation, therapy and curricula are also put forward by several medical doctors in the Czech environment. The amount of people who have now tried Ayurveda on the user level is into thousands.<sup>69</sup>

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67 A bit over € 1,200 or £1,000.

68 When Googling, webpage results in the Czech Republic have risen more than eight times between the years 1900–2013 (3,240) and 2013–2022 (27,700).

69 Estimated approximately based on the fact, that it is present with Czech environment more than 20 years, while more than 15 years there has been some systematic education for future practitioners established. When googling Ayurveda consultation, more than two dozen of results regarding such places all over the country pop out. Moreover, when I have been searching for a new Ayurveda practitioner to sign up my mum for, all of three I was recommended by people I trust have been quite busy, so she had to wait several weeks.

It has become an effective global marketing brand and a generally widespread phenomenon, recognized today even in the post-socialist space of the Czech Republic. Although the term covers a diverse range of products and services, all of them refer to one of the so-called traditional Indian medicines. This phrase is nevertheless insufficient for understanding the phenomenon nor the specific experience of people who practice it. Thus it is important to answer the question: What is Ayurveda then for people who engage with it the most intimately through study and practice? In an attempt to do so, I will present in what follows an introduction to how the Ayurvedic discourse is enacted within the space students derive most of their Ayurveda knowledge and skills.

In analysing the establishment of Ayurveda discourse, I identified core practices entangled in this process. These cover Ayurveda's definition, application, and its doctrine as introduced in teaching. The doctrine is a set of ideas concerning what the body consists of and how it works (i.e., anatomy and physiology). The core practices are built upon a holistic but individualized concept of body and legitimized by a mix of arguments related to distance (transcendent but long-standing ideas and practice) and, more importantly, its familiarity or continuity within local body/health related ideas and practices, which goes hand in hand with its accessibility. The teaching interacts with studying in the process of the discourse formation, where students try Ayurveda on their own skin to negotiate their understanding and (re)consider their needs and goals.

### 3.1.1 Ayurveda as a Wisdom and Way of Well-Being

This narrative comes with humility and respect. Passing on Ayurveda ... from the God Indra and the sages, and it is the divine knowledge of healing. We are the messenger of information. There is no influence from one's own head and personality. How did Ayurveda originate? The wisest men in India gathered in the Himalayas over a great task. They observed how mankind ... how people began to live their lives with thoughts of the past and plans for the future. This disrupted the self-healing ability of the human body and people began to get sick. The sages decided to ask the god Indra for help .... Bharadwaja, the great ascetic, went to Indra, the god and saviour in finding longevity. Indra is not a person, he is the energy that contains the whole Brahma region. It is infinite, the realm in which all galaxies fall ..., Ayurveda is from Brahma, the creator of the universe, the maker of the technique, the manual and how everything works. The one who created everything is Brahma. Ayurveda is the science that Brahma had in his head ... Bharadwaja was interested in how man is created, what is his body, what energy, and what thoughts .... He connected with the god Indra, and so he learned the whole *ira-ratna*, the structure of the body, *sharira-kriya*, the functionality of the body structure.... Ajus means the union of body, sense organs, mind and self. Scholars of the Vedas consider Veda Ajus the noblest and is said to be good for the world and for human beings. (translation of the Caraka Samhita with commentary the school team headed by the Teacher, ch. 1 verse 43)



Firstly, Ayurveda is discursively located as generally in line with the most widespread translation of the word, referring to “science” or “knowledge of life/longevity”. At the beginning of Ayurvedic courses, lecturers always emphasize that we are finding ourselves within a completely different framework than that given by modern (clinical medical) science. We are also ensured that “science” here refers to the complexity of ancient and God-provided wisdom. It might seem that, similar to medical science, a complex system of knowing could not be easily accessible through a course occurring one weekend a month; however, as one of my classmates pointed out at the end of our first school year, “They are taught about life here. No one ever taught them that, not even in school” (fieldnotes, 6/2014).

Within my field, Ayurveda is therefore understood as a “science of life” in the most noble sense of the phrase, a science so complex you cannot possibly access the whole of this knowledge and practice system during a lifespan. At the same time, students work with lectures on how to grasp parts/aspects of Ayurveda so as to live (differently), which is the existential strategy for Ayurveda schools, making this mutual negotiation beneficial for both sides. What now follows is a portrayal of how Ayurveda is constituted within schools as a specific knowledge and practice, with an emphasis on its legitimating strategies.

If no one ever taught us how to live, a rather common opinion among my schoolmates as well as one of the first benefits experienced by them, this means the idea of how to live needs to be differentiated from mainstream ideas or any others that are familiar to us any way. Moreover, it relates to a certain feeling of powerlessness in terms of how to navigate ones’ own life or, possibly, how to choose from among all the accessible sources of knowledge about life the right one. This craving reflects very much the characteristics of late modern individual experience. The social imperative to care for oneself collides nowadays with no clear authorized manual about how to do exactly that. People are in Ayurveda school primarily for the promise of this manual, or rather potential access to it, which is authoritative enough to follow.

Modernist tools for making a health/body related approach legitimate, that is, safety and efficacy grounded in a positivist, evidence-based paradigm, seems not to be persuasive enough anymore for people to consider biomedicine the only authority regarding health. Theorists of late modernity like Giddens (1991) or Beck (1994) claim modern societies draw upon knowable worlds (provided, e.g., by the evidence-based paradigm in biomedicine), whereas post-modern societies shift the foundation towards seeking different sources of certainty or security. In spite of that, speaking not about the dominant paradigm but individual experience, Roland Littlewood (2007) argues contrariwise in favour of the institutionalization of not knowing / caring to know as a part of medical culture. He sees the distribution of responsibility for one’s own health towards the practitioner or superior other as a relief, as a technique to decrease the pressure from the efficacy of one’s own acts. I therefore wonder what combination and quality of (potential) knowing and not knowing produce a stable framework for securing wellbeing. What would people trust that would help them? What would people consider legitimate? What would seem to promise something that is being craved? Perhaps, a certain kind of stability.

### *Assuming Individualized Health*

Jakub, a physician by education, one of most long-standing students of the Teacher (the leader of my main field site, an Ayurvedic school) and the lecturer of Ayurvedic theory and yoga, often liked to cite Samhitas when explaining us something in classes. He introduces this idea therefore by recalling Susruta, who “when talking about the thing he calls health says something like: balanced dosha (constitution), balanced fires (digestive energy), balanced dhatus (tissues), right functioning *malas* (waste), balanced mind, and the feeling of happiness inside—that is, what is called health” (fieldnotes, a lecture, 6/ 2014).

The aim is to remain healthy, to preserve the inborn constitution (dosha) ... one needs to understand how she was born. The body was born with some abilities, and they determine, what one should do here, and that is something one should not fight against. And if she does not follow these, it does not work. This is what the Teacher calls *dravya* (material)—each material has qualities according to which it behaves. When a person is huge, her *dharma* (mission/ objective) is determined by what the *guna* (quality) is like, and therefore what the karma is like. Then, if one doesn't fight it, it can be expected that she will remain healthy because she just lets it go ... for example, she should choose a job where she will use this bulky quality, this force/power. But if she says she wants to be a violin virtuoso—meaning she will fight it, because the body is not made for this when her hands are like shovels—that's going to be a problem. Just like if somebody is very thin, tiny and wants to do massage. I say, yeah, but do it with this body in a way that doesn't tire you out, doesn't exhaust you. You look at the eyes, the teeth, and you can see when it's really his natural constitution. He's just this cookie-cutter until he does the kind of job that enhances the qualities he has too much of, like *pitta* or *vata*<sup>70</sup>. (fieldnotes, Jakub's lecture, 12/ 2013)

In Ayurvedic schools, students are confronted with an individual approach to bodies and health or rather *healths* in plural. This idea is based on the understanding that all entities of the world consist of the same five elements (ether, air, water, earth, fire)—*panchmahabhoot*<sup>71</sup> in Sanskrit. Thus, it is the specific individual configuration of these which determines one's character. Character here is meant in the broadest sense of the word, as qualities of body and mind—material, psychological or even social. This individualist approach of Ayurveda is often perceived as a relief, allowing bodies which do not matter much (cf. Butler 2011) to become recognized and therefore legitimized. At the same time, it does not mean there is no universality within Ayurvedic treatment of body; the approach assumes norm as an individualized categorization. The inborn constitution assumes one's so-called natural disposition determines how a person should handle herself (to be/remain healthy). It prescribes a norm which is individual but yet remains a norm. As demonstrated in the quote above, it builds upon an idea,

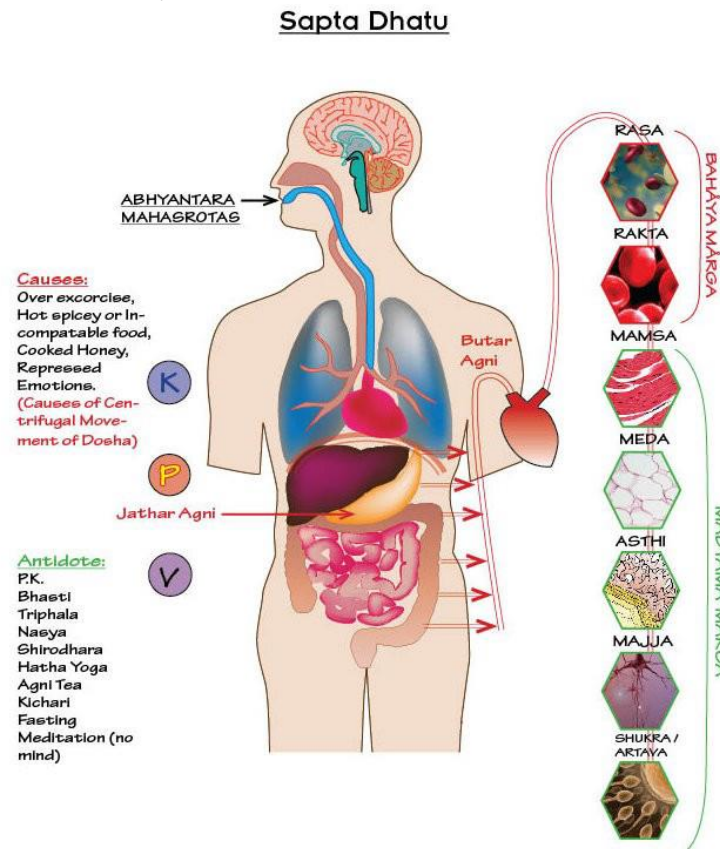
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70 Although these are explained by the Teacher as a disruption of transformation (*pitta*) and a disruption of movement (*vata*), to students these are generally understood as constitutional types, i.e., they cover concepts labelling qualities such as fast, asymmetrical, cold, fragile, dry, light (*vata* is a pronounced bodily constitution) or flexible, pungent, warm, oily (*pitta* is the dominant bodily constitution). Whereas *pitta* consists of water and fire, *vata* is of ether and air; therefore, they support each other because “*vata* blows and *pitta* burns”, as was often repeated in our classes.

71 *Panch* (five) *maha* (great) *bhoot* (element).

similarly to Christianity, that the person is born, let's say, "alright". Here, we would call it balanced, which means natural or healthy. It is life which creates disbalance, albeit in what is again considered a rather natural process. Still, the aim is to learn what one's natural constitution is, to, as Jakub puts it, "not fight it". The natural constitution can be read, or, if you want, diagnosed based on the qualities which are most stable, made from the most stable tissues (dhatus)<sup>72</sup>, which do not easily submit to outer influences, e.g., eyes or teeth.

Figure No. 1. Tissues cycle illustration used in classes. Source: school's online resources.



### *Connecting a Holistic Approach to Body and Health*

The specific idea of individualized norms regarding bodies and therefore health is not the only new concept to which students are introduced. As is shown above, health delves in the correct maintenance of natural constitution, which is grounded in the balance of bodily tissues and the right functioning of digestion, waste, mind and spirit. I replaced the word “balanced” with “right” because balanced in this context means a set way that is natural for the individual. It is apparent that body is not a mechanistic material gasket, but rather a complex entanglement of various aspects and processes. In schools, the conceptualization of body (often called an explanatory mode in medical anthropology) is grounded in specific ideas about the functioning of human (bodies) within the environment, a specific worldview or, if you want, a body ontology related to a particular epistemology. At the beginning of our course, we learned, that “the Ayurvedic gaze is about approaching a body as a whole... .The problem is not only inside, in one place in the body. It is in the whole body, but also outside of it. If someone is dehydrated,

72 There is a hierarchy of tissues, where the higher one is always the origin of the one lower one, but which, in turn, also nurture the higher one throughout the life of an individual. There are seven tissues, *sapta dhatus* in Sanskrit, according to Ayurveda: *ras* (plasm), *rakt* (blood), *mams* (muscle), *med* (fat), *asthi* (bone), *madjja* (marrow/ nerve) and *shukra* (sperm/ ovum).

his behaviour is also dehydrated, as well as his apartment and his wallet” (fieldnotes, Teacher, a lecture, 10/2013).

Apart from individualism, another important frame through which the different understanding (of body and health) is established is (a rather etic concept) holism, regarding the specific configuration of being. In Ayurveda schools, students are taught that all the things in the world consist of different proportions of the abovementioned elements (ether, air, fire, earth and water). This recognition of the ontological unity (of basically everything) also implies that people can, as Jakub says, “observe anything that lives and understand it through one’s own experience” (fieldnotes, a lecture, 5/2015). Here, the ontological *proximity* of humans and non-human entities and the environment is established. How to learn or generally work with this idea is nevertheless via symbolic *proximity*. The specific combination of these basic elements (constitution) is always characterized and therefore known by specific qualities, that is, qualities of matter or, in Sanskrit, *dravya guna*.

These qualities or attributes exist in binary pairs and can be recognized directly (contrary to biomedicine diagnosis) *using the senses* (like cold-warm, soft-hard, dry-wet, etc.). Students are taught to read these qualities based on their imagination of *proximity* from their own experiences. So, they are not taught how to experience the world like a stone, to become one with it, but to understand their own bodies and everything around by reading it through qualities they are *familiar* with from different contexts. The process of grasping these logics builds upon drawing metaphorical expressions and parallels which are imaginable for students, which are familiar to them in some way.

*Sthira* (earth dominant) ... is stable, steady, immobile, like a lion which is totally stable after he has eaten well, or a door embed in concrete, or a bandaged person .... Its opposite, *sara* (air dominant), is mobile ... like moving furniture or water circulation that is constantly flowing, the hummingbird or blood circulation in our veins .... That is also the difference between one that is dead or alive. The dead one is not moving anymore. (fieldnotes, Teacher, a lecture, 12/2016)

This holism of Ayurveda also considers that people, with their bodies, are only the components of the social and climatic field and are understood more like processes or schemes of relations (Langford 1995, 330) where, as the Teacher says, “one quality decreases, the opposite one increases automatically” (fieldnotes, lecture on Ayurveda theory, 2016). Because of this interconnection between people and the environment, every change in the qualities around them, affects them. How so? A person is “a product ... of a few ingredients ... (1) food; (2) oxygen, air, environment; (3) water; (4) interpersonal relations, family relations, social relations” (fieldnotes, lecture on Ayurveda theory, 2013). The quality of these ingredients directly influences the qualities of, for example, our bodies. As a result, bodies are understood rather as processes, as becoming, so one can basically say, for instance, “I am made a certain way, but if I will go outside, I will be made again differently” (ibid.).

The individualism and holism make tempting marketing mottos seemingly othering Ayurveda successfully from the dominant health care paradigm and practice. This dominant paradigm is seen to have many flaws (cf. Křížová 2015) grounded in its mechanistic, depersonalized approach to bodies (or people) and are often an unwelcome but automatic consequence of its

professionalization and, therefore, standardization of certain practices, framed by modern science. When not formally recognized, they bring about other challenges, other types of norms and new kinds of responsibilities. Nevertheless, they offer of a different framework and, moreover, treat bodies and health differently.

### 3.1.2 Ayurveda as a Relevant Framework for Life

Thus far, I have described how is Ayurveda discursively established in the school's framework as a science of life, in other words, knowledge and approaches regarding the maintenance of living in good health. Life here is happening due to processes of digesting/nurturing tissues built from the five basic elements, the same for all existence. It is of a rather individualist character, assuming no universal body, no universal health, no universal disease. At the same time, it potentially places a lot of pressure on discerning what is the right way to treat an individual body. Recognizing the individual proportion of basic elements, that is, an individual's constitution, is made easier through a typology of three basic constitutions, characteristics, and, therefore, understood through a set of qualities. Moreover, the holistic character of this approach implicates not just the prevailing idea of treating the person, contrary to just its material parts—what is usually considered as a body—but assumes an intimate interrelation between people and their surrounding environment while rooting this assumption in an idea of ontological unity among all things. Finally, Ayurveda is presented as being from God, providing it a character of ancient wisdom (rather than knowledge) and implying, together with a sexy aspect of mystery, a kind of unattainability.

When are we learning to massage with our feet, Pavol reacts to our clumsiness, advising us to hold up something. He says that:

In India, or southern countries in general, when you run out of money, tighten the rope in-between branches, put your mat on the ground, and you have a working space. There, kids walk on their parents' backs. There it is normal.' To which Ladislav replies, 'In the past, so much stuff was done normally.' Franta then responds, 'We forgot who we once were. (fieldnotes, lecture on massage, 8/2015)

It is apparent that Ayurveda, at least, how it has been established within schools, reacts to the general demand for some alternative way to care for body/health which is not connected to the dominant healthcare system. A system which for a long time has been unable to provide a solution to diverse chronic conditions or which demotivates people with its often-depersonalized approach within clinical practice. Ayurveda, in this way, responds to trends in contemporary neoliberalism towards self-sufficiency, to disenchantment with modern sciences. To a desire of returning to one's roots or, better, to longing for something old that is veiled in an orientalist image of a "real" invented tradition (Hobsbawn 1992) or an imagined community of people (B. Anderson 2006) who, contrary to capitalist society, still live in peace with nature.

The Teacher shows a picture of Václav Havel, commenting it: “*Rishi*<sup>73</sup>, who is dedicated to the education of the nation .... He does everything to make the people around him happy, he leads them. Havel is in all of us. We are all Rishis. It depends on how many minutes a day ... that nature, it’s called Rishi.” (fieldnotes, lecture, 10/2013)

I argue that in Ayurvedic school another step takes place to legitimize Ayurveda as a rather convincing and trustworthy approach to (one’s own) body and health. I speak not here about the business strategies of the schools, but about the ways it is accommodated in the local environment through the everyday life of local people. I consider this a specific sort of legitimization, that is, a way in which it becomes not just a legitimate approach to treating the body, but an approach relevant to Czech and European people. I also consider this grounding in people’s experience to be an ultimate legitimization strategy.

### *Experience-near: Accessibility of Ayurveda understanding and practice*

As a result of recognizing the same nature among human and other beings, even an inorganic (part of an) environment, the momentary state of which could be recognized solely through use of senses, access to understanding the momentary character of all the things, to understanding any entity which exists, is thus provided.

Thus, in Ayurvedic schools, students are taught that everything, including human beings and each of their minds are created out of the same elements. Moreover, the body-mind system is therefore understood to be just part of an environment, inherently connected to it. Between body and its surroundings, a constant mutual exchange is going on. A person can understand the momentary nature of this exchange through the sensual reading of its qualities, or as Jakub says: “According to Ayurveda, we do not eat just food. Its important what are you looking at, what are you listening” (fieldnotes, lecture of Ayurveda theory, 5/2015). Therefore, students adopt ways of reading their bodies differently, similarly to the medical students in Good’s research (Good 1994b). But, what is more, this provides students with access not just to understanding what is going on with them (bodily), but also, hypothetically, how to prevent it, deal with it or maintain it:

It is essential for us how health happens or how diseases happen, how that function exists ... understanding. When we have understanding, we can change health into sickness and vice versa. That’s the whole Ayurveda—understanding—that is what we work with. (fieldnotes, Teacher, a lecture, 10/2013)

This accessibility of understanding (bodily) experience and, possibly, bodily dis-ease (and its origin), together with the hypothetical agency provided to those who do understand, I interpret as the main tool in Ayurveda’s successful establishment among students. In other words, I consider it essential to Ayurveda’s legitimization that it provides access to areas of one’s own existence which were previously hidden together with a certain empowerment. In Foucauldian vocabulary, power comes with knowledge, or follows it, so understanding one’s body can easily

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73 [Rishi] is basically a sage. In Ayurveda school, this term refers e.g., to the wise men who were at the birth of Ayurveda. Also, in this context, it represents certain qualities of a person.

provide empowerment in terms of clearer self-recognition and, more importantly, the disposition of power over it—hypothetically.

In addition to explaining how life (the body) works according to Ayurveda and how, according to this logic, a wellbeing can be achieved by reducing the suffering of the individual (especially physical), the Ayurvedic way of life is modelled in the school. Sara, the Teacher's partner, for example, explained to me on the very first day that “living according to Ayurveda is a full day's work” (fieldnotes 7/2013). Students wake up before 7 a.m. to the chanting of mantras, then ideally defecate before the practice, which, although no one checks, the lecturer never forgot to ask us about. Before breakfast, they practice breathing for an hour first, followed by a yoga class. The regimen here and the form, composition and consumption of food follows the same recommendations for a wellbeing and living that students hear during the theory classes. This consists of balancing one's actions according to one's own constitution and the momentary nature of one's environment; practitioners try to “tune” the timing, nature and quantity of their diet, exercise, rest and social interactions according to these factors.

After the morning breathing exercise, which we start with every day in the school (as 7 a.m.), I ask the girls what they have incorporated from Ayurveda regarding breathing and physical exercises .... Dana says, she practices pranayama (a type of breathing exercise) in the morning .... Klára continues saying that she has developed this nice habit of opening the windows in the morning (as we do here before yoga) and breathing through om three times .... Magda then tells me her neck was blocked last session so Jakub and Eliška (our yoga lecturer) massaged it during the breaks until it got better ... Then, in (the following) yoga class, we did an exercise that translates as “releasing the gas”—as we were lying on our backs with our eyes closed, Eliška asked those who did a number two today to raise their hand. We then did the exercise, and she encouraged us to fart. She then commented that we were probably letting out silent ones or not farting, asking us who had let out a ghost and about four people raised their hand. (fieldnotes, 12/ 2013)

Students adopted the easier activities we practised in the school into their daily regime, often adjusted their diet according to what we cooked and ate in the school and tried some of herbal products sold at the school. In this regard, it appeared what we were learning was considered beneficial.

In addition to theory, Ayurvedic schools introduce students to practice, thus giving them immediate access to its application and verification since “subjective experience (first hand or that of the Other) signifies the most reliable source of information in matters of illness” (Zörgö, Purebl, and Zana 2018, 10). The Ayurvedic discourse is therefore established as a sum of the theory framing an approach to correct understanding and beneficial practice as concerns regime (sleep, diet, exercise as breathing and physical ones), therapy (as *panchakarma*, which can be nurturing or cleansing) and herbal medicament use.

Not surprisingly, the option, and often the imperative, to try Ayurveda personally, in one's own skin, consequentially produces the ultimate argument in favour of Ayurveda as a relevant and legitimate way of easing a relative struggles. The school thus also works as a place where the experience with Ayurveda is shared and negotiated and, therefore, a method of legitimizing

Ayurveda itself. Butler (1988, 522) argues that it is the process of sharing experience which leads to empowerment. Moreover, how one's experience works as a legitimization strategy mirrors certain social change. Heelas and Woodhead (2005) discuss this as a "subjective turn", but it can be also read both as an emancipatory bottom-up process and as a symptom of a widely embodied neoliberal imperative. Another interpretation, as Moore (1999) showed, is that the body here works as a final means to stabilize identity. I would go further, arguing it as an ultimate means of stabilization, for instance, in trusting something, due to its undeniable materiality. Finally, the way Ayurveda is taught here naturalizes or normalizes tabooed topics, contributing even more to the making oneself recognizable through Ayurveda, to the already-mentioned making the whole of the body intelligible (cf. Butler 2011).

### *Experience-near: Ayurveda as an Alternative to Medicine that Failed*

The Ayurvedic approach is often explained in relation to biomedicine, especially local aspects of clinical practice considered by most in the school as overly reductionist. The students often refer to it in the form of critique or to specific "bad experiences". In one of the first Ayurveda lectures for future practitioners, the Teacher said the following:

When we have a problem in the body, we must feed and maintain it. You want to feed the problem, nurture it. But if you say you don't want it, then don't feed it. An Ayurvedic practitioner doesn't do this by starring and x-raying his thumb (class laughter), that's not how Ayurveda does it. The first question is, "Why? Why has it happened? Why has it changed?" When we have knowledge, the cause is automatically removed, and we get rid of the disease. But it only makes any sense at all, if we want to remove the problem. (fieldnotes, 10/2013)

As an inherent part of the classes, students are often reminded of what they mostly already believe, that is, that the kind of medicine they have been using so far does not provide them with understanding nor often with real solutions to their problems. At the same time, in addition promising access to an understanding of one's own body and, possibly, a kind of a manual for maintaining a certain health, this approach also provides something extra. This ancient wisdom, which, as claimed, does not just cure (symptoms) but has a potential to heal (the whole person, the origin of dis-ease), resonates considerably with the already-mentioned neoliberal imperative towards individual responsibility. "With great power comes great responsibility" as we learned from Spiderman, quintessentially neoliberal character, who eschews public services for a libertarian vigilante fantasy. Empowerment indulged by accessing certain knowledge about oneself is, in Ayurvedic discourse, inherently related to the responsabilization of the practitioner.

Despite this, far more often biomedicine is recalled in order to make the point that Ayurveda is better in some ways. After the lecture on pulse diagnosis, a diagnostic method used in Ayurveda, the Teacher continues to discuss with us, othering Ayurveda from biomedicine.

The difference between medicine and Ayurveda is that Ayurveda solves problems, medicine makes everything normal. .... He's talking about how medicine makes everything a norm, while Ayurveda doesn't care about norms, it solves problems.



Because it doesn't care about norms, the public doesn't care much—that's why it will never be popular with the public, and only exceptional people switch to Ayurveda. (fieldnotes, 8/2013)

Together with giving us an explanation as to why Ayurveda has not gained much attention in the Czech environment, the Teacher constructs certain exclusivity about Ayurveda. Based on biomedicine's dependence to the modern science discourse, arguing in favour of an Ayurvedic orientation so as to solve problems, not just symptoms, he connects the limited success of Ayurveda in dominant discourse by also ensuring students believe they are potentially special, because Ayurveda is not meant for the masses.

Finally, Ayurveda is not distinguished only in relation to other types of medical systems, but also, more generally, to Western or European lifestyles. In our first spring session, the Teacher brought some of his Indian friends to perform a mantra, sing and tell us something about Ayurveda from their perspective. One man starts with the benefits of Ayurveda for European people:

“In the big European cities, life is fast. People here are not able to practice many of these things like yoga, good food .... People rush to work. They are stressed. They eat poor quality food. In this modern age, it would be very good if we could combine the old practices with this life”. (fieldnotes, 4/2014)

On a different occasion, the Teacher comments on this topic further: “We believe that Ayurveda knowledge should be offered to those who seek it .... How to bring back the humanity in people? Calm the brain? ... [It] has no time for the endocrinological system now” (fieldnotes, 11/2013).

Jean Langford (2002, 18), in observing Ayurveda practice in India, focuses on a shift from healing, that is, balancing the body, to basically “easing the excessiveness of industrial lifestyles and from curing illness to healing modernity itself”. She also claims that to do that practitioners must “employ potent neo-orientalisms, promoting Ayurveda as spiritually attuned, anti-materialist, and nonviolent, in contrast to biomedicine” (ibid.), in other words, promoting Ayurveda as a legitimate counterweight or an alternative to locally established means of establishing health. Even though the rhetoric is rather about rescuing people from the prevalence of biomedicine or modernist alienation, this practice could be interpreted as a power battle over the dominant knowledge of the human body, its health and the resulting practice. To what extent the power mechanisms concern the healthcare system vs individual empowerment will be discussed in following chapters on individual practice. For now, I would argue that these dominant forms of health or body care are used more creatively within schools to legitimize Ayurveda.

### *Experience-near: Proximity and Familiarity of Ayurveda*

Ayurveda is not a question of intuition, it is based on facts, not on a pendulum—like when it swings to the right there is an illness, when it swings to the left there is not. It's fully logical and based on facts .... But the facts are not the same as the ones in medicine, like x-rays—black and white facts ... . Even though intuition has its place there, it works with facts. (fieldnotes, Teacher, a lecture, 3/2014)

References to modern sciences, especially biomedicine, do not necessarily work only to construct Ayurveda as a different approach. One of the strongest arguments in favour of Ayurveda is that it is a real science (implying the same science as biomedicine). We have even learned that it is the first science of (human) life, and all the other (medical) traditions, like Chinese or Greek, the root of biomedicine, draw at least partly on it. In this way, Ayurveda is distinguished from any kind of “quack”<sup>74</sup> practices.



Figure No. 2. Ayurveda practice lecture (8/ 2013) and learning material used in anatomy class— both refer to biomedical symbolics. Source: school’s online resources.

Nevertheless, references to biomedicine are not even always used to make the argument that Ayurveda is at least as good or even better than modern science in some way. It sometimes also mediates translation, legitimizing Ayurveda, by performing its proximity to a more familiar medicine to us, as shown above, or via a much more pragmatic translation of Ayurvedic concepts using those of biomedicine. Even though most of the students are not large supporters of biomedicine, and most of them treat it as a last resort after everything else has failed or avoid it completely, they do understand basic terminology better than Ayurvedic terms and can often recall experience with clinical biomedicine. For instance, Jakub, in reference to an illustration of an anatomic digestive system projected to the class, commented that the: “he does that so we connect the terms with those we already know from the West” (fieldnotes, a lecture, 4/2014). Thus, another way to make Ayurveda intelligible but familiar at the same time is to relate it to the dominant discourse governing local treatment of body and health, that is, biomedicine. Like when after the lecture:

Laura asks Martin about the frozen shoulder we were discussing in the lecture yesterday. He says that medicine explains that as an inflammation, Ayurveda as

<sup>74</sup> The term used in this sense by the Teacher.

dried up kapha<sup>75</sup>. But it's not mutually exclusive! Because, when it dries out, the joint warms up more and that's, when it can get inflamed. (fieldnotes, 7/2015)

Ayurveda is here presented as common sense or, as we Czechs conveniently say, "rural rationality"<sup>76</sup>, in so far as being natural for people but, more importantly, describing dis-ease in intelligible vocabulary that is, nonetheless, contrary to biomedicine and its use of (in this scenario) expert terminology in targeting symptoms. Still, references to biomedicine are aimed here to make the translation between the Ayurvedic approach to body and health smoother.

Legitimizing Ayurveda by claiming its familiarity to local ways of treating body/health is, furthermore, a common strategy within schools. For example, Pavol explained to us what we had to do if our vata increases: Because it is among other dry qualities, we should:

"put greasy outside and inside. Like lard, pork belly, bacon, ghee, butter of ghee. Ghee is just milk fat, i.e., purified butter. Our grandmother already knew how it was beneficial. 'So, our grandmothers knew Ayurveda too?' asks someone in the class. Pavol replies, 'Yes, only they didn't call it Ayurveda. That is a language of another tribe'" (fieldnotes, a lecture, 8/2015).

Ayurveda's accommodation for the local context is a constant process of tinkering (Mol, Moser, and Pols, 2010), a continuous negotiation between the needs and abilities of students and the Ayurvedic repertoire of knowledge, practice and tools. Thus, even though most of us automatically welcome spices typically used in Ayurvedic cuisine, such as black mustard seeds, or breathing and other physical exercises taught in school, the translation is kept smooth by a constant reference to local alternatives, for example:

Štěpánka asks Martin in the break between classes what she should put on her rheumatic knee. She adds [already knowledgeable of the qualities of some ingredients used in Ayurveda] that she uses sesame oil right now. Martin suggests mustard oil, which is, compared to sesame oil not neutral, but has warming qualities [rheum is considered a symptom of increased cold and dry qualities, that is, vata], or horseradish pancakes that would warm it up and stimulate blood circulation, adding: "We have Ayurveda too after all!" (fieldnotes, 7/2015)

By this logic, Ayurveda is a common-sense strategy for dealing with dis-eases not just introduced in ancient India, but very often also in the Czech Republic's, or Europe's, own past, as embodied in our grandmothers' practices. This return to roots is a well-described phenomenon, for example, by New Age scholars. However, more importantly, it serves as a functioning legitimization strategy, constructing Ayurveda's continuity within local environments and habits that most of us remember from our usually older female relatives. This also illustrates a widespread observable trend, for example, as seen on television shows, which have flourished in recent years, which introduces not just self-sufficiency but a restoration of the continuity of the invented traditions of our ancestors.<sup>77</sup>

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<sup>75</sup> Here meant as a joint lubricant, mostly understood as one of the three constitutional types, which consists of earth and water elements, and thus distinguished by qualities like heavy, dense, strong, slow, cold, but also oily.

<sup>76</sup> *Selský rozum* in Czech.

<sup>77</sup> E.g., *Herbář* (herbarium) starring two prominent Czech actresses and aired during primetime.

### 3.1.3 Enacting Ayurveda Discourse within the School Space

On the other hand, the often recalled common-sense logic of Ayurveda is not grounded in mechanical action automatically carried out by people because these have been proved for generations, because their parents or grandparents easily taught them so, because they grew up with them or because they were baked into their behaviour through socialization. No. These Ayurvedic common-sense ways of handling body/health are determined by a plethora of factors that are highly individual and holistic. To accommodate these, one must invest a lot of effort in understanding. As Dana puts it: “When you look and really use the terms, you really come to the point that it's just natural life and that you actually, like, know that every person is going to affect you somehow, every situation is going to affect you somehow, just everything” (interview, 11/ 2016). Still, this sudden access to understanding can create quite an imperative. It also supports certain morality and creates a hierarchy among, to simplify it a lot, people who care enough about themselves to change something, and people who prefer to keep treating only the symptoms of their dis-eases. This is illustrated in the following quotation grounded in a discussion between the Teacher and several of students and practitioners after a lecture.

Pavol: “The problem with Ayurveda is that these people must do it themselves”.  
Vlado then talks about an acquaintance who has schizophrenia. He gave him some advice, and a year later he met him and found out that he wasn't following any of it. So he told him that he was a shit who couldn't stop eating after six o'clock, adding that some people need a nudge with negative motivation and then they're fine, others can't help it. (ibid.)

To go back to Reddy's observation opening this subchapter, I would argue that in the Central European context there are endeavours to promote Ayurveda through what Reddy interprets as an *sociological paradox*: “metaphysical movements oriented toward the utopian, millennial future, and invented tradition ... [and also] oriented toward an ancient, more natural, past” (Reddy 2002, 100). Contrary to the findings of scholars researching Ayurveda (institutionalization) in the United States, United Kingdom or Germany, the core of Ayurveda I have encountered is not metaphysical so much as it is pragmatic and potentially accessible through learning. Here, for example, the reference point to other forms is not so much introduced by biomedicalized Ayurveda in India, nor does the New Age framework apply to the case of Ayurveda under study. In order to downplay the largely spiritual aspect of Ayurveda, the main label Ayurveda in the Czech Republic is as a (pragmatic) way of living (well).

Ayurvedic discourse thus defines ways of doing wellbeing and living based on the constitution of a specific knowledge about the nature of the body, health and its functioning. Students learn new ideas about the ontological unity of all entities in the world, including their body. They are also introduced to the idea of holism, that is, how everything is interconnected and individualist, that is when, individual body and health norms answerable only to their original inborn constitution. The grounding concept—that everything is made from the same five elements just in different proportion and changing at all times—implies an accessibility in understanding how momentary bodily dis-ease as well as body in general works like everything else. They are

introduced as an approach to living well, only they must find out themselves what “well” means in their individual case.

The Ayurvedic discourse of the wellbeing takes shape through various continuities and discontinuities. Its legitimacy is constructed through the delineation of Ayurveda against the reductionist methods of Western medicine; the commodification of body, health and leisure; and all other aspects of the habitus of the typical late-modern individual— disconnected from traditional values, ways of life, continuity with previous generations, with one's own body and with the surrounding natural and social environment. At the same time, it is legitimized by the rhetoric of its relationship to an Orientalist-portrayed India where traditional values of family and faith and social hierarchy still play a role and where people naturally coexist with the surrounding natural environment. The reference to a more natural, other “exotic” East is then offset by several continuities, both in the form of correlativity (Lin and Law 2014) between Ayurveda and some aspects of Western medicine and of its thematization as something familiar which we have, in the flood of information and the speed of contemporary life, forgotten. In conversations with practitioners on this topic, terms such as “common sense”, “naturalness” and “simplicity” often arise. Thus, in the field, Ayurveda is defined against widely identified triggers of discomfort, as well as against aspects of Western medicine that are not accessible to the layperson and constructed as hypothetically understandable, simple and a natural way of life.

### **3.2 The Politics of Two Ayurveda Schools**

The above-described discourse is nevertheless further shaped by different goals, resulting in specific local establishment strategies. Usually, the politics of establishment, that is, the institutionalization of non-conventional medical practitioners’ groups is discussed in scholarly literature regarding the professionalization process. It is believed to be conditioned by the inner cohesion of the community and an agreement about the content and character of the practice (Welsh et al. 2004), thus introducing a scaffolding upon which to define the character of expertise and unified standards for practice and education (Cant and Sharma 1996). Considering the status of nonconventional medicine and especially Ayurveda within the Czech environment (see chapter 2.2.2, 13-15), we are not dealing with professionalization as described above. In fact, the less that is spoken about professionalization in the sense of formal recognition of Ayurveda as a healthcare profession, the more space Ayurvedic promoters have at their disposal to introduce Ayurveda the way they wish.

As Reddy notes regarding Ayurveda institutionalization in the United States:

Classical Ayurveda is a naturalistic system of medicine that relies on ... a therapeutic armamentarium that combines dietetics, physical manipulation, elimination (panchakarma), palliation, and herbal medication. In the United States, however, the relative emphasis of each of these elements in practice appears to depend on economic pressures or politico-legal constraints faced by alternative medical practice in any given region or state. Thus, for instance, state-level regulation of herbs as drugs or Food and Drug Administration proscriptions against

herbal imports may have influenced a shift in Ayurvedic therapeutics away from herbal medication and toward physical manipulation or massage treatments. (Reddy 2002, 103)

Similar to Reddy, I too have observed an essential difference among how Ayurveda is taught within the two educational institutions I have encountered. More importantly, this variation in the methods and content of Ayurvedic teaching shapes profoundly how the practice of (soon to be former) students takes place. Part of the initiation ritual for students of Ayurveda relates strongly to their motivation to study always being at least partially related to their seekerhip (Warrier 2008) new ways, to get/remain healthy or to help close ones in this way and to try Ayurveda themselves, including attending consultations and lectures at least once. To introduce the problematics, I will start with fieldnotes excerpts from my consultations with both schools' leaders and my teachers, which I underwent due to bodily dis-eases I have long suffered.

After my classmates underwent consultation, it was finally my turn to consult with Teacher:

He asks me why I am there. I tell him that I have an allergy. He says that I cannot have an allergy. So, I continue that I do indeed have one, from my childhood. He looks at me for a long moment in silence then measures my pulse. It takes a while, and then he says, writing his notes on a little piece of paper, "Cold food, ice cream, environment ... No! You cannot have any of these. Wait for the summer." Then he writes other Sanskrit words on a different piece of paper and adds that I should make tea from those herbs twice a day. If I do so and drink it every day at the same time of year repeatedly (in the winter season when the pollen is not in the air), I will get rid of it. (fieldnotes, 3/ 2014)

After I following the advice of the Teacher, my pollen allergy improved but not completely. At the worst times (such as when birches or weeds are blossoming), I had to take antihistamines regardless. By that time I started to consider doing something about other dis-eases I had been experiencing as well, such as hip dysplasia (which has started to cause me pain sometimes); my, subjectively experienced, excessive weight; or some of behavioural patterns which had been extremely difficult for me to get rid of and had made me dissatisfied with myself—among these was foremost my considered inability to do stuff on time. Since many of my colleagues from school claimed that Pavol's recommendations had really helped them to deal with (usually digestion, skin, energy or weight) issues, I decided to ask him for a consultation too.

I arrive and he asks me why I have come. I tell him that I have an allergy problem and very unstable weight and emotions. He puts this information down, then measures my pulse, draws a diagram in his notebook and starts talking while pointing to the diagram and using objects around him. He explains everything to me. He tells me what constitution I am, and why I should eat dryer food and drink less before lunch. As he had been advising most of my classmates, he recommends me to eat three times a day and regularly. He gives me a few examples of clients who have the same constitution as me, and I see myself in those stories. Since my constitution is vata-kapha (dominant), I can eat anything, he says, just at the right time. He properly sells my constitution, introducing it as a gift, since I am not restricted to anything. The only thing this constitution struggles with is time, he

says. No one ever has enough of it. I leave feeling that I finally know the specifics about my body, and how I should treat it, feeling normal about being always late, as if it is not really my fault since it is a kind of by-product of my inborn constitution. (fieldnotes, 9/2015)

The following pages are dedicated to identifying how and why school leaders put different emphasis on some aspects of Ayurveda at the expense of others in order to shape further the individual schools' specific Ayurvedic discourse. Because I chose not to analyse the different politics of Ayurveda based solely on the discursive strategies of the lecturers and leaders of the school, and since I focus on the production of specific bodies in this thesis, the perspective of Ayurvedic students and practitioners is the best method of gaining insight not just as to the school leaders' strategies but also their effect on the kind of Ayurveda students' are mastering, that is, the consequences the schools' political strategies have with regard to individual practices.

In this subchapter, I focus on how Ayurveda is performed by the schools' main promoters and thus shaping further the discourse as well as the resulting practice of students. Following Reddy's, as quoted above, I furthermore argue that in the Czech case, there are also, apart from economic and political-legal factors, other factors which determine how Ayurveda is approached similarly or rather more intensively. I am therefore convinced that unpacking different approaches to Ayurveda's promotion within schools can tell us, apart from the local context, something more about the mechanisms of bottom-up institutionalization as regards any kind of novel self-care or self-treatment practice in general, be it framed as spiritual, healthcare or as a hobby. Contrary to the previous chapter, where I concentrated on the common aspects of Ayurveda put forward within the schools, here I will focus on the differences, and more specifically within the topics most frequently reflected upon by the students. Because I understand Ayurveda to be taught and promoted based on multiple decision-making processes implying certain knowledge and skills—resources allocation—that is, because it is structured through power and control and thus it is these that determine who should have access to certain potentially beneficial knowledge/wisdom and practice and under which conditions, I interpret this process as politics. The politics of Ayurveda's promotion is finally structured by specific goals, treatments and enactment of authenticity and the character of expertise acquisition, that is, through the mutual dynamics of these.

Starting with the reflections of students upon their Ayurveda experience and followed by a short introduction of the main aims of the leaders of these two schools, I will introduce how the different politics of these schools largely determines the shape and character of individual Ayurvedic (bodies).

### 3.2.1 Pavol's Approach



Figure No. 3. Fragments from Pavol's Ayurveda summer course, I have absolved. Source: school's online resources.

We are sitting in a bright large (approx. 80 m<sup>2</sup>) rectangular room with rather old-fashioned equipment, plywood school tables and uncomfortable plastic school chairs, linoleum floors and plastic-looking curtains—I assume all are remains from the original socialist interior of this lodging house affiliated. This is the last class of the final (third) year of study, and it is being led by Pavol, an Ayurvedic lecturer and practitioner. All the students of the course are present, which makes it sixteen people all together (myself included). We are sitting around tables arranged together to form a “U” shape, enabling everyone to see each other during the sharing/discussion part of the class. The task during the next two weekend days is to present the final assignment of the three-year study. The preferable content of the presentation is our own experience (therapeutic or self-treatment). After singing a mantra in Czech, the lyrics of which lie on every table, and accompanied by Pavol on the play, Jozef, who works in the army, talks about how he uses Ayurveda to help people around him, pointing at the whiteboard showing his Power Point presentation. He says that in the army they are not that many ill people, but at least he started a yoga club there to show his colleges how they can relieve themselves of immediate pain via marma massage therapy [Ayurvedic acupressure]. The only person at their army unit who he found to be obviously suffering from some health problem was a cleaning lady named Zora.

“Miss. Zora had undergone shoulder surgery; moreover, she had a pain in her hip, and her wrist was swollen. I tried to use the [self-made] ointment for a frozen shoulder and marma therapy, and it helped her. As for the wrist, I used the ointment for the varicose veins we learned about last time. It took away the inflammation. After three weeks, her joints felt better, she began to smile again, and she is happy.”

Pavol praised him for the successful use of Ayurveda in praxis ... Petr then continues recounting his first experience conducting an Ayurvedic lecture for the public. (fieldnotes, first observation in Pavol's school 5/2015)



After two years, I discovered that had Josef had found a way to put his army work together with his Ayurvedic practice. Moreover, together with a colleague from the school, he had opened an Ayurvedic centre performing massages, lectures and weekly one-to-one consultations.

### 3.2.2 Teacher's Approach



Figure No. 4. Teacher and fragments from my first Ayurveda source. Source: school's online resources.

On the other hand, Jakub is an adherent of the school I originated my research in. This school is led by an Indian man professing to have gained his Ayurvedic education via a traditional guru-apprentice method. In this thesis, I call him the Teacher, which is the title his oldest students use to show respect and which, for the sake of this thesis, refers to the gnostic character (Bates 1995) of his Ayurveda.

We are sitting in the garden of the Teacher's house in front of a big approx. 100 m<sup>2</sup> hall built from OSB [oriented strand board] plates in which all the lectures on Ayurvedic theory take place. In the hall, coloured prayer flags hang just under the ceiling from one end to another. There are also pictures of figures from the Hindu pantheon, including, for example, *Shiva* or *Dhanvantari* (the Hindu god of medicine and a god of Ayurveda). In the corner, there is also a small altar with a picture of the Teacher's instructor. Incense sticks are always being burn, some of which we can smell from outside. (fieldnotes, 10/2013)

Jakub has been studying Ayurveda for almost nine years. Originally, he was a medical doctor, but does not practice medicine, working instead as a consultant for a biotechnology firm. He also teaches Ayurveda and yoga and practices Ayurveda with people who ask him for it; however, he does not have his own consultation practice established. When I ask him about his teaching, he tells me the following:

I do not really feel I know enough to teach. But, on the other hand, I feel this huge commitment to my teacher and to the knowledge itself ... The people who are here are kind of lost; they are searching for answers, for a way to get out of this confusion and existential fear. I do not feel like providing them a manual on how to live and

feel better, but I can show them how we can approach these dilemmas differently.  
(fieldnotes, 9/2016)

On a different occasion, we talk about his respect for teaching and advising people:

The danger is a dogmatic understanding of purely metaphoric terms which are discussed here. Lately I, for example, finally understood that bhoot (basic element) is just different kinds of movement. (fieldnotes, 7/2013)

The following quote thus represents a way in which he practices Ayurveda for others:

I ask him what I should do to feel better. He starts to recite to me a piece of Caraka Samhita about the daytime and the right regime ... . He answers my question with another question and encourages me to observe my body, for instance, how I feel in relation to a changing environment and diet. He leaves me confused without the answer, with the feeling that it is my responsibility to find out how to cure myself.  
(fieldnotes, 6/2014)

### 3.2.3 The Two Approaches in Students' Practice

It is apparent that there are some significant differences between the character of Ayurveda in the two schools, even though there is almost no difference in the kind of logic they refer to in terms of Ayurveda theory, that is, paradigmatic knowledge (Bassini 2013). Each of them introduces Ayurveda differently, not just in the use of different teaching techniques, but often by different approaches to the content and function of Ayurvedic practice.

How then can we make sense of these differences? In order to understand the background behind the Ayurveda practice of the students, I will introduce the focus of each Ayurveda type as promoted within both schools.

#### *Pavol*

In an interview, Pavol explains to me why he adopted his approach:

“When you want to approach people in a certain environment, you have to speak their language. Therefore, I do not use Sanskrit terms or even philosophy. I tried that at the beginning, but people just did not get it. And if it is incomprehensible for them, it makes no sense for me to teach it this way. So, I designed it for the Czech people.” (interview, 5/2015)

Later he tells me, that his “aim is to grow the best Ayurvedic practitioners. Look at them, in the third year of study they are curing cancer already. That is amazing” (ibid.).

Pavol's priority is to cure, that is, to teach people how to do this (at least at some level). This is illustrated in the picture showing a painted *marma* point of the foot and acknowledging one's expertise via certification. Pavol (fig. No. 3) broadens the accessibility (already established through Ayurvedic explanatory models, see 68-70) of Ayurveda through detailed explanations based on a model of common-sense knowledge and everyday life activities, and he develops

tools for ordering knowledge and simplifying practice. He also includes several universal rules which he professes are beneficial for all people to follow. These include diet and regime recommendations, such as a defined time when one should eat, go to sleep or wake up.

### *Teacher*

The Teacher takes a very different approach. While lecturing second year students, he reminds those who came with the intention of becoming an Ayurvedic practitioner of the aims of the school:

Our aim is not to cure, our aim is to understand, to disseminate Ayurveda and prepare the background for the change ... . In the future, it may be a common vocation, and a highly valued one .... . Ayurveda should be taught in elementary schools, to become a part of Czech cultural knowledge. (fieldnotes, 6/2015)

On different occasions, he rhetorically strengthens the authenticity of the Ayurveda he teaches, by differentiating it from other practices promoted elsewhere. These are, according to him, reductionist approaches, a commodified version, be it in the West or its original home of Sri Lanka or India:

I think, if we continue like this for four and a half years, the Czech Republic will not be known for Škodovka<sup>78</sup> but for Ayurveda ... . Those who study the whole content of Ayurveda here for three, four years, are not even learning one percent. And the percentage you learn gives you the feeling that 110% of the population knows nothing compared to you. Those one- or two-week crash courses are what I fear the most (in Sri Lanka or India). And because someone inherits twenty million crowns, he sticks a billboard on Václavák [Wenceslav Square in Prague<sup>79</sup>] ... Czech Ayurveda: Elementary school. Let's make it for all ears. That is where you are better to start teaching as long as you are trained, convinced, knowledgeable, and you stick to the curricula. Ayurvedic psychology—*manovighyan*<sup>80</sup>—that's what you have heard here: what is the principle, why do relationships break down or originate, why does it happen. Philosophy—*sankh*—*purusha*<sup>81</sup>, *prakruthi*, *ahankar*<sup>82</sup>, *gunas*, *trigunas*, *mahabhoots* ... *tridosha* ... .If there is heat, put a curd there. If there is curd, put heat ... and *dhatu*s. (fieldnotes, final lecture of the first year, the Teacher, 6/2014)

For the Teacher, to (teach students how to) cure is not a priority, the priority is to prepare a strong foundation of people who will be keen to teach, to disseminate Ayurveda further. Contrary to the practical mastering of Ayurveda, a dominant focus is put on understanding,

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78 The most famous and globally distributed originally Czech car brand.

79 One of the main squares in the capital, Prague, it is a typical meeting spot for demonstrations and one of the most famous places in Prague.

80 Science of mind, an equivalent to psychology.

81 Consciousness, spirit, intention or also self.

82 “[Ahankar is] the activity of attributing objective existence to the ego on the basis of subjective consciousness” (<https://www.merriam-webster.com/dictionary/ahankara>)

which he legitimizes by relationally stressing its importance for general being. By emphasizing the unreachability of Ayurvedic knowledge and, at the same time, by being the only one who can define what is a correct and incorrect understanding, the Teacher restricts anyone else from easily accessing the expertise. This obvious hierarchical social structure is, in comparison to Pavol's school, also reflected in the spatial order of the people during classes (see fig. No. 4).

### *Simple Does not Always Mean Accessible*

I believe that it takes two to tango. In other words, Ayurvedic discourse, the character of expertise and the conditions of this (expertise) development is the product of practice, of a discursive negotiation within the schools, the primary place where students master Ayurveda. As Douglas (2004) notes, the content and the means of expression correspond. I argue that the Teacher is distant and his version of Ayurveda is difficult to practice confidently, contrary to that taught by Pavol. The Teacher must be, when using his first name, addressed by students with a suffix “*džī*”—as his wife, Sára explained to my mother, “because this is considered a respectful way of addressing someone” (fieldnotes, 5/2014). He wears only white or orange colours manifesting a spiritually enlightened character, and as a matter of principle, he sits on a chair, looking down at his students, trying to make themselves comfortable on the floor. Pavol actively equates himself with his students, making himself accessible to them, as he does with the Ayurveda he teaches. He does not wear distinctive cloth usually, nor does he sit above his students during the lecture. Moreover, he lets us call him simply by his name, he eats with us around the same table, and he uses some examples from his own bodily experience with Ayurveda during classes, contrary to the Teacher.

Each of them also disposes a different form of cultural capital to legitimize Ayurveda: The Teacher, comes from the original home of Ayurveda; is socialized by, as he claims, the traditional method of Ayurvedic education; and performs Ayurveda as an embodied wisdom natural for Indians, at least those growing up within the classical order. Pavol fights with different weapons. He grew up in socialist Czechoslovakia and accumulated his Ayurvedic knowledge and skills by attending the lectures and courses of an Indian Ayurvedist. I argue that while the Teacher legitimizes his Ayurveda simply by performing his proximity to what he sees as the proper version of Ayurveda (here the concept of authenticity construction could be used), Pavol demonstrates the legitimacy of Ayurveda by promoting its efficacy, which is not just embodied by himself and revelations of his own but also narratively constructed by the stories of healed clients and students, thus sharing experiences of Ayurveda's efficacy so as to confirm it collectively.

Ivan, who has an experience with both approaches, comments on the differences between them and what he considers problematic:

In verse 16 of the first chapter in Caraka Samhita, there is ‘*kama, artha, karma...*’—that is the basis of health. The Teacher easily dropped the ‘*kama*’ (referring to a specific lecture), which actually means ‘a bodily need’. But it also means that we should listen when we need to sleep. The Teacher made it into something primarily negative, which leads people to take it as dogma or be confused ... . But it is terribly important. It just needs to be explained properly. Even if it does not fit at first

glance. Everything has a place in life. And the Teacher breaks this down abstractly to programme one and two, which, in consequence, primarily condemns animal-like behaviour, and the only one that is correct is *sattvic*<sup>83</sup> as elevation and non-attachment.

What Pavol says is that the practical point of view is good, but it is no good if the philosophy is left out because people would not need ointments if they knew how to change the cause of the problem. (fieldnotes, 5/2015)

The Teacher's argument of putting emphasis on Ayurvedic philosophy, original terminology and individualized understanding and, therefore, not granting expertise follows his aim of, as I interpret, a local rehabilitation of traditional Ayurveda in opposition to its biomedicalized version in India. Pavol has chosen the opposite strategy, that is, to make Ayurvedic expertise accessible by teaching students so they will not be scared to do in practice. It is precisely why he dropped the Sanskrit terminology and philosophy. For both, Ayurveda is a guaranteed tool for, as I interpret it, good living. However, in the case of the Teacher, this well-being is conditioned by individual understanding of the profound philosophical principle of Ayurveda. Alternatively, Pavol, from the point of view of some of my classmates, reduces Ayurveda too much of its, as I argue, authenticity. This is reflected in his nickname: "a spreadsheet Ayurvedic practitioner"<sup>84</sup>. This is done intentionally so as to make Ayurveda accessible to Czech people. And the Teacher reduces it too. By drawing a thick line between the desires of the body, which he classifies as animal-like, and understanding he creates a strong moral imperative and, at the same time, a universal rule for his students, who understand authentic Ayurveda in terms of practice as conditioned by dis-attachment to physical desires (this already-mentioned ascetic kind of elevation).



Figure No. 5. A gadget one of Pavol students' made. It is an interactive tool. By moving inner and outer circle with daytime and seasons you can get a better idea, what (not) to eat and drink. Source: author, 8/2015.

While the Teacher situates his approach in a *longue durée* (Braudel 1958) framework, putting forward an ambitious plan for the whole of Czech (and potentially also European) society, Pavol, from this point of view, focus on the urgent need to teach as many interested people as possible how to help themselves (and potentially also others). I therefore argue he puts an emphasis not on healing Czech society by making it understand (how to maintain or enrich life) but on

healing individual people or even specific problems they experience. Here I must note that Teacher also encourages some of his students to practice Ayurveda for others, but he still holds

83 Sattva, rajas and tamas are three basic qualities. In the field site they usually refer to sattva as creation but also dis-attachment, rajas as enjoyment and tamas as decay. These gunas are mobilized often normatively, regarding one's behaviour. Sattva labels the ascetic quality of being and handling stuff as true Ayurvedist – a knower who is able to just observe and do not feel the urge to act or change. Rajas then refer to kind of behaviour led by emotion and not by wisdom, and tamas refers to decay also in terms of extreme neglect.

84 *Tabulkový ājurvédāř* in Czech.

the place of highest authority in this regard. In some cases, students have an Ayurveda salon all over the Czech Republic and provide therapies recommended to the clients upon consultation with the Teacher.

### *What Makes the Difference?*

Summarizing, I argue that the Ayurvedic lecturers and school leaders play the primary role in shaping Ayurveda students are encountering. With this in mind, I defined three main influencing factors: the goal of the leader of the school (why are they running the school and teaching); the legitimization mechanism (how the correct knowledge and practice is recognized) and access to expertise (who has access to the expertise and under what conditions).

The quotation describing “Pavol’s approach” illustrates that the students in his school are guided in learning how to cure, to try out things as much as possible, to see that they work. The efficacy of the methods—experienced individually within the students’ own bodies—is then what provides this version of Ayurveda with authority and the correctness of its practice. Additionally, the shared stories of Pavol’s clients getting better after practicing Ayurveda together with Pavol’s own stories of healing students further establish an authority collectively despite the almost absence of hierarchy. The students’ argument seems to have similar value to Pavol’s. All this is made possible because the students are encouraged to consult, to cure, by themselves, thus they apparently have unfettered access to the expertise, which is constantly supported by Pavol in his praise as well as certificates they receive at the end of every year (which, considering the absence of legal recognition for Ayurveda, have in fact some sort of placebo effect).

Contrariwise, Jakub’s description of the Teacher from the student perspective shows that, in that school, students are led to develop a very precise but necessarily individually built understanding so as to disseminate this Ayurveda further, to other people (generations). The aim here is therefore apparently not applicability but building a community of people with the “best knowledge”. Therefore, he teaches not just how great a science Ayurveda is to persuade people it is worth it, but also how powerful it is, and thus, how careful people must be, ensuring they understand things correctly, being cautious enough. At the same time, the correctness of their knowledge as regards Ayurveda is authorized only by the Teacher himself. Therefore, he has exclusive access to Ayurvedic expertise. This fact often results in students feeling rather insecure about their own knowledge, being restricted from practice and, often times, not provided with clear answers to their questions.

### *Expertise, Knowledge Authorization and the Goal of Ayurveda*

#### *Expertise*

I was so upset. I came to him for a consultation. He asked me why I came. So I told him that I would like to know what I should do to be healthier. He told me that he has nothing to tell me, and that I should continue doing what am I doing. Then I paid for it. I was so upset because I also wanted to see what a consultation should

look like, and he made me pay for nothing. Later, I realized that what he said to me was exactly what I needed to hear. (fieldnotes, informal interview with Iveta about her consultation with Teacher, 5/2016)

Access to expertise is, on the one hand, stated as something that must be primarily authorized subjectively—by gaining a sense of understanding—but in practice that is formally authorized by the Teacher. This restricted access to practical expertise is to some extent performed by the persona of the Teacher, but I believe, it is also partly a consequence of the students' behaviour as well. They are not confident enough with their understanding yet or are not comfortable with the redistribution of responsibility onto themselves for such potentially invasive decisions.

Moreover, the restriction of expertise does not necessarily mean a restriction of benefits that students gain with respect to their Ayurvedic practice. Surprisingly, these two aspects are in parallel. As was shown in the previous subchapter, accessibility is, in general, one of the main reflected advantages of Ayurveda, contrary to professionalized healthcare. Here I argue that only the potential for accessibility, in terms of the intelligibility of Ayurveda physiology (i.e., one's own bodily ontology and epistemology), may work more as a mechanism of sense-making rather than bodily problem-solving.

When speaking about empowerment, which some scholars consider a “derivative benefit” (Baarts and Pedersen 2009) of CAM practice legitimation—that is, why people continue to trust non-conventional medicines even though, for example, their dis-ease does not get better—I wonder if having an understanding of near experience works as good or better than having the actual agency to heal oneself. As was written above, Littlewood (2007) argues in favour of the institutionalization of “not knowing” in healthcare discourse. This makes me consider the relationship between responsibility (for one's own well-being), the agency to heal (oneself) and understanding (of what is happening to one's own body and how to potentially help oneself). It follows that to master the tools allowing one to become responsible for one's own well-being might also bring other kinds of insecurity, that is, I am interested in conditions, and character, but also the limits to this self-empowerment developed through the study and practice of Ayurveda. It is apparent that this exact approach resembles the imperative of postmodern reflexivity the most, stimulating and, therefore also reproducing the socioeconomic order, neoliberalism. On the other hand, this distribution of agency to the individual as regards well-being, typical of the Teacher's approach, resembles the old modernist order he is trying to distinguish himself from.

### *Knowledge Authorization*

Don Bates's analysis of gnostic and epistemic knowledge could help us to understand the problem of authority over this knowledge and the connected access to expertise. I argue that both lecturers are following different kind of medical traditions even though both are teaching Ayurveda.

In a collective volume on methods of legitimizing knowledge in three major medical traditions—Classical Greek, Chinese and Ayurveda—Bates introduces the distinction between gnostic and epistemic knowledge (Bates 1995). This distinction is already apparent from the meaning of the terms themselves, where the term “gnosis” refers to wisdom, while “episteme” refers to knowledge or ability. In their model form, Chinese medicine and Ayurveda are gnostic

in nature; the kind of knowledge generated by these medicines is primarily centred on the person who possesses it. Its credibility is determined by the status of the knower. This knowledge is acquired through study and experience, where study is equally as much a rite of initiation as it is a learning process. The highest goal of the practitioner of this medicine is then wisdom. Contrary Galen's medicine, which laid the foundations for contemporary biomedicine, Bates characterizes an epistemic tradition. It is oriented towards knowledge (in terms of accumulated information), the credibility of which comes from adherence to a rigorous methodology. The emphasis here then is on the formation of knowledge as well as the ways in which it is transmitted. Experience has its place here but it is usually established in opposition to intellectual activity, logical thinking and rationality (Bates 1995, 3). Experience is thus conceived with considerable suspicion and needs to be translated, objectified. The aim of the practitioner of this medicine may also be wisdom, but in the sense of expertise. Respect for the knowledge of other people implies, in the gnostic tradition, the possibility of acknowledging different levels of knowledge and its multiplicity, while the epistemic tradition follows the path of univocal truth, seeking ways of accumulating knowledge (Bates 1995, 4). In the gnostic tradition, the knower has, through correspondence between these ways of knowing and the cosmologies they constitute (see chapter 2.2.4, 17) access to the experience of others (Bates 1995, 6). In the epistemic tradition, cosmologies are determined by nature, which is to humans as accessible as the non-communicating other; thus, since we do not have direct access to the experience of the other, we must verify our knowledge through various types of evidence.

Regarding the distinction between gnostic and epistemic medical traditions, the Teacher's approach is gnostic in terms of the character of knowledge, where the aim of the study is understanding, that is, wisdom. Authority regarding this knowledge is here nevertheless concentrated in the (one) knowing person. This approach is legitimized by the Teacher's narrative as to the origin of his wisdom, claimed to have been mastered in the traditional method of apprenticeship. From this point of view, the Teacher's school performs classical Gnosticism but, at the same time, promises this potential wisdom to anyone who "understands". Thus, it acknowledges some knowledge multiplicity, which, in the end, makes the task of mastering rather difficult to reach for people socialized in an epistemic system.

Conversely, Pavol approached Ayurveda and, therefore, its accommodation in the Czech environment differently, firmly adjusting to the tradition to where Czech people come from in terms of thinking about and practicing body and health. The aim of studying Ayurveda in Pavol's approach is by this logic to master the knowledge so that it can be effectively used. Therefore, the means of mastering lie in, for instance, universal rules, categorizations and spreadsheets, which should ensure the fulfilment of this aim. While the goal of studying the Teacher's Ayurveda is wisdom, the goal of studying Pavol's is definitely expertise leading to effective treatment, authorized by following the prescribed methodology. Nevertheless, contrary to the epistemic approach to medical education model, experience here takes the same place as the Teacher's approach, it authorizes knowledge and therefore legitimates the Ayurveda under the study. Therefore, I argue, that Pavol's Ayurveda is a compromise between local culturally established education methods and that popularized by the social processes in Heelas and Woodhead's (2005) subjective turn, where experience serves as an ultimate mechanism of bestowing authority.



### 3.2.4 Politics of Ayurveda Promotion and the Individual Practice

In this chapter, I argue that in schools where I conducted a large part of my fieldwork, no universally established content concerning specific Ayurvedic ideas about body and ways of handling dis-eases is simply forwarded to the next generation of practitioners. As Kohn (2011a, 69) observed regarding her research of Aikido practice, “Understandings and fantasies of ‘Japaneseness’ acquired or developed through martial training as well as the discourses that surround the training, are negotiable and changing, depending on national, local and personal experience.” Therefore, after describing the raw, locally accommodated content and methods of establishing the Ayurveda discourse as defined by a specific notion of holism that assumes the proximity of all entities in the world as well as individualism, potentially normalizing each person’s differences but also making it very difficult to master, I discussed how Ayurveda is taught in the two schools under study and how is it further shaped by putting an emphasis on different aspects of Ayurveda, that is, formulating and legitimizing its aim and related expertise differently.

The different politics of Ayurveda promotion happen through its discursive formation, in other words, Ayurveda is established within the school in speeches directed towards students, personal consultations with them and discussions between lecturers and students, referring always to individual practices, as well as amongst the students themselves. Moreover, it is also enacted outwards, via descriptions on websites or interviews with the media. Even the interviews I conducted with both school leaders reflect more or less accurately their stance towards that part of society which is not Ayurvedized yet. Finally, the image of Ayurveda is also definitely promoted by the students themselves in how they speak about school and their Ayurvedic practice with other people, via slowly establishing consultation practices or simply by recommending the schools or already recognized Ayurvedists (who grew) within them.

To simplify and make the differences more clear, I argue that because of the differing politics enacted by the already-mentioned mechanisms of legitimization of its form, that is, the authority of correct knowledge / wisdom, the approach to expertise the ultimate goal of these politics, I argue that we are in a sense speaking about two different Ayurvedas.

The *traditional, authoritative but individualized Ayurveda* is complex and the clarity is limited, most likely because of the emphasis placed philosophy, original terminology and expertise conditioned by individual understanding. This Ayurveda is difficult to apply, which makes its original form, established within the school, difficult to forward and therefore unstable. Pavol’s *Czech-adapted, universalized, applied Ayurveda* is perhaps reductionist but clear; emphasis is placed on efficient practice conditioned by universalized knowledge. It is therefore easier to apply, and I consider it more stable in terms of the potential for its reproduction.

Drawing upon different kinds of Ayurvedic socialization, both of the main characters/promoters utilize diverse tools to persuade students about the benefits of the kind of Ayurveda they advance. The Teacher’s proximity to traditional Ayurveda (cf. Wujastyk and Smith 2008) provides authority to his teaching, to some extent, by itself, or rather by the Teacher’s persona as an embodiment of some form of authenticity. Pavol, on the other hand, does not dispose this sort of cultural capital on the same scale nor can he display the whole network of Indian Ayurvedists as Teacher does. He nevertheless uses his own experience with Ayurveda and his

successful practice to perform the legitimacy of his approach. The authentic Ayurveda conditioned by learning it at least to some extent “traditionally” stands therefore next to Ayurveda as an effective medicine, a framework for a sort of expertise which is much more easily accessible.

I interpret the Teacher’s goal to be the rehabilitation of traditional Ayurveda within the space of the Czech Republic. Considering his cultural background, he emphasizes what I call a traditional aspect of Ayurvedic education, exemplified by, for example, apprenticeship and building humbleness in his students. His position as a gatekeeper collides with his aim of right “traditional” Ayurveda dissemination, which, in conclusion, disrupts its coherence. Without an external authority over the understanding or rightness of the practice, the students find it hard to be confident enough to teach or consult themselves, although there have been several exceptions. As a result, this has produced many insecure practitioners who may be, on the other hand, be keen to pass on the Teacher’s legacy thanks to the great respect his garners. Pavol has not had a real problem excluding much of Ayurvedic philosophy from the curriculum. By translating Sanskrit terms and including more practice and a “try it yourself” strategy, much more confident practitioners have been produced. However, these graduates are able to do everything (recognise the qualities of herbs).

Based on my observations, the more an emphasis is put on authenticity, constructed by confronting a local culture with the imagined orientalist Indian “natural” lifestyle embodied in the person of the Teacher, who grants and protects and therefore provides authority to the correct Ayurveda, makes it obviously less applicable and therefore less likely to be reproduced in its originally advanced form. As the Teacher has told us many times, the Ayurvedist needs to be believed for the client treatment to work. But at the same time, the client does “all the work himself” in the end. This situation creates a fine illusion of individual empowerment which, as a result, is inaccessible. But do we really want to be empowered to the extent that we are fully responsible for our own health?

In other words, the Teacher represents an authoritative gnostic tradition of (medical) education, where, nonetheless, correct knowledge is primarily grounded in one’s own understanding, but is still in practice authorized by the Teacher (directly or indirectly). Thus, the task becomes so demanding that a person living in late capitalist society may struggle to complete it. In this way, it suggests a drastic change to culturally established ways of learning, but also thinking and handling one’s own body, making this Ayurveda persuasive but difficult to enrich. Pavol on the other hand promotes an applied version of Ayurveda, making a compromise between modernist schooling and (the current trend of) subjective legitimacy of knowledge and correctness in practice. In this way, his and Teacher’s approach overlap. His school produces confident practitioners whose conduct nevertheless does not offer such an alternative in terms of approach to body. Perhaps maybe this is what makes this approach more stable in general.

Drawing some more general conclusions, I follow Scheper-Hughes and Lock (1996), who extended Douglas’s concept of two bodies, an individual and a social one, to three bodies. Both the original individual body, the one we have and are, interconnected with the social one in terms of a socially established body in continuous exchange of meanings, are as a result also managed by body politics. I believe the resemblance between the individual and social body

conditions any kind of movement, be it reproduction of the current order or its change. The identified limits of the two Ayurvedas, which I consider as resulted from what I interpret as their promoter's aims, can be explained by the unbalanced emphasis on treating the social body (fighting dominant social norms) and the individual body. And since the individual and social body connection is not only symbolic in character but maintained by power mechanisms, I would like to open space for the discussed Ayurveda discourse display in people's everyday practices, subjectivity re/constructions and becoming bodies by noting that depending on how knowing potentially provided via an authoritative Ayurvedic study or practice, a specific form of governmentality is established. Who is dis/empowered in Ayurvedic practice? And what kind of overlap does this have regarding the everyday life of practitioners?

“What is it then,” as my mentor in Hamburg asked me, “to be a good Ayurveda practitioner? To do it well?” As I have stated already, there is some skeleton of Ayurvedic discourse shaped very much by the politics of a certain school. Nevertheless, in individual practice, people are their own policemen. I would say that in the field of especially Teacher's school, there is an apparent hierarchy and students whose focus on being a tighter part of the community must “work on themselves” in a certain way to get recognized by the Teacher, who disposes the greatest symbolic capital. Still, focusing instead on individual journeys, there is no one doxa nor a recognized hierarchy. Doing Ayurveda well is usually understood as living well, being satisfied, being cool. If it means not having any serious dis-eases, not caring about dis-eases one is suffering from, feeling well or having built a family and working together is a question of individual Ayurveda enactment.

## 4 Becoming Bodies Differently

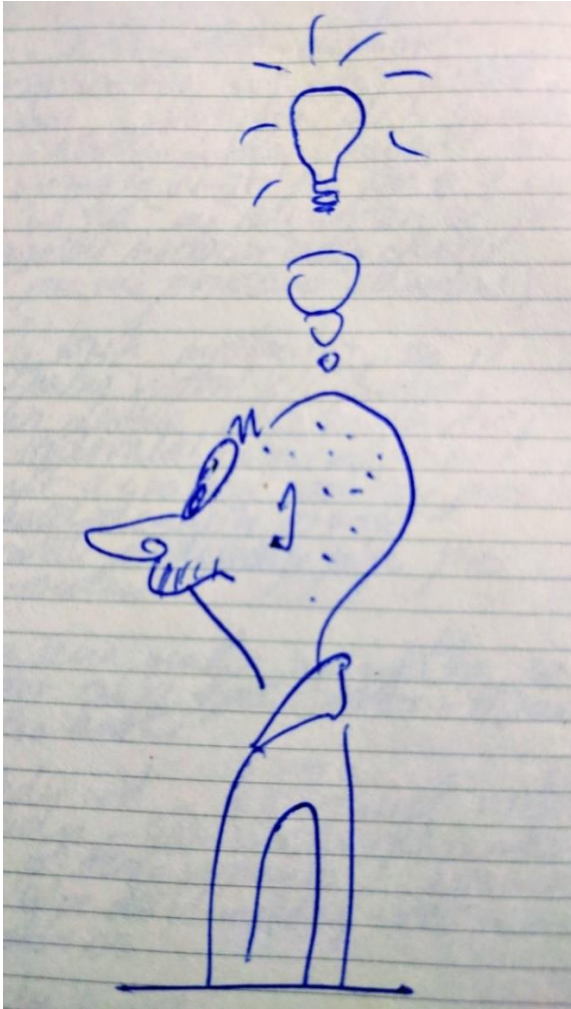


Figure No. 6. The role of Ayurveda in Vlado's life. Source: Vlado, 8/17, photo by author.

At an Ayurvedic festival organized by the community, I asked a few people to draw me a picture of how Ayurveda has influenced them. Without hesitating, Vlado drew this for me in my notepad. As he handed it back, he said it illustrates his enlightenment<sup>85</sup> from Ayurveda. This in turn caused me to remember our interview from two months prior. He had reacted to the same question in a raised voice, persuading me that he meant it, saying: “For me, my whole life has changed since! My whole life changed!” (interview, 6/2017).

Concerning people that have attended Ayurvedic study programmes, even though “all of them have been waiting to learning how to deal with health issues, during the study they find out it is about dealing with the life” (fieldnotes, 6/2014). In that spirit, let us have a look then at how this specific way of dealing with life works and, therefore, also how specific bodies-subjectivities are produced in this process.

Whether people chose to enrol in an Ayurvedic school in the hope of receiving guidance on how to heal themselves or a loved one, how to prevent illness or to enrich their massage or medical practice, what they “take away” from the school not only often fails to meet these expectations but, more importantly, it affects many more levels of their lives, albeit to varying degrees.

In this second empirical part of the thesis, I focus on the main findings regarding individual Ayurvedic practice. I primarily discuss Ayurveda as a way of living everyday life, a way based on specific treatment of the body. The aim of the text is to answer the question of how bodies and lives are realized through Ayurvedic practice on an everyday basis and what tensions arise in this process. Ayurveda is approached here as a potential way of differently being, in terms of one's body, through alternative ontology and epistemology. By reconstructing the “journey” of people who have I studied Ayurveda, that is, the ways in which they have accommodated

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<sup>85</sup> Rozsvítilo se mi in Czech.

Ayurveda in their lives, I thus discuss Ayurvedic practice as an example of the individual's journey in late modern society.

## 4.1 Learning to Know, to Function and to Value Differently<sup>86</sup>

In this chapter, I introduce different ways of practicing Ayurveda and the trajectories my participants take in accommodating Ayurveda in their life. Most of these people combine several ways of practicing it, although putting emphasis on one or two of them above others. To accommodate Ayurveda in one's life, practitioners employ techniques of body and self. These include knowing differently; practicing differently on a temporal-spacial-material level, on a moral level; enacting different ontologies. Even though I have separated these ways of doing bodies through Ayurveda in text, these ways of living differently, but, in practice, they are interrelated.

Considering these ways of living differently certain phases in an Ayurvedic journey, they can serve as an illustration of a sample profile. They represent the depth into which are these people dove into Ayurveda and the intensity whereby Ayurveda became present in their lives.

The first level and way of practicing Ayurveda is knowing, that is, ways of learning Ayurveda or rather attempting to know everything differently through an Ayurvedic lens. Here I also discuss the misunderstandings and limits of this knowing and which emerge in each process. In the second subchapter, I will introduce Ayurveda practice as a part of everyday life—the ways of being spatiotemporally and materially differently as regards sleep, diet, movement, social interactions intrinsically related to morality. Here I also discuss how the moral imperatives of the participants are shifted, reframed, maintained. The third section makes more theoretical point dedicated to the ontological aspect of Ayurvedic practice, that is, how the journey through above described practices – is a journey to an ontologically different world, and one that enacts body and subjectivity in particular.

### 4.1.1 Learning Ayurveda: Knowing Differently through One's Own Body

#### *Knowing as a Different Epistemology*

It is already getting darker when we start translating Caraka Samhita, verse 75-118, dedicated to the usage of herbs. There is 13 people sitting on the floor in a classroom, with a third of them facing their laptops. On the wall in front of us, a verse is screened. We can see the Sanskrit original and its Czech translation, made by several people present today. Petra always reads the Czech version and then the Teacher, and sometimes other participants in the translation (from English to Czech) comment on it. The task is to check the translation and write the comment under the translated verse—to make the meaning completely clear to the reader — these translations are accessible online to the public.

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<sup>86</sup> This chapter is partly based on published papers (Wolfová 2016; 2017).

Jakub: “Can I ask something? *Virechana*–laxation? That is not an accurate translation, is it?”

Teacher: It is emptying, but when we empty by force. It is runny.

Someone: In English, it is purgation.

Teacher: I like to use original terminology because it explains everything.

Meda: Yeah, right. If you say “laxation” it implies that it is related to the intestine but emptying could be related to anything else as well.

Teacher: That is why I say, don’t stick to terms! Call it “virechana”. It means “to remove sediments”. ... I am trying to shape every term the way you would understand it and tell you the exact definition. The general tendency among authors is to simplify the Sanskrit texts for local languages, then, the biggest danger is, that the meaning will get lost. Then it does not work, and problems emerge. But when you use just strange words, the text is not reader friendly. Then it can’t serve for self-study. The tendency is to write it the way. Everybody understands what he is reading straight away. And that is why to study Ayurveda is something else than to read advertising materials about Ayurveda”. (fieldnotes, 3/2014)

In the Teacher’s methods, emphasis is put on understanding Ayurveda as a science, not on cultivating a student’s ability to use it immediately. Understanding Ayurveda means to come to grasp (how things are). To do that, students are encouraged not just to “study” Ayurveda in terms of whether learning specific anatomy and physiology, but to begin thinking about everything differently.

From the quotation above, it is clear that to understand Ayurveda means to reframe one’s understanding. Therefore, I argue, that an alternative understanding of oneself and the world in general is created. That therefore employs reorganization of one’s own reality in a sense. Boxes which previously categorized the world no longer make good reference points and require new categorizations of reality. The problem with our existing boxes seems to be that they are too restrictive. Why is it that so? From the situation sketched above we can see that the first choice of the Czech interpreter in translating the word virechana, traditionally translated to English as a “purgation”, was “laxation”. The Teacher deals with this problem by restricting use of the Czech equivalent and purgation. He instead chooses the term with the widest meaning of all relevant words, which is emptying. This term lacks any normative connotation; it does not associate a specific body part nor a concrete body-part-related procedure. Finally, he leaves there the original Sanskrit word (virechana) with its Czech translation (emptying) in brackets and adds a comment explaining the wide meaning of emptying.

Why was the first choice laxation? And what does it mean? I argue that due to socialization into modernist body epistemology, illustrated, for example, by the split between the person into a material objective body and subjective experience as well as the particularist approach manifested in the breakdown of the human body into different separated systems (and then treated by different departments of a clinic; [cf. Mol and Law 2004]), it is difficult for us to think of the person as whole and interconnected (see chapter 3.1.1, 68-70). Biomedicine here serves as a referential point for a modernist body ontology and epistemology that the research

participants habituated as part of their primary and secondary socialization. It also introduces, contrary to Ayurveda, an institutionalized form of knowledge about the body, making it a dominant discourse. Contrary to biomedicine then, where dis-eases are clearly localized within a system, connected to a specific part of the human body and followed by the universalized and strictly prescribed treatment, in Ayurveda the problem always possesses the whole person, although it is not visible everywhere in the body. This means that therapeutic procedures are not exclusively designed for one body part, for instance, when the person has accumulated too much (of something), emptying often needs to be done everywhere possible. The same way also relates body treatment to self-care practices. Here, the word emptying can concern the intestine, but also the stomach, ears, even mind. This is then reflected, for example, in recommended morning purgation practices comprising defecation, urination and nose and mouth sinus purgation. This is how the principle of holism introduced earlier is implemented in everyday practice.

Beyond introducing interconnectedness within the body, students also learn about the interconnection of an individual and their surrounding environment. Dana puts it in a following way:

“In the end, when you look at things and you use these terms (Ayurvedic ones) you really come to the understanding that this is a natural life and that you know that every person affects you in some way, every situation affects you in some way, like everything. That being cold, warm, things have some influence on you. The body is always working, it creates, it produces, feeds, throws away ... . These processes are happening all of the time; therefore, it is just crystal clear, that if you are cold, stuff will be created a bit differently, that they will have a different quality than if you are warm”. (interview, 11/2016)

According to Ayurveda, our bodies are not just connected but dependent on our environment. As stated above, everything, people included, is made from the same things, five elements, the momentary proportions of which create its form and its character and indicates its effect. When we interact with (or are surrounded by) anything, it influences us directly. Theoretically, we nevertheless do not completely surrender to its effects. We can read them via our naked senses and act accordingly to our expectations (cf. Goffman 1963). In summary then the proportion of these elements in every food, person, sound and link, therefore, potentially affects us. These effects should be hypothetically analysable based solely upon recognition of their qualities.

It can therefore be argued that students of Ayurveda gain access to knowledge about how body—and everything else—works differently. This kind of a knowledge is not restricted to any professional group. The only issue is that this reading, this recognition of the qualities that influence us, of food, people, sound, time and the general environment, is based on completely different ideas about how everything works, that is, a different body and world ontology.

At the same time, this reading or rather recognition is enacted very much as a process, not a task with a predetermined end—very much like Ingold’s correspondence (Ingold 2020). As was suggested in the previous chapter, Ayurveda is introduced as a kind of wisdom which cannot be completely gained within an individual lifespan. Therefore, I use the analytical term “knowing” to refer the ways of mastering Ayurveda, not just in terms of the wisdom of

Ayurvedic philosophy (which underpins a specific ontology) but also all the practicalities this wisdom (acquisition) entails, like specific treatment of the mind, diet, breathing and physical exercises and the use of herbs (epistemology and practice). Although this term is rather widely used by my informants, it also resembles the way Bates (1995) uses it as a concept, referring to the gnostic medical tradition. At the same time, I, through its usage, also refer to the meaning ascribed to this term by Hsu (1999). She distinguishes knowing as a mode of transmitting traditional Chinese medicine from the other similar educational practices. She argues that it, contrary to “logical deduction” and “discourse”, which refer to verbal interaction, additionally involves non-verbal aspects of social interactions, which in the case of studying medicine cover “knowing” through intellect, feelings, intuition and bodily practices (ibid.). Ingold (2018) refers nevertheless to anthropology and, hence, another parallel between Ayurveda and anthropology aimed at specific wisdom rather than the collection of information, which he sees in ethnography.

Knowing however is not just a way of mastering Ayurveda nor is it just the Teacher’s demand. In agreement with the large proportion of scholarly work on non-conventional medicine, Ayurvedic practice through knowing also often produces a sense of understanding, reflected as one of the benefits of Ayurvedic practice among my informants. But considering that, as Jakub notes, “most of the people are here to solve their [health] problems” (fieldnotes, 7/ 2014), the beneficial character of this sense of understanding has its flaws. These lie between the calming effect of this feeling of understanding and the urge for action. Even though the Teacher very often encourages his student not to act but to “observe”, “think”, “understand”, this is hardly the modus they are used to functioning within. Indeed, not to act, when it introduces something you want, possibly goes against the socioeconomic principle of the individual’s function within contemporary society. This phenomenon has, in relation to the healthcare system / market and regarding individual health and illness, been thematised largely in terms of neoliberal governmentality (Numerato, Čada, and Honová 2021; Bronzini and Polini 2020).

In every class, a situation in which someone demanded to hear the lecturer’s opinion on the correctness of their practice, a problem their close ones were suffering from or a recommendation on how should they live to prevent suffering, came up. For example, at one point the Teacher said that “*móksa*<sup>87</sup> is a continuous feeling that there is a body, time, etc.”:

Bára: “So we should maintain in this state?”

Teacher: We shouldn’t anything, we should just understand. What we should or should not do, what is good or bad for us—that is not important. Do not push ourselves to do anything. It is most important to understand. Ayurveda is really knowledge. It is not a Bible according to which people should live. We just observe ourselves, how we work. Take it just like knowledge. The other stuff will arrive later”. (fieldnotes, 10/2013)

Dana relates to this in our interview when she says the following:

“It is very simple, but the difficulty for us is to accept Ayurveda in the moment, when I think about how to help in a specific situation ... . Last time I had a sore

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87 Understood as liberation from the mind and body dictate, a goal of yoga, conditioned by dis-attachment.



throat, I did not know what to do. I was wondering how it had happened. I started to realize that it was not a normal pain, but it was burning, so she cooled it down but did not find out the cause of the pain. I want to say that all of it makes a sense, and our aim is to accept it, the whole broad scale of influences and qualities, and somehow search for them behind the situation, which is apparently difficult”.

(interview, 11/2016)

Dana would later add that, for her, that this is often frustrating but motivating at the same time (fieldnotes, 1/2018).

It is apparent here that the participants were encouraged to know differently based on Ayurvedic epistemology, which is holistic and individualist specific (see 3.1). In doing so, they often reconstructed their understanding as well as ways of knowing themselves and the surrounding environment to some extent. The assumption of this knowing is nevertheless that one must develop a certain distance from the object of knowing. Since the (problems of the) body is usually at stake, one must objectify the body a specific way. This is very difficult in a situation where the object of knowing is part of one’s existence. I argue that there is a tension between knowing and acting, which conspicuously reminds me of the modernist distinction between a rational mind endowed with agency and the inanimate material body. We can see, as was shown in previous chapter, that Ayurveda is established also within individual practice, not just as distinctive in relation to dominant body epistemology and ontology but also as similar. In Ayurvedic practice, the above-described tension, very often works as a certain continuum. The more one wants to act or cure (a certain dis-ease) the less one is able to do that since the knowing is blocked. For Foucault (1980), one makes knowledge a condition of power—to do something. This produces a possibly unpleasantly experienced paradox where the ascetic morality of ceasing to care basically underlines knowing and therefore enables change.

To sum it up, people attempt to understand Ayurveda through a re-categorization of their heretofore understanding. I interpret this process as learning to know (things) differently. Difference here is mainly given by the specific holistic and individualist character of Ayurveda epistemology, which is, compared to the dominant body-illness-well-being ontology and epistemology shaped by the biomedicine, a rather complex view. For its practitioners, Ayurveda is therefore opening access to the complexity of reality. The limits of this way of knowing differently nevertheless lies in the tension between Ayurvedic and (the original) biomedical epistemologies and between observation and action.

### *Knowing as an Experience*

During the class, the Teacher explains the principle of knowing, saying “I can tell it to you right now, you will listen but will not get it, you will just remember what I said. You will not understand. Simona?

Simona: So, we can understand it in the meditation?

Teacher: Only through thinking, through experience. Like when we know the whole science of the joint, to remove the [joint] problem is nothing. But we do not work on the patient, we work on ourselves. You must be the joint! To consciously

experience the organ, the tissue. The work of the Ayurvedic practitioner is on himself, not on others. He is thinking, experiencing. If it is necessary, he helps others. Knowing we need to meditate (in the sense of consciously thinking), the Ayurvedic practitioner meditates his whole life ... . Under the microscope, we can see DNA, tissue, but to understand them, to understand how they function!?! no microscope will tell you that. The things we experience give us a sense of certainty, of trust, of strength—and this stability, which is achieved in our head, gives us joy. This eternal joy emerges only in the process of knowing”. (fieldnotes, 9/2013)

Thus far, I have shown that the process of accommodating Ayurveda into one's life starts with a person attempting to understand differently, through knowing. This knowing works by relating to Ayurveda, assuming a different ontology and epistemology of oneself and one's environment in a holistic way. What conditions this knowing is a certain type of dis-attachment from the object of knowing, that is, its objectification. Here the tension between knowing and action emerges where knowing enables the (beneficial) action but also the urge to act disables knowing.

But how exactly does this knowing work? It operates through the experience. Moreover, this experience is what confirms and stabilizes the knowing. Still, it might seem that the imperative of achieving it through an experience clashes with the imperative of objectifying. I will attempt to show what ways of experiencing and what kind of distance are at stake in the following paragraphs regarding Jakub's case.

Jakub is one of my key informants. He is a tall (approx. 190 cm ) guy in his late thirties. His head is shaved bald—you can see the edges of his hair in his super short-cut—and wears dioptric glasses. He studies Ayurveda and yoga more than ten years. Originally, as I stated earlier, he graduated from a study in biomedicine. Although he does not work as a physician, he has stayed in the field. In recent years, he has also taught Ayurveda in the Teacher's school. Here, he wears a yoga teacher “uniform” consisting of a combination of wide white cotton pants and a kind of dark red (loose, long-sleeved shirt known as a *kurta*). He also has a very kind smile on his sharply cut face, which has made me feel comfortable many times when things got difficult during the fieldwork. I often ask him not just about the way he practices Ayurveda, but about Ayurveda itself, trying to understand the lectures better. When I asked him about what attracted him to Ayurveda, he answered the following:

“I wanted to know everything, so I started study medicine. I was rather passionate about it. And so faithful. I protested the cancellation of every seminar until the third year. Then ... something stopped feel right. After three years of study my eyes got worse. Before, I used to have long hair, then, accidentally, my hair started to fall out. Before, I was very flexible, then, I started to suffer from back problems. I had understood other people, but not through myself. This they do not teach in a medical school. Or maybe now they have started, a little bit. At the end of my fourth year, I split my study ... . Finally, I studied medicine eight years. I found out I could not learn it completely to understand everything I needed, but more importantly, I found out, something about it does not really work. My faith in medicine was disrupted”. (interview, 2/2014)

Jakub talks about a situation where, as a young medic, he got sick and the biomedical epistemology stopped providing him an understanding of what was happening to him. The object of doubt here is not an understanding of the dis-ease itself—when it is situated within another body—the experience of insecurity manifests in how Jakub relates to his own body.

The process of knowing in biomedicine differs from that of Ayurveda in the separation of the object and the subject of enquiry. As a result, the “object” loses its ability to understand itself. The knowing subject does not have access to the experience of the other. In biomedicine, knowledge is obtained through a comparison of diverse types of evidence (Bates 1995). In their paper, Law and Mol (2004) introduce different ways of knowing bodies (and illnesses). Apart from the other, they also build upon Sullivan’s critique of biomedicine as regards pushing away the body’s ability to self-interpret (Sullivan in Mol and Law 2004, 47-48). The body, biomedicine know, and cure is not aware of itself. I argue that this situation could be understood as an epistemological collision (Mitchel in Langford 1995) of a type. Biomedical epistemology stops working when a person who is skilled at understanding other bodies—objects—or, more specifically, their parts (cf. Bates 1995) wants to understand his subjective experience.

The discrepancy between Jakub’s existing knowledge of his own experience devalued the biomedical epistemology, the accuracy of which he used to be so sure. The ordered system of previous knowledge turned into chaos, and Jakub lost his trust in his understanding together with that of biomedicine functioning. Geertz talks about situations which disrupt the basic ability of an individual to effectively orient oneself in life (Geertz 1973, 100). These situations are produced by chaos, in other words, a grouping of non-explainable events which, among other things, manifest themselves on the borders of one’s own analytical abilities and endurance. The interconnection of doubts concerning one’s own endurance and abilities to understand, moreover, endanger Jakub’s sense of self-confidence and ability to orient himself beyond his own life.

When Štěpánka (one of my schoolmates) organized a weekend seminar, she invited Jakub to talk about Ayurveda and yoga. During the lecture Jakub explained this as follows:

“Now, I understand what was happening on the level of dosha. But when I go further, it was (his health problems) because I was too attached to it.” Štěpánka encourages him to talk about the relationship between biomedicine and Ayurveda. Jakub says that “when these two are observing accurately, they must see the same things. Maybe they describe it with different words. Still, we can use different words, but we cannot state different conclusions. Western medicine uses what is visible. The thing which is not visible is *tamo guna* [matter]. The one who controls it, that is the feator—which we cannot see. We [physicians] are too fixed to the fact that when we measure something in the heart, it is solely in the heart. But this is not how the system works. If I can through Ayurvedic eyes understand what they measured in the heart, I will find the same thing somewhere else. This confirms to me what I [already] know”. (fieldnotes, 5/2015)

In his lecture, Jakub talks about why he decided to study Ayurveda after the completion of his medical studies. He describes, how, while studying Ayurveda, he came to understand why his body changed (got sick). He emphasized the need for distance in knowing. Here, he

differentiates two levels of understanding. First (which can be enriched also in biomedicine) is accessible through the senses. The second (“deeper”—knowledge of causation) is invisible and conditioned by the knowing of the interconnected body-mind system, which is quite alien to biomedicine. By arguing for a correlativity of biomedical and Ayurvedic knowledge (cf. Lin and Law 2014), he shows how it does not matter if we use Ayurvedic anatomy and physiology or the biomedical equivalent, since it is based on both ontologies. In other words, we can claim the same conclusion concerning the matter of the body (and illness). On this level, the only difference is that Ayurvedic knowledge is theoretically accessible to everyone through sensual perception and recognition of the qualities of matter, which democratizes this epistemology, this way of knowing.

The matter of dis-ease can be accessed in Ayurveda, for example, through diagnosis of the prevailing dosha—one of the three constitutional types representing a specific proportion of basic elements. Every dosha is, at the same time, characterized by an ensemble of specific qualities (gunas). These qualities come in binary pairs and are accessible through the senses. After recognition of the prevailing qualities of the body (mind and soul), one can define an individual “natural” proportion of doshas (the natural state of the individual person) as well as their momentary (unnatural) proportion, which manifests itself as a dis-ease. Based on this principle, a person can understand the matter of the dis-ease (and often their cure as well), but that person cannot stop them from happening. Even though biomedicine uses different terminology, according to Jakub, the material level of dis-ease is also accessible to biomedicine, albeit not directly (through one’s own bodily experience). It is accessible only indirectly through biomedical technologies. This knowledge is thus not available to people without an access to these technologies and medical education. (cf. Mol and Law 2004; Bates 1995). What disqualifies the knowledge of the (invisible) cause of the problems within biomedicine is the precise location of the dis-eases, and thus both the separation of the dis-eased site from the rest of the body system (ibid.) and the separation of mind from the body. Both aspects of biomedical epistemology prevent knowledge of the broader context of the problem.

Thus, through Ayurvedic epistemology, Jakub understood his body and the cause of his health deterioration. In doing so, he was once again confident of his analytical abilities, the use of which he today grounds not only in the idea of body specificity (including his own), but also in the notion of interconnected organ systems and, finally, of body and mind as well. The universalism and reductionism of biomedicine are thus replaced by the individualism and holism of Ayurveda (cf. Warriar 2008). In other words, for lay people, the unattainable understanding of body, that is, something exterior to ourselves, is turned into accessible knowing since it is reframed as something familiar, accessible through an embodied instrument of knowing.

Sitting in a Jewish cemetery during Jakub’s work break, Jakub gives a dynamic interview thanks to a paper yarmulke the porter insisted he wear and which was, due to a strong wind, still falling down or even flying a few meters in the air. Here, I asked him how he practices Ayurveda.

Jakub: “I try to see the world through a matrix of gunas. What do I have in me?  
What is too hard when I read in the evening? I have always loved yogurt. Ayurveda

told me that if I eat yogurt in the afternoon, I will have a *tamas* tuning (meaning that), I am not vigilant. Before, I used to drink a lot of coffee. And as the Teacher says, you go in with that sip ... . I use Ayurveda to tune the way I live, when I eat and what I eat ... . Before that [yoga study] I did it in my head, now I explore it by experience and apply it in practice ...

Alžběta: And how do you eat at home?

Jakub: (describes what kind of meals they make, what kind of spices they use for him, his wife and their baby) ... Look at how the thoughts, emotions, and physical expression correlate ... . If you want to be stable, don't make big changes. I have a beer like five times a year. It's *tamasic* (dampening) and then I'm very tired, dampened. Coffee is good for *kapha prakruthi* (a constitutional type) and *tamas* (dampened, inactive) people, who are supposed to have coffee. But I am *vat pitta* (his constitution)—that means that movement is such that I consume energy and then I am damped. It's typical for me to have fast uncontrollable thinking and movements, poor attention. And then instead of driving the body to sixty percent, I drive it to eighty-eight. I burn the energy and then I'm not fresh". (interview, 2/2014)

Jakub describes what kind of role is played by knowing (oneself and one's environment) through own experience. First, empirically, it is possible to determine (individually) how one's body (and mind) functions by sensing and experiencing things characterized by a grid of binary qualities. Individual naturalness can be defined by analysing thoughts, emotions, and physical sensations concerning one's everyday practices. Perhaps surprisingly, this "naturalness" is tricky; it is very individual and does not necessarily incline oneself only to qualities generally perceived as good. We can see this in Jakub's way of reflecting on his Ayurvedic way of living. He describes it in terms such as "bad" attention, "uncontrollable" thinking, or movements. All this now falls within what is "normal" for Jakub himself. He diagnosed (got to know) himself—his natural constitution (*prakruthi* or individual natural state)—and thus he knows what foods or beverages to consume, how he can use his body and mind when he wants to reach a central state of being (in terms of energy disposal, for example). On this level, Ayurvedic practice entails lowering the qualities one's body-mind wants to eliminate or, vice versa, enhance. Jakub advises that I should not make significant changes if I want to be stable. He knows his body the same way he recognizes qualities and, thus, the effect of anything he interacts with.

Similarly, Good (1994b) describes a phenomenon regarding biomedicine. Its study entails a complete change in one's way of relating to the body. Building upon research of Harvard medical students, he argues that becoming a medical doctor entails a new way of seeing, speaking and writing (*ibid.*). Specifically, he describes how these students started to look at other people as only precise assemblages of diverse tissues interwoven with veins and nerves. In this sense, knowledge indeed does go hand in hand with power. Just as biomedical knowledge empowers those disposing of it to be the (only) ones who can help you with disease, Ayurveda practitioners are also strongly empowered, even without a formalized medical education. Primarily, they are potentially empowered to handle themselves and their well-being.

Through the study of Ayurveda, Jakub transforms knowledge, conditioned by a strict methodology, verification according to various types of evidence. Nevertheless, as a result, it is still mediated by external technologies in embodied knowledge (cf. Bates 1995). The various biomedical tools for understanding, as described in an article by Law and Mol (2004), are thus replaced by one's own body. In the cited study, understanding the whole of dis-ease comes from a compilation of various information generated by diverse measuring instruments, medical handbooks, etc.; with the subjective knowledge of the person who experiences it; and so on. Here, this heterogeneous cognitive process is concentrated within the experience of the knower, and the incoherences that arise among the differences related to the diversity of knowledge types are eliminated as much as possible by compliance to (only two types of information about) one's own experience and Ayurvedic doctrine. Jakub thus finds himself confident in this process of knowing and verifying the functioning of his analytical abilities. At the same time, this assurance is enhanced by applying this knowledge in practice by managing his body (and mind). The knowing and known body (and mind), the body as the target of illness, and its creator become interconnected. That is, body as object and subject at the cognitive and active level becomes one in the experience of knowing.

There is a parallel here between Ayurveda and Merleau-Ponty's phenomenology of perception, where the world is built—becomes familiar—and exists for an individual through a specific bodily relation (Merleau-Ponty 1978). For Merleau-Ponty, the body is a tool for knowing the world as a product of this process—a grouping of meanings (ibid.). Given this, I claim that, in this sense of approaching the world, the only way one can know something is through the bodily experience of it, which excludes biomedical epistemology as an efficient way of knowing. Although physicians may see living bodies as a cluster of tissues, this experience is still grounded in the idea of body as an inanimate machine. It restricts one's subjective body experience from its contamination—much like in the Netflix series *The Good Doctor*. At the same time, I am shifting the argumentation about the character of knowing from the reorganization of one's understanding to the different/new way of experiencing the world and oneself.

To learn Ayurveda means to come to know everything differently. This difference is made partly by the different Ayurvedic (body) ontology. It is inherently holistic and connected with the surrounding environment in an essentialist way. Everything consists of individual proportions of the same essential elements. This is how, in part, the knowing works—through one's own experience. Ayurveda offers an epistemology, which is, in theory, accessible to anyone who can use all five senses and differentiate between qualities like hot or cold. Problems emerge when people become attached to the object of knowing—for example, when they want to get to know their own condition, to approach one's own body, or the body of close ones, as an object of knowing—that is, a certain objectification of body conditions, but potentially even very tightly connected healing. Biomedical symptom- and body part-oriented reductionism prevents physicians from accessing the (true) cause of dis-ease. According to Jakub, it lies in one's actions. In Ayurvedic practice, a person often stops perceiving dis-ease as a product of outside intervention, as is predominantly done by biomedicine (Lock and Nguyen 2010, 43–44). Instead, the practitioner begins to see it as the work of one's own conduct, which entails considerable acceptance of responsibility for one's health (Warrier 2008). To put it differently,

Ayurveda interconnects, in addition to the object and subject of knowing dis-ease, the object and subject of its origin. Even though Ayurveda's assumption of knowing is an objectification of the body, similar to biomedicine, the knower's body also becomes a methodological instrument in this knowing and, therefore, the ultimate authority in individual Ayurvedic practice.

### *Knowing but not Acting Accordingly as a Strategy of Well-Being*

Sibila is an enormously charismatic woman in her fifties. Tall and with raven-black hair always wavily framing her expressive face, I have known her since the beginning of my research. We met at a summer seminar on pulse diagnosis that she was attending with her husband, Vlado. In our interview in 2017, “she refers to her former life as unhappy”.

She was sometimes unself-conscious, nervous and anxious, unable to make decisions, restless and eats small things all day. She talks about chronic conditions accompanying her every day, and she could not get rid of them. Not knowing what else to do, afraid of the future and what would happen to her and her children and so on, she began to develop some interest in Ayurveda when Vlado began to study it. After a year, she started her own study, and, as is usually the case, she started with herself. She has diagnosed herself as having a vat-pit constitution and confirmed it Pavol. This constitution has two opposing sets of qualities: one is fast, the other is slow, one is heavy, and the other is light. The only quality they both share is cold. They are fighting with each other, which according to Ayurvedic theory, produces effects such as insecurity, time-management problems, anxiety and the like, but also lots of somatic sensations and unease. In her case, she suffered from migraines, knee pain, eczema and asthma. (a thick description of an interview introduction, 6/2017)

Even though all these chronic conditions and relationships within her family improved, since we met, she has had a vertebrae dislocation, and Vlado has suffered a heart attack, which she commented on in our interview, saying: “We finally realized something” (interview, 6/2017).

As I have argued above, knowing is grounded in specific experience conditioned by dis-attachment—objectification of the body of a kind. Put differently, Ayurvedists need to discipline themselves into not caring—not trying to know where the origin of dis-ease lies—only then are they able to imagine and experience the specific bodily state. At the same time, if they are the ones struggling, this dis-attachment enables access to the suffering, a message regarding its origin. Therefore, it potentially enables the person to be healed. This principle can gain rather moral connotations, as illustrated in the following quotation.

We're talking about cardamom. Sára loves it. But she says it causes large amounts of gallbladder stones. She tells me she paid this price herself. The Teacher told her to experience it, that she should be sick. She says she's been careful ever since. (fieldnotes, 3/2014)

Dis-ease, from this perspective, is understood as a message about morally wrong-doing, which also exists in biomedicine, but to a much lesser degree.<sup>88</sup> Suppose you are not behaving per your natural constitution; your body protests. It is a controlling mechanism. By leaving suffering to happen through body objectification, the body becomes an actor, sending a message that its rules are being violated. As Sontag (1978) describes, illnesses are often, even within the dominant healthcare discourse, endowed with social meaning, introducing signs of social misconduct. Thus, Ayurveda discourse, through its holistic and individualist conception of body, entails a particular morality. Not following one's own natural constitution, therefore, is reflected by the emergence of dis-ease. The moral order produced by Ayurvedic ontology, nevertheless, does not differ much from the current general body-related discourse grounded in self-care. Thanks to neglect for themselves, people have become dis-eased, especially with chronic conditions and/or so-called civilization dis-eases, the implication being that it is the individual's fault, and they deserve it. Based on a similar principle, in the 1980s, Sontag thematized AIDS as a socially constructed sign of a disrupted gender order within the contemporary neoliberal imperative; the dis-eases became a sign of neglected self-care (cf. Lupton 1995). The only difference in Ayurvedic practice is that self-care is considered individualized. Knowing this is conditioned by a certain dis-attachment from one's body and bodily experience, making it enormously difficult to proceed with the correct self-care.

In summary, the same nature of Ayurvedic understanding that makes it accessible through one's own experience also creates the limits of individual understanding—by following the almost impossible-to-follow imperative to consider the character of *all the things* influencing the individual. Ayurvedists' bodies become dependent on the environment and, therefore, easy to manage; they need only sleep, eat, talk, socialize, move, think at the correct time, amount, place and so on. Together with the responsibility for one's own health, stemming from the connection of the object and subject of knowing and conducting conducted via limits, one can achieve well-being. I argue that a key tension emerging in the process of knowing is between dis-attachment and action. Variations of this continuum will be discussed in the remainder of this thesis since it reflects the two imperatives contemporary people struggle with in relation to their body-subjectivities. This might also be described as a tension between care and discipline—two sides of the same coin. My informants, however, label these mostly as thought and action.

#### 4.1.2 Learning Ayurveda as Bodily Practice: Regime and Morality

In 2013, when I met Markéta, a female artist in her late twenties, she was, from my point of view of 73 kg, a fit 23-year-old woman with a slight weight issue—she was extremely skinny. When we had been doing yoga and learning passive yoga—that is, how to help others relax a muscle group adequately enough to do a pose efficiently. Her whole spine was prominent, like in Schiele's paintings, as if covered

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<sup>88</sup> Another possible interpretation of this situation is that of a more mainstream biological stream of medical anthropology theory. Here, acceptance and rejection/denial of dis-ease are juxtaposed. Cunningham, Wolbert, Graziano and Slocum (2005) connect acceptance of illness and recognizing the need for effective strategies to manage it. A clear implication of these findings for practitioners is that acceptance of one's illness is a vital part of recovery, but acceptance depends on change being seen as possible. Other possible interpretation of this situation is from the point of more mainstream biological stream of medical anthropology theory, where the acceptance and rejection/ denial of dis-ease are juxtaposed.



by only a very thin layer of skin. She had always had a delightful smile with pronounced teeth (which I always considered rather attractive), and she suffered from usual skin issues like acne. She was also one of three women in our class who had been experiencing an irregular or absent period. Even though she learned in the school that her dis-eases could be explained by increased vata [characterized by dryness, lightness, coldness, etc.], it took her four months to overcome her disgust with fatty food and start to include it in her diet. Prior to that, it had consisted of low –calorie protein food and raw vegetables (a typical diet for people who want to lose weight and also an old habit of people who used to suffer from anorexia, as did Markéta). After several more months she looked much healthier from my point of view: she had gained some weight, her acne was disappearing, and she also got her period back. Happily, she tells me that now she loves to spend time greasing her insides (with food), but also outside, rubbing warm sesame oil all over her body's skin to earth herself from the decreased vata. (fieldnotes summary, 7/2013 – 10/2014)

Ayurvedic practice, that is, to live well as defined by Ayurvedic discourse and understood as regards one's own individual constitution, often means changing basic everyday body-maintenance habits related to how we eat, breathe, move, and handle our bodies. This process often starts with the urge to change, followed by learning theory; making changes; experiencing and, therefore, knowing; and surrounding ourselves with different normative ideas about body, food, people, or environment. What changes in this process is not just how practitioners think, understand, and do stuff but the physical body itself. Moreover, I further argue that an ontologically specific/different body is produced through this Ayurvedic process.



Figure No. 7. A soup Jarda cooked. The only meal he has had that day of my visit. Full of oily stuff like seeds or an actual oil, to decrease vata.

Source: author, 9/2017.

### *Changing Regime, Changing the Relation to Environment*

During the first seminar at the Ayurvedic school, Sára explains the following to me and a group of new students helping her label small jars for Ayurvedic spices:

People change their approach to food when studying Ayurveda ... . Moreover, living in accordance with Ayurveda is a full-time job. Doing it properly is, therefore, impossible, so we must compromise ... . It would be best to get up before seven o'clock, do some pranayama, do an hour of physical exercise, have breakfast. All meals should be made from fresh produce but cooked. After breakfast, one should start cooking lunch right away to make sure there is enough time for digestion. The same should happen with dinner, and preferably two hours should be dedicated to studying ancient writings. Every day one should also find time to dig in the dirt for a while. (fieldnotes, 7/2013)

In Ayurvedic schools, people are not just learning how to live according to Ayurveda. In lectures on theory, a general universal daily regime deemed beneficial is also modelled within this environment. For example, Sara wakes up at six in the morning, plays guitar and sings songs with the aim (I believe through its positive tone, managed by frequent usage of diminutives) of reminding us that nature, contrary to us, has already awoken. Then follows a rigorous programme. Starting with breathing exercises at 6 a.m., this is followed by yoga at 7 a.m. and then a freshly-prepared breakfast. Lunch is also fresh and, following the morning lecture, is served by 1 p.m. at the latest. Tea, typically served with breakfast and in the morning, is prepared from a specific masala (mixture) of spices like cinnamon, cloves, and cardamom. As the black tea is boiling with spice, milk, which also needs boiling, is added to eliminate its heavy quality. The afternoon lecture block goes until dinner, usually served around 6 p.m. When it is rainy, meals tend to be spicier (a drying and warming effect), and when it is hot, mint tea and its cooling effect is typically served throughout the day.

The basic idea, then, is to synchronize one's regime with the natural one. When the qualities of the surrounding environment change, like the turn of the seasons, day/night, or even dry/rainy or hot/cold weather, special attention is given to compensate for those qualities through conduct to keep balance. How this is done in individual practice outside the school will be shown in Sibila's case.

In spring 2017, I visited Sibila and Vlado in their hometown. When asked why she started to practice Ayurveda, Sibila responds that she "was looking for karmic issues, but ... didn't know it could be influenced by food" (interview, 6/ 2017). Food, sleep, breathing, and movement become the basic tools to "tune the way one lives" (see chapter 4.1.1, 101-102) using Ayurveda. Thus, the changes to these most basal life-maintaining actions are typically the first way students introduce Ayurveda into their life. The more basic, even seemingly almost instinctive, the action is to people's lives, the more profound its change is in relation to one's life. In this chapter, I therefore focus on how this Ayurvedic type of tuning everyday life (practice), which entails a form of governmentality, ontologically produces specific bodies-subjectivities.



Figure No 8. The shelves in Sibila's shop: meditation music CD's, mandalas and Ayurvedic teas. Source: author, 6/2017.

My first day there started with me picking up Sibila at the shop close to the town centre. She had run this shop before practising Ayurveda. However, besides healing crystals, incense sticks, meditation CDs, mandalas books, tarot cards and other “esoteric” goods, she has added several cupboards of Ayurvedic literature, herbs, spices and so on since taking on the practice, including publications by the Teacher and the school collective.

I check out the eclectic offer displayed on the shelves. But since the time is pressing (the right time for the lunch), caused by the time it took me to travel from Prague, we must hop in the car and go for lunch.

On the way, Sibila tells me she's been doing a cleanse, so she can't eat fermented food. She tells me they had gnocchi with bryndza<sup>89</sup> for the first time in a long time, so she is waiting to see what will happen. Continuing, she says, “The other day, we made meatloaf.” To which I reply to Vlado, “I don't know, but should I take out the cucumbers?” And I did. Of course, she immediately said: “Pop! Pop!” (pointing to her pimples). I said, “but surely if you eat at the right time and the body is healthy, you'll digest something, right?” “Not really,” She responds, “We just can't ferment” (because Sibila and I have the same body constitution according to Ayurveda). She continues, saying, “Now that I am cleansed, after coming across Ayurveda, my body knows it immediately.”

We go back to the shop ... close it at 6 p.m. and go home to eat. They get their favourite bacon and eggs [which made me think about how excited she was telling me about she had lost weight spontaneously just by eating fatty food in the evening and dry food in the morning]. I have fruit dumplings (from yesterday). I never thought I'd have such a big hit for dinner, but they load me up with four, and before the microwave dings, I learn how I must fry it up tonight ... . I'm stuffed and happy we're moving to their comfy couch. I turn on the recorder, and the conversation lasts almost 4 hours. At one point, she asks rhetorically, "You know what else Ayurveda changed for me? My mom always told me that mornings are the most beautiful. I didn't understand. Now I open my window in the morning ... I didn't know Ayurveda then ... You know, by the time the kapha (a constitution typified by qualities like heavy, slow, cold) notices it's summer, it's almost over. But the fact is, since I've been doing Ayurveda, the intervals are getting shorter" ... The only

<sup>89</sup> A type of fermented (usually) sheep milk-based cheese.

thing she hasn't yet mastered with Ayurveda is her indecisiveness. (fieldnotes, 6/2017)

Sibila and Vlado are not that dogmatic, and we went to bed much later than we should have per Ayurveda. However, she does apparently feel the pressure. She wants to put everything in order, balance everything, and her indecisiveness greatly troubles her. I, of course, know that feeling myself; we do have the same constitution after all (see chapter 3.2, 79-80)



Figure No 9. The bookshelf in the “guest” room. Source: author, 6/2017.

The next day, I notice that most books in the guestroom are about Ayurveda. These include translations of the Samhitas or other books authored by the Teacher, the school collective or other prominent Czech or Western authors focusing diversely on Ayurveda's way of life and healing (cf. chapter 4.1.2). As I browse, I am getting somewhat stressed about catching my bus. Then Sibila shouts at me from her room:

“I’m standing in front of the mirror, and I can’t sway.” On the way [to the bus station], I am looking around at the beautiful, hilly landscape around me when she tells me how she can only fast in the spring when it is a kapha [defined by heavy and slow qualities]. Otherwise, she is too hungry, but when she eats in the evening, she can’t sleep . (fieldnotes, 6/2017)

These field note excerpts show what changes are employed in relation to everyday spatio-temporal-material practices when living according to Ayurveda, that is, per one's natural constitution and the changing qualities of the environment. Sibila and Vlado eat strictly three times a day and adjust the content and size of meals in relation to their constitution and the qualities of the day and seasons. Generally, they also wake up earlier (more synchronized with the natural environment). They have stopped consuming cold meals and beverages. Sibila does (at minimum) breathing exercises every morning. Overall, she has employed a regular sleeping, eating and work regime and sticks strictly to it. One of the most important rules for vata prominent people is to stick to regularity. Moreover, to top it all off, the more they practice Ayurveda, the more the body becomes sensitive to unfulfilled and ignored needs. Thus, knowing how and why things are happening increases their potential agency, which

nevertheless also creates a certain moral imperative concerning balancing the body. Interestingly, even normative labels, for example, regarding good or bad food, are reframed rather easily according to Ayurveda discourse. Additionally, the collective aspect of proceeding with such change also plays some role here. They are in it together, they changed their regime together, and they support each other—all commonly described factors, for example, in resolution fulfilment. Nonetheless, Sibila perceives difficulty in getting rid of some behavioural pattern that is distinctive for her (our) constitution, that is, time management and indecisiveness. This is the pressure created by the moral imperative produced through knowing, which they employ and which produces a sense of understanding and, therefore, hypothetical access to change “dis-ease into health” (Teacher, 9/2013).

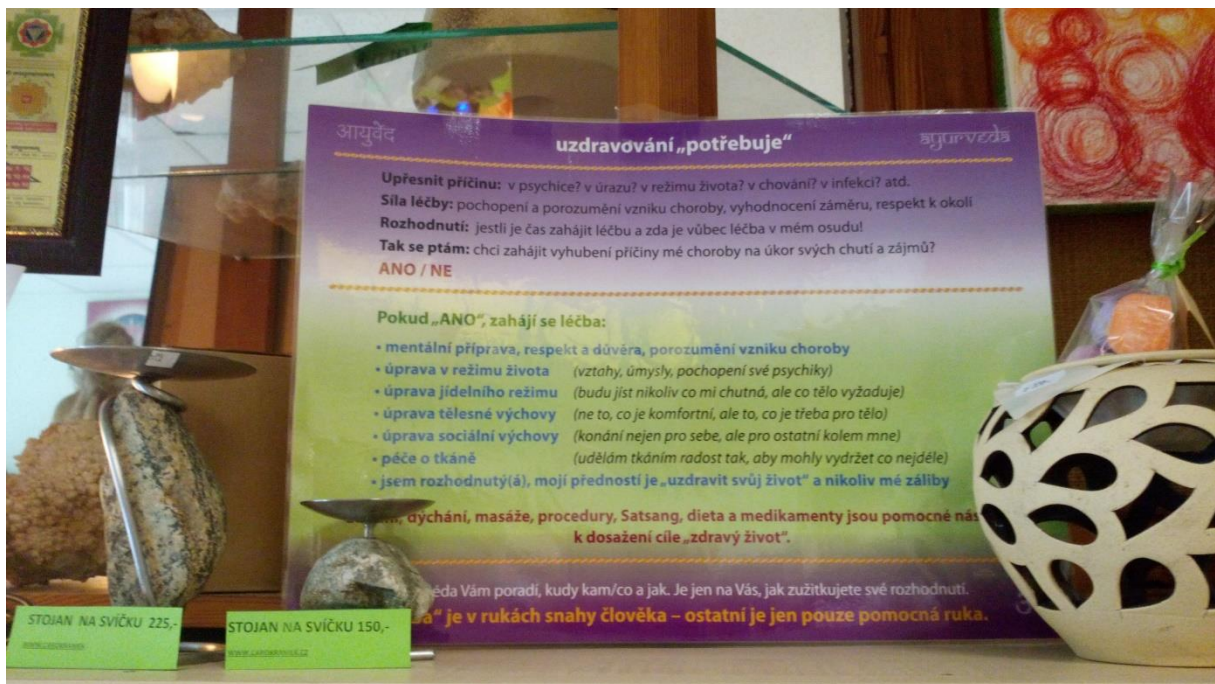


Figure No. 10. A chart introducing what is needed for healing, as displayed in the Sibila’s shop. Source: author, 6/2017.

A chart distributed at the Ayurvedic school Sibila and I attend is displayed in Sibila’s shop at eye level and it has a slight disciplinary effect on me. It is a very prescriptive illustration of Ayurveda’s holistic and individualized approach to body and health. It lists the conditions to healing and the process itself. It starts with the need to define an origin to dis-ease. This could be of psychological origin, an injury, an infection, but also from lifestyle or behaviour. The efficacy of the treatment, as it is stated, depends on understanding of origin. Learning about the purpose of healing is necessary but the key is deciding whether healing should take place.

Thus, according to the chart, one should ask whether one really wants to start eliminating the origin of a dis-ease, even at the expense of passions and interests. If so, then one must do what follows: The first step should be “mental preparation”, comprising a development of “respect and trust” as well as an “understanding of the dis-ease origin”. Then the “adjustment of lifestyle (literally the regime of life)” begins, which covers “relationships, intentions, and knowing one’s own psyche”. This is followed by an “adjustment to the eating regime”, meaning to “eat not what I like, but what my body requires/needs”. “The adjustment of the bodily regime” comprises doing “not, what feels comfortable, but what is needed to do for the sake of my body”. After, “adjustments in sociality” which dwell in “doing [things] not just for oneself, but

for other people around me” follows. Finally, “care for tissues”, where one should “make tissues happy so that they last as long as possible” begins. The whole chart then closes, with: “I have decided. My priority is to heal my life, not my hobbies.”

The chart describes how healing requires complex change because dis-ease is believed not to rest in one place in the body but to emerge as a result of a person’s deviation from their natural state. It makes rather clear that even though the origin of dis-ease—a disbalance—can be related to an outside disturbance, healing entails unpleasant changes. Moreover, it suggests very clearly that what maintains dis-ease are bad habits the person has inflicted. These habits are represented here as pleasant for the person but toxic for overall well-being. To get rid of the dis-ease, one therefore needs to have strong will and dedication, because it entails the sacrifice of comfort, the passions of the body, which, as is implicated, are superficial and contrary to the importance of well-being. Based on this chart, I argue that only people inclined to a higher degree of ascetic morality performance are able to be well.

### *Regime, Responsibility, Morality*

“How come you're sick, you're doing Ayurveda!” (fieldnotes 5/2017), he asks me. Since I had a bit of a cough and, somehow, could not seem to get rid of it, I have called Ladislav, one of my schoolmates, regarding a planned visit out of concern for his young son.

Knowing or thinking you know how to change, how to turn dis-ease into well-being can be dangerous. Until people’s responsibility for own wellbeing is distributed towards other bodies (healthcare institutions), wellbeing is not a moral imperative of an individual. And although nowadays, we experience this all-present immanent pressure towards self-care, most dis-ease is still considered in the dominant discourse falling under the domain of expert knowledge. Therefore, I will now present an extreme case of what theorists have thematized as *late modern reflexivity* and what I believe we can even understand to be reflecting the neoliberal subjectivity. Ayurveda also does not garner local attention for introducing an alternative. On the contrary, I argue, that, people seek, understand and practice it because it reflects what already is familiar to them.

At the last weekend seminar of the first year of study, the lecture is coming to an end. We are sitting in the classroom—a hall, as usual, on the floor, sitting in the Turkish way or on our heels behind low wooden tables covered with notebooks, computers, books published by the school, cups of tea and bottles of water. We sit and watch the Teacher. Some of us are trying not to fall asleep after a full day of Saturday lectures and Sunday practice and yoga theory, but the excitement of the end of the year, the anticipation of summer, and other such things, are keeping most people awake. We are listening intently, waiting for information regarding continuing studies. At the end, the Teacher asks us what the Ayurveda seminars have given us so far. One by one, we answer and thank the Teacher, the other lecturers and our classmates for the experiences we have shared over the past year. In addition, almost everyone comments similarly on what studying Ayurveda has meant to them. Bára says, “It was only here that I understood what the science of life means. Here I am learning to breathe, learning about our bodies and how my

mind works. And I really feel like this is something that should be taught in our elementary school—just the basics ... I realize how I've lived my whole life in a rajasic way, what our upbringing and our education system is. I'm really learning to live here; I always seem to learn information that pertains to me. We get instructions on how to live here; no one taught us that anywhere, not even at home. (fieldnotes, 6/2014)

Bára has been studying Ayurveda for two years, the first of which she spent with Pavol. She is over thirty and has a small child. She also completed a university education and works in a relatively socially prestigious field. She started studying Ayurveda, as she claims, because she is sympathetic to natural ways of dealing with dis-eases and would like to become independent of physicians, even more so now that she has a young child. She grows various Ayurvedic herbs and makes her own medicines from them for external and internal use.

Like Jakub, Bára has come to know herself through Ayurvedic epistemology. Although she also addresses the material part of dis-ease, she is more drawn to the invisible causal layer discussed in chapter 4.1. She aims to avoid any dis-eases emerging. She thinks a manual on how to do this should be introduced as a part of the socialization process. However, this is exactly what our socialization lacks. Bára contrasts following this manual with the consumerist way of life shared by contemporary (and near-past) society. Rather than the absence of interpretive schemata that Ayurvedic epistemology would substitute for it, Bára refers to the absence of an authority to impose such schemata. Bauman sees one of the main features of contemporary society as a kind of liquefaction of solid objects, which manifests in traditional institutions such as the family or the school (Bauman 2006). Giddens, meanwhile, speaks of contemporary society's alienation from the past as regards a loss of continuity (Giddens in Seidman 1994, 46). He further mentions that "nothing can be known with certainty because all the previously known foundations of epistemology have proved unreliable" (ibid.). Seidman too discusses Bauman's thesis about the individual's "sense of anxiety, uprootedness and loss of direction" in contemporary society (Seidman 1994, 194). Thus, like Jakub, Bára gains a greater sense of understanding through Ayurveda. Unlike him, however, she did not have access to biomedical knowledge, which is exclusively mediated to people trained in this field of expertise (cf. Foucault 1973). Her insecurity, therefore, does not stem from a sense of failure to function in the epistemology of illness hitherto in use. Bára does not gain this sense of understanding, producing a feeling of certainty, simply because she now has access to knowledge of herself. Rather, it is primarily because she has produced a new moral imperative through Ayurveda. Geertz names a third situation in which chaos, that is, the inexplicability of events, can cause an individual to lose orientation in his or her own life (Geertz 1973, 100). This dangerous situation is characterized precisely by an intense or prolonged sense of missing moral insight (ibid.). Bára mobilizes Ayurvedic epistemology primarily to increase her resilience (or reduce suffering, as she puts it), which can be achieved precisely by applying a new morality.

In the evening, after the lecture, I sit down in the hall with Bára and Magda—they know each other from another school they attended the year before. When I ask them if anything has changed, Bára says she lives by Ayurveda. Since last time (last month's seminar), they have mainly tried to be in the second programme (observe

and not be attached) as much as possible, that is, to follow the principles of space (dharma). She says she doesn't want to suffer, so that's why ... . On the second day, we discuss embryology according to Ayurveda, and Bára is trying to figure out at what month of pregnancy she did something so wrong that her baby developed a hernia from it today. I tell her not to worry, that there is no reason the surgery won't go well. She says she knows this; she just wants to figure out what she did wrong. Although she tries to appear relaxed and calm, her face is full of remorse. (fieldnotes, 10/2013)

Unlike Jakub, Bára, after her encounter with Ayurveda, stops dealing only with health problems and starts to emphasize moral issues. Perhaps because she has extended her responsibility for her health to the health of her loved ones, her new knowledge becomes a moral issue. Thus, Bára does not emphasize “only” awareness of the (invisible) causes of her actions but tries to manipulate them in order to prevent any negative effects. The new moral imperative that Bára embodies then functions as a manual for achieving this. Here, the aforementioned connection between the subject and object of dis-ease origin is extended beyond the boundaries of one's own body and life. The new moral imperative that Bára translates from Ayurveda is intertwined with an increase in her own agency. The result is Bára conceives of herself as an agent in almost everything that happens to her and her immediate environment. What increased Jakub's self-confidence in relation to his own person decreases Bára's as it concerns her family. Bára encounters Ayurveda with the aim of a certain independence from biomedical institutions and the pharmaceuticals they mediate. She finds knowledge of the workings of her own (and others') body and mind, through the application of which she becomes truly independent of this system to a large extent. However, what enhances Bára's confidence is the sense that she already knows how to live properly. Largely self-reflective, Bára finds in Ayurveda a conviction that a non-consumptive way of living that maximizes taking responsibility for one's actions is the right thing to do. She identifies moments in her past and present actions that were and are not in line with this new morality. And since she alone can prevent something from happening, she puts herself at fault for many things. She has thus redistributed responsibility for her and her loved ones' health entirely onto herself. Her newfound confidence in knowing her own body and mind is diminished by her inability to manipulate herself consistently, as the new morality dictates. Lock, in her review of social science approaches to the study of the body and corporeality, summarizes the thematization of individual dis-ease. She claims this is either systematically recast within (predominantly Western medical) institutions as amoral and decontextualized as biomedical signs and symptoms or the problem is moralized, whereby the person responsible for it is clearly identified (Lock 1993, 141–42).

Bára's case here illustrates two things: one concerns moral insecurity—the rightness of one's way of life—and the other concerns the uncertainty of making the right choice when convinced of what is right. Both are simultaneously conditioned by fear, fear for one's health and fear for that of one's loved ones. Thus, from my analytical perspective, the individual's desire for a clear definition of the right path within contemporary society is conditioned both by a fear of one's resilience (Geertz, 1973, p. 100) and by a certain imperative towards self-improvement (Bansel 2007). Bára thus adopts Ayurveda, a “proven” tradition, and tries to live by it. However, the sense of agency of the individual, which is already strong enough in contemporary society, is



thereby taken to a whole other level by Bára. In extending responsibility to her health and the health of those closest to her, which is linked to the extension of her agency and an assumption that she can choose well-being, her fear is amplified. She discovers that she cannot control her past actions as well as some of her future ones. Indeed, the possibility of choice is largely an illusion that depends precisely on the extent of individual responsibility (cf. Mol 2008). The individual's insecurity, compounded by the weakening of institutional disciplinary (but at the same time also protective) mechanisms, is, in this case, reinforced by the new mode of self-discipline that Bára applies. It is no longer a sense of weakening analytical skills and moral insight (Geertz 1973, 100) but the absolute redistribution of responsibility for oneself and one's loved ones that now deepens Bára's insecurity, intensified by fear of wrongdoing.

Wacquant (2004, 17) claims that to become a boxer means to appropriate a “set of corporeal mechanisms and mental schemata” so that they “erase the distinction between the physical and the spiritual, between what pertains to athletic abilities and what belongs to moral capacities and will”. I trust Ayurvedic practice exactly because it is so complex that it extends to and occupies a practitioner’s life in the same manner. Even though explanations of the lines between diverse types of practice—be it knowing, bodily practice or moral—need to be made, I nonetheless claim they always take place together, despite differing proportions. In the next section, I attempt to synthesize these so as to introduce how ontologically specific bodies are produced within the above-described Ayurvedic practice.

#### 4.1.3 Ayurvedic Practice as a Specific Body Becoming



Figure No. 11. My shelf with Ayurvedic remedies, including sesame oil for greasing inside and outside of the body. Source: author, 5/2017.

It is quarter past nine. Damn! Again, I overslept past when I should wake up according to Ayurveda. I go to the bathroom. Meet my flatmate there. She looks at me reproachfully, saying, “I am really going to go mad from your Ayurveda! Now, in addition to all the stuff, I am checking whether the colour of my poop is okay”... I do jala neti—clean my nose with salty water. Áááááh! And breathe

in freely. Go for a run. I run calmly, feeling my body until the first drops of sweat appear on my forehead, as they advised me in the Ayurveda school. I run uphill, starting to sweat heavily. My heart is beating fast and loudly. Therefore, I stop and stretch. I go again. Gently. On the way between the field and the orchard. I enter our house. I feel like doing something. I realize now that I used to be exhausted after a run and usually had to rest, at least for a while. I crush some cardamom, cinnamon and cloves in a stone mortar. I put it into some porridge—this should lighten the heaviness of the milk and fruit and help with its digestion. Still, something pops up in my mind: “You just lit a fire, and now you will put it out?” Hm... I know, they said, I shouldn’t eat oily and wet stuff in the morning. I go to brush my teeth. Do I have some pimples on my cheeks? Hm... increased hotness. Spicy. Acid. I don’t understand. I didn’t eat anything spicy yesterday, and I haven’t touched any wine. Go to the office. Work. Have lunch. Work again. Have a tummy ache. The wrong combination of food I had for lunch. What was the time of the lunch? Was it too late already? Therefore, I have a teaspoon of haritaki (Ayurvedic medicine for digestion). In a while, the pressure in my stomach is gone. I am hungry again. It is five o’clock. Nice. I can eat until my digestion-fire works. Working again. Have a coffee. My heart starts beating strongly. My stomach’s clutching. Cramps. I should not drink coffee at this time. Hm... squeeze. It sped up my metabolism, and now my empty stomach is digesting. It gets dark. I am leaving the office at 10 p.m. Again, I missed the best time for going to sleep. However, I am just not able to work in a natural rhythm. I do not really try hard to do that. The truth is that even though I do not always do what is good for me according to Ayurveda, I use it to cast doubt on whether I can hurt myself in this way. (autoethnographic note, 1. – 20.5.2017)

This autoethnographic note, a thick description of my reflections on the Ayurvedic way of life, was put together from situations I experienced over a period of approx. twenty days. It also reflects some of the most common thoughts and issues the participants related having experienced during the research.

Researching something like Ayurveda involves experiencing interpretations of the body's workings for oneself. Hence, the autoethnographic note illustrates the mundanity of incorporating Ayurveda into one's life, interwoven as it is with various dimensions of pressure towards self-control. The issue of acquiring the ability to exercise self-control may relate to, for example, controlling one's own body during physical activities such as running or eating. As shown in the quotation, when running, it is possible to perceive the bodily sensations (correctly, according to Ayurveda) and adapt the movement to them—that is, to consciously control or run independently of them. The effect of controlled running differs from uncontrolled running not only in terms of the amount of energy produced (and, with it, the ability to continue other daily activities coherently) but especially in terms of the feeling of self. The question is whether such self-control is always possible, particularly when many environmental influences interfere with the body. Ayurveda is holistic in nature. In addition to emphasizing the interconnectedness of the body's organs, it thematizes the individual's dependence on his or her environment.

However, in doing so, it also dissolves the boundaries of the individual body, which are, consequently, stripped bare and exposed to environmental elements. Thus, for example, eating lunch too early or too late can cause abdominal pain, as described in the opening quotation.

This is what holism in relation to specific bodily practice looks like on an everyday basis. This is how specific bodies, individualized but interconnected with the environment, are produced. This is an account of specific Ayurvedic bodies becoming and their limits.

## 4.2 Becoming Bodies Differently<sup>90</sup>

### 4.2.1 Inside and Outside of the Body



Figure No. 12. Ladislav's kitchen tea shelf. Source: author, 5/ 2017.

Ladislav has worked for more than ten years as a yoga lecturer, massage therapist and Ayurvedic consultant. He looks, accordingly, fit, with a muscled body and a minimum of subcutaneous fat. He is over forty years old and has a small child. He has had several Ayurveda teachers in his lifetime, and his apartment is saturated with Ayurveda in the form of bookshelves full of literature, kitchen shelves overflowing with Ayurvedic herbs and spices, and a bathroom equipped with tools for cleansing techniques, like tongue scraper and *jala neti* pot. Ladislav claims that thanks to Ayurveda he has not been ill for ten years.

“Thanks to Ayurveda, I can recognize imbalances in myself ... and start solving them over time ... for example, if I feel that I have dry skin somewhere, ... I start to lubricate, so I put a little more fat in my food, nuts”. (interview, 5/2017)

Ladislav addresses dry skin by lubricating it and enriching his diet with more fat or fattier foods. Similarly, after the first few seminars in the Ayurvedic school, several staunch opponents of

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<sup>90</sup> This chapter is largely drawn from published paper (Wolfová 2017).

fatty foods began to regularly oil their bodies and add several times the amount of fat to their meals compared to what they had eaten previously—this is done to overcome dryness in their bodies, whether manifested by constipation, prolonged interruption of the menstrual cycle, or brittle nails. Contrary to dominant ideals about the body's functioning that stem from Western dualistic epistemology, where problems are solved at the point of symptom manifestation, in Ayurveda, internal problems are also solved externally. Thus, problems visible on the skin are also addressed from within by the practitioner. In Ayurvedic practice, a connection between the outer and inner parts of the body is established.

#### 4.2.2 Body and Mind

In Ayurvedic practice, other connections to the body's boundaries emerge. Perhaps the most significant is the connection between the physical body and the mind. As an example, Dana explains here how she uses one of the Ayurvedic herbal teas:

“I make myself that cup three days in a row when I'm feeling heavy, and not just, like, in my stomach, even, like, mentally, I would say... Suddenly, like... like, things that are crammed in just get more space”. (interview 23/11/2016)

Dana describes how she feels equally “heavy” both physically and mentally. Thus, the material body and the mind are interconnected here. When she has a problem, it can manifest as much in the mental body as in the physical one. Some practitioners make this relationship very explicit: “What you wish for, you get ... . Now, I'm also careful with my words” (interview with Petr, 4/2017). In the same way that the outside and inside of the body become one, so too do the mental and physical bodies. Recognition of specific dis-ease (cf. Sointu 2006) is here tied to recognition of the body and mind as a holistic whole. The body, all parts of which are in an interdependent relationship, does not function separately, nor does it make sense to address symptoms as separate. Thus, in practice, there is a discovery of the body and its constitution as a coherent whole.

Compared to Ladislav, Dana does not talk about never being sick again despite having got rid herself of dis-ease after encountering Ayurveda. Instead, she reflects that something has changed. She describes this change as a certain feeling:

“I'm much more aware of the body. I'm much more aware of digestion. I think I've helped myself a lot just with some herbs that I've been sort of mixing with digestion. I used to have really bad digestion. That's what I remember, feelings of heaviness... I feel like if I eat some fried meat, it's hard to digest ... . It's always hard for me, like, a lot. And I've eaten quite a lot of it in the past, and I felt like it was THE food ... . But then, I felt like I've overeaten, yeah, that I just overate. Then I started to understand that it was the combination of those foods ... . I kind of started to, like, be more conscious of what I was putting in”. (interview, 11/2016)

Dana, who is also in her early forties and has worked in high-level marketing positions most of her life, is one of those who do not promote Ayurveda in any way, does not make a living from it—nor does she give it much credit in terms of personal development and life success.

Nevertheless, she speaks of a transformation in the perception of her own body. Though she had recognized before when something was not quite right in her body, like Ladislav, through knowing, she is now able to identify more precisely what the problem is and what caused it. Here, through Ayurvedic practice, one gains a better ability to perceive and, therefore, greater agency by connecting more closely with the mind. The absent body (Leder in Baarts and Pedersen 2009, 723) becomes present, intelligible and active as regards perception (e.g., perception of digestion). Similarly to Sibila in the previous section, who claims she is much more sensitive to the wrong treatment of her body, that is, not respecting natural constitution, there is a positive correlation between the time and intensity one practises Ayurveda and bodily responsivity.

#### 4.2.3 The Body-Mind System, Other Entities and the Environment

The body is not the only thing that acquires agency through Ayurvedic practice. Food, which Dana had previously seen as a passive object whose effect on the body varies only according to the amount she eats, is now endowed with its own agency. Different quantities, different preparations, and different combinations of foods interact with her body in different ways. Food thus actively influences Dana's experience. There is not only an awareness of the body in terms of perception (e.g., digestion) but also an awareness of food in terms of the many ways it interacts with the body as established within the practice.

“Dana: As I get older, my vata increases.

Alžběta: How specifically?

Dana: By drying out. Hair... It's the different stresses... my hair and everything. You can see it... because it's the coldness, and it manifests itself health-wise, for example, as soon as I'm in a draught somewhere... I can feel it very fast, and I get sick easily. I've learned to really hide certain places, well... I'm more aware of myself, much more aware of what I'm doing.” (interview, 11/2016)

Dana reflects that time and space are other factors that influence her health. She experiences how aspects of the external environment interfere with her body. Thus, in the process of knowing, in addition to the connection of body parts and the whole system with other entities (such as food), there is also a connection with the environment.

#### 4.2.4 Interconnection: Awareness, Recognition and Articulation

In their article, Charlotte Baarts and Inge Kryger Pedersen discuss the benefits patients experience when treated with different alternative medicine methods (Baarts and Pedersen 2009). Surprisingly, healing or pain relief are not the main reasons that convinced participants in their research as to the efficacy of these methods. Instead, they find other things, that is, “derived benefits”, to be more beneficial. These benefits include bodily control and awareness, which the authors thematize through a phenomenological analysis of the “active body” (ibid., 720). In doing so, they refer to a phenomenological analysis of the “absent body” (Leder in

Baarts and Pedersen 2009, 23). This shows how the body in a state of health, becomes alienated from itself by being taken for granted (ibid.). Pain, in turn similarly as some non-conventional medicine practices, as claim authors, makes it present and forces the individual to consciously manipulate the body (ibid., 724).

Bruno Latour also polemicizes reflections on the body (though not in the context of CAM). Rather than examining “mere” changes in the body’s sensation, he bridges the gap between sensation and physical changes (Latour 2004). He takes issue with both exact science and phenomenology, the former of which he argues relegates the body to a set of physical and chemical properties. At the same time, the latter separates the body from reality by making it “merely” the sensation of experiencing it (ibid.). Through the concept of articulation, he is then concerned with how the body is transformed by training—how its powers of perception are trained. Using the example of training the sense of smell to detect perfume ingredients, he speaks of “creating or making new bodies” by showing how the body trains itself to let things affect it. Latour's articulation, however, is not about merely “realizing” or “sensitizing” the capacities that the body already has but about inventing new capacities.

Grünenberg et al. (2013) apply the concept of articulation to the study of kinesiology practice. Drawing upon Latour’s analysis of body articulation, they discuss how new bodies and new worlds emerge through various processes of connection and disconnection (Grünenberg et al. 2013, 99). They take the notion of interconnecting or relatedness from the anthropology of kinship and use it to specifically interconnect different bodies in therapeutic interaction.

In Ayurvedic practice, what happens with the body can also be seen as awareness or making the body present. As in Baarts and Pedersen's (2009) study, this occurs through a focus on the body that remains present regardless of perceived difficulties—through knowing. However, this is not an awareness of the body but of its internal interconnectedness and interconnectedness with the external environment. Here, then, I borrow the concept of body awareness in the sense of making the body present, where the body only becomes present through interconnections within and beyond its boundaries. As in the kinesiological practice study (Grünenberg et al., 2013), in Ayurvedic practice, a new body emerges (i.e., is created) through these connections. However, unlike the cited study, these connections are not limited to other bodies.

Knowing, a type of cognition, is, therefore, a particular recognition or deciphering of feelings in the sense of naming them. This recognition is the result of awareness of this interconnectedness. Recognition offers the transformation of the unclear into discourse and practices that can offer a sense of understanding (Sointu 2006, 507). Recognition, therefore, connects different parts of the body into a whole and, consequently, this whole with other entities and the surrounding environment. It connects the outside and the inside of the body, as well as the physical body with the mental body. The body, formerly passive, absent, separated from the mind, now perceives, speaks an intelligible language, and, as a result, it is possible to cooperate with it. Similarly, food, formerly passive (although it may have caused feelings of having overeaten), is now more connected with the body. They communicate with each other, negotiate the appropriateness of the diet, which is then reflected in a sense of well-being or discomfort. The outside and inside of the body, the mind, the food with which the body interacts

and the environment gain greater agency through this connection. Thus, a kind of awareness of interdependence is endowed upon the person.

Building upon existing scholarly discussions, Latour argues that “to have a body is to learn to be affected, meaning ‘effectuated’, moved, put into motion by other entities, humans or non-humans. If you are not engaged in this learning, you become insensitive, dumb, you drop dead” (Latour 2004, 205). However, in the case of knowing, which is the process of embodying Ayurvedic concepts, of transforming bodily conceptualization and experience, it is not easy to say whether this is the invention of new perceptual capacities or merely an awareness, a making visible of those that already exist, as in Latour's articulation. However, as in articulation, the body becomes more sensitive to things that affect it. Thus, with the discovery of the body (Baarts and Pedersen, 2009), there is also a transformation of its form. By connecting inside and outside, a dependent body is created. However, its boundaries do not “just” expand to include other capacities but tend to dissolve into a web of interdependencies. Nonetheless, one’s own body and self remain the centre for the practitioner.

Awareness, then, is understood as a naming, a connecting of entities previously perceived and experienced as separate. Yet awareness of the body is a key process that can be followed by awareness of other entities that interact with the body. Awareness of the factors that influence the body, however, also makes it possible for practitioners to better control the body. Awareness of the interconnectedness of the body thus enables and causes a transformation in the treatment of the body. If we think of this experience of interconnectedness literally, the body borders expand outside of what was before considered our body, but also weaken. We could say that Ayurveda makes available certain technologies of the self that enhance the agency of practitioners through the recognition of the body's workings (cf. Sointu 2006). A person's agency, therefore, expands with the body's borders. What we can know and experience makes us more complex. The subjectivity performed through this interconnectedness may have a theoretically beneficial egalitarian effect towards other (non-)humans, but the related responsibilities may also turn into difficult experiences. What if, despite, or precisely because of, the recognition of the body's interconnectedness, the capacity for self-control or self-mastery becomes unattainable? What if even just the sense of its attainability produces negative effects?

#### 4.2.5 Im/possibility of Self-control and Self-mastering

“It’s actually terribly simple. But the complexity for us is to receive it [Ayurveda] when you’re thinking about why something is a certain way, or how to specifically help when you have a sore throat ... . I just had surgery, so what does that actually mean? I mean, it makes all the sense in the world, and our job is to accept it, the whole wide range of influences and qualities, and somehow look for them. And that’s obviously difficult”. (interview, Dana, 11/2016)

Suddenly, the body becomes significantly more vulnerable, and its boundaries become more permeable. It is almost at the mercy of all internal and external influences. It is dependent on many variables here, which, on the one hand, is intelligible and logical if one has been dealing

with it for some time. On the other hand, it is not entirely easy to get to the bottom of the difficulty if such a wide range of influences is to be taken into account.

“It’s hard, but it’s about forcing oneself to think about it precisely. Just like I had a sore throat, and I was like, “Oh my throat hurts.” And then I was like, “No, no no. Why do you have a sore throat?” And, now, I didn't really know. Should I have ginger and honey? Or should I gargle turmeric? What do I want? And then I was like, “Yes, my throat hurts, but it's actually burning, so what's burning there. Why is it there? Well, I'll just cool it down.” But I still haven't quite figured out why it's, like, burning... . It's still like taking one step and thinking about why it happened”.

(ibid.)

About a year after I conducted the interview with Dana, she told me that she often finds it frustrating, but also motivating, when she does not find a solution to a problem, even though she has all the tools to solve it (fieldnotes 1/2017). Practitioners gain access to prevent the emergence of dis-ease and, when it happens, to heal it. They have learned what all body conditions affect and, therefore, know what to “watch out” for. They have gained certain expertise in recognizing their bodies and, with this, access to self-control or self-management (cf. Baarts and Pedersen 2009). But, of course, just because they have access to it in theory does not mean they use it. Why not? Do they not want to? Or are they unable to? In her analysis of herbalist treatment, Nissen (2013) finds this kind of CAM beneficial for her clients because it allows them to self-realize. However, this self-realization is not feasible for all informants, as it involves a certain “taking care of oneself” that is very time and energy-consuming (ibid.). In my research, too, practitioners do not always want to “get to the bottom of it” as they are unwilling or unable to devote the necessary amount of time or energy to the cause of the health problem. It is precisely for this reason that many factors need to be considered. Together with Mol and Law, I ask: “How might complexities be handled in knowledge practices, non-reductively, but without at the same time generating ever more complexities until we submerge in chaos”? (Mol and Law 2002, 1)

Both the diagnosis and the treatment are usually very time-consuming in Ayurveda. As a result, rather than speak of gaining expertise, we must speak about gaining *access to* expertise, or more precisely to theoretical expertise, the application of which can be difficult in practice. The following excerpt from an interview with Ladislav illustrates this point:

“For example, if I am flatulent, I know that I have thrown my vata around, and I know that maybe I have talked too much or travelled too much or thrown my regime around or eaten irregularly. Yeah. Or somehow, I've increased the vata. Even if I'm traveling and I go to Brno, and I have buttons in my stool, I can understand that it is not caused by food but by the fact I have travelled by train for several hours”. (interview, 5/ 2017)

It is clear from the previous quote that Ladislav does not just want to “get to the bottom of it” like Dana. He is not “only” interested in knowing the cause of the problem in order to know more. It is not just about deciphering the effects on his own body but recognizing where he went wrong. Lada sees his own agency as central here. Either practitioners can observe, perceive and become aware of their bodies in their interconnectedness, or they can embrace



reflection on this new way of being their body as an imperative of their everyday life. Thus, in the process of discovery, Ladislav got to know what influences the state of his body. However, with that comes the knowledge that it mostly depends on his actions. Indeed, what practitioners eat, listen to or what area of skin they expose to the wind or cold can, or rather should, be controlled. Moreover, because they know that environmental influences affect the body, they can usually manipulate them and interact with these influences so that they help, or at least not hurt. The other side of this coin suggests, as the opening quote also shows, that this also means they feel responsible for most of these things. It is not always possible to control how much one talks or how far one travels when, for example, the job demands it. Lada does everything he can to stay well. Thus, when well-being becomes an achievable norm, but one is unable to enrich it for whatever reason, it is neither empowering nor liberating. On the contrary, it can bind the individual and produce anxiety, anxiety about not achieving an attainable state of well-being. The following fieldnotes depicting a self-reflection on my own practice illustrates the complexity of this process:

I can now explain everything that happens to me through Ayurvedic principles. I know that I can influence most of my actions and feelings and change my mind and body if I balance external influences correctly. But influencing, and therefore having some control over myself, is not always easy. In fact, according to Ayurveda, our body and mind react with everything it comes into contact within any way. But I don't have the capacity to watch over everything. Weather, food, exercise, the right amount and time to eat and move, travel, etc. In fact, I don't even aspire to live completely according to Ayurveda. But it is true that its practice, which I initially did for purely research reasons, has gradually turned into a kind of automatic practice and results in occasional reproachful thoughts. (autoethnographic note, 5/2017)

Recalling how Ladislav reproached me on the phone about being sick, which, as he suggested bluntly, does not make much sense for a person who practices Ayurveda:

We both cough at the same time while walking together from the train station to his house. He starts filling me in on what he does, advising “not only turmeric, but boil long-pepper<sup>91</sup> in milk, that's something”. But when I ask him why he's still coughing, he says it's elsewhere, that he's just sad, and he won't do anything about it until the family situation calms down. (fieldnotes 5/2017)

For Ladislav, it is incomprehensible for someone who does Ayurveda to be sick. In fact, he finds dis-eases unnecessary, and when someone suffers from them (especially mild ones), it is instead a sign of laziness and negligence in following Ayurvedic principles. With this attitude, it is, of course, not easy for him to be sick himself. Indeed, knowing how the body works and all that relates to and affects it does not always guarantee a successful solution to the problem. As has been said already, the body in Ayurveda is interdependent with many things. Not only the body itself but also other entities thus acquire considerable agency here. As a result, their agency is equal. Therefore, if a person is exposed to an unpleasant situation, it can take a toll

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91 *Pippali* pepper.

on her well-being. If she cannot or will not change the situation, the difficulty persists. As the last passage implies, despite knowing the body, it is impossible for Ladislav to manipulate it. Here, environmental factors override the body's agency, making it impossible to control it, to empower oneself or any other positively perceived effect of Ayurveda. We, therefore, arrive to a place where the agency of other entities acting upon one's body is greater than one's own agency, than one's own ability to solve the problem. This situation may then inhibit self-mastery.

Awareness of the body in Ayurvedic practice, that is, awareness of its internal interconnectedness and interdependence with the external environment, does not, therefore, automatically imply knowing the bodily dis-ease experienced—precisely because it is dependent on so many factors. At the same time, the body-centrist approach adopted often produces a sense of primacy concerning one's agency and, thus, the potential to solve almost any bodily problem, contrary to the discourse implying equal agency among all actors bound to the interdependency of a specific situation. Here a parallel is offered to the conquest-like narrative of Western science about the subjugation of nature. Still, even Ayurvedic theory need not overlap with empirical reality. If one fails to address dis-ease successfully, such a situation may produce unpleasant feelings. For example, when considering all the different options, Dana often cannot recognize the origin of her bodily struggles or the strategy for solving them. At the same time, she feels that she could, as she has potential access to all the relevant information and knowledge. The auto-ethnographic notes illustrate more extremely that this situation can cause anxiety about one's misconduct. Nevertheless, if, on the other hand, the individual does not gain a sense of primacy of his own agency but is convinced his body is in an interdependent relationship with an almost infinite number of other existences, responsibility for himself among these existences may become completely diluted.

#### 4.2.6 The Main Tenets and Limits of Becoming Bodies through Ayurveda

In this section, I discuss how practitioners accommodate Ayurveda in their lives. For some, this is a process which introduces different phases of immersion into Ayurveda or Ayurveda into one's life. However, usually, people practice Ayurveda through knowing, the reorganization of daily routines and morality—putting a different emphasis on each but, in consequence, still producing ontologically specific Ayurvedic bodies.

Drawing on traditional Western epistemology built on opposites, such as inside and outside, self and other, nature and culture, Ayurvedic practitioners integrate these categories into an often non-hierarchical whole. In practice, this means that areas previously seen as separate, functioning independently of each other—individual organs, the physical and mental, the body and its material surroundings, or the self and other people with whom the individual is in contact—become connected vessels. Here the outside of the body (e.g., skin, hair) is connected with the inside (e.g., stomach) and vice versa, the physical body with the mental body, the mind. The body and mind, which form a whole as a result of these interconnections, then interact with various other entities (food, environment) and external influences (weather, time, space, social relationships). Thus, in Ayurvedic practice, there is recognition (Sointu 2006) of the

interdependence of body parts and the body and the surrounding entities with which it interacts. As a result, the body-mind system becomes much more complex but, at the same time, its boundaries become eroded. It becomes dependent on a multitude of internal and external influences. Thus, recognition of the body's interconnectedness also causes an increase in the agency of all interconnected things. The body, mind, food, close people, weather, etcetera become acting subjects with whom one has to agree, know, adapt to or somehow manipulate in order not to aggravate the existing bodily state. Since it is not only a matter of transforming the understanding of the body, but the perception of the body, the transformation of the experience of the body and, consequently transformation of the handling of the body itself—the transformation of its creation—practitioners are thus transforming their bodies into Ayurvedic bodies.

Knowing here refers to the employment of holistic and individualist Ayurvedic epistemology stemming from the ontology-organizing bodies and world in general in one interdependent ontological unity. This reframes the practitioners' categorization of the body and world, creating new norms. At the same time, knowing is conditioned by the objectification of the object of enquiry, that is, one cannot be personally attached to healing dis-ease to understand how. This introduces quite a limit to knowing, for neoliberal subjectivity. At the same time, knowing is also framed as a specific bodily experience, making the body an ultimate methodological instrument. Thus, the biomedical epistemology the research participants have been socialized into is persuasive because it has been institutionalized from outside (i.e., in a top-down way), and, at the same time, it restricts any deeper understanding of how most dis-eases emerge and how to treat them. However, in Ayurveda, the epistemology and, therefore, the knowing need to be institutionalized from inside. The authority for such knowing is bestowed through one's own experience; thus, it is kind of unstable, but it also suggests the institutionalization of individualized norms, of one's own particularity. This different epistemology is finally established through discontinuities regarding the dominant one, but also the continuities. These introduce the objectification of body, a certain dis-attachment from the object of our focus as a condition of knowing it, but a dis-attachment that is also challenged by the overlap of the knower and known—the object and subject of knowing as well as the object and subject of the dis-ease origin.

The Ayurvedic way of life can be very demanding in terms of considering all the factors which, according to its theory, influence the functioning of your body, as, for example, diet does. The correctness of diet, as regards its composition and amount, depends on body constitution, the time of day and year, momentary state. Moreover, it also entails monitoring oneself, a kind of ex-post confirmation of the rightness of conduct where one cycle's through what has been eaten, drunk, or done in general that would have caused the problem. Finally, these two things—the prevention/monitoring of self and environment in the sense of their fit and the recognition of past conduct resulting in a bodily manifestation of experienced disharmony—form an excellent basis for a body-mind technique (or techniques of the self) for disciplining one's own behaviour towards avoiding fluctuations in well-being.

Put differently, knowing is fixed but also underpins everyday practice, including the spatiotemporal bodily regime, the balance of one's natural constitution and the changing qualities of the biosocial environment. The hypothetical assumption of understanding and,

therefore, the ability to solve any kind of dis-ease nevertheless creates a strong moral imperative, especially for rather reflexive people. When the norm is individual, and the related, adequate treatment is ever-changing according to time and space, it can be incredibly difficult for people living in a society where this ontology and epistemology is not institutionalized, where other social institutions do not follow it. The new, much stronger imperative of self-care can, therefore, be interpreted as a narrowing of existing norms, which, at the same time, have no referential point except individual experience, no objective authority mechanism.

Since Ayurveda says that holistic bodies (or better, systems of bodies and minds) are individual, everyone comes to know (their body, themselves, other things, and the environment) slightly differently (cf. Nissen 2013, 79). I have defined recognition as the pivotal moment in the process of knowing, that is, the recognition of one's own previously unintelligible difficulties or feelings (Sointu 2006, 507-509). It is the moment of recognition, the specific clarification of the previously unintelligible, that is crucial here for practitioners to stay with Ayurveda. Following Latour (2004), Mol and Law (2004), I then shift the concept of recognition from "merely" knowing medicine and seeing through the lens of medicine to a transformation of thinking and experiencing and practising one's own body. Thus, I observe how the bodies of Ayurvedic practitioners are newly made. Using the concept of linking (Grünenberg et al. 2013), I then discuss the specific effects of knowing that relate to ways of doing the body. This, in contrast to the CAM literature, does not define the interrelation of two bodies or individuals, but rather the interrelation of different parts of the body and mind system with the environment. I thus combine studies dealing with the effects of CAM on its users with theories about the body put forward by science and technology studies (STS) authors in order to show, using Ayurveda as an example, how new bodies are created through the interconnection of different things (cf. Grünenberg et al. 2013, 99).

In the process of making Ayurvedic bodies, there is a transformation of the perception, experience and reproduction of the body and the environment. It is not only happening in a different way but in different compositions. What the body looks like, how it functions, what it is connected to and what affects it is rearranged into new relationships. The key point is that a certain "body-centrism" is both the stimulus and the product of the whole described process. Although body-connecting involves a transformation of self-concept, the treatment of one's own mind and the environment, the body itself is at its centre. The body is the main object of the practitioners' attention, the main indicator of whether something is amiss; at the same time, it is also, in a sense, an object that is easier to read and discipline than the mind. And it is exactly the tension between the Ayurvedic doctrine of holism, assuming an equal agency of all entities, and this body-centrism which can make becoming Ayurveda, that is, holistic and individualized bodies, a rather agonizing passage (Moser and Law, 1999). However, is not this extreme and detailed responsabilization exactly the thing which restricts this existence?

Contextualizing it back to the local Western/Czech environment, the concept of holism regarding a specific approach to person (e.g., through holistic medicine) is rather popular today. It has become an excellent countercultural brand and slogan opposing the hegemony of Western medicine. This approach, though, has a long tradition in our culture. In the roots of European civilization, we find the concept of Kalokagathia, introducing the connection between mental and physical beauty. Among more contemporary traditional variations, the institution of the

Sokol<sup>92</sup>, for example, links the same areas of the human being, albeit explicitly in relation to health, with its motto “a strong mind in a sound body”. Today’s holistic medicine trend or “holistic movement” in the West emphasizes the interconnectedness of separately perceived parts of the human being (e.g., organs) in biomedicine, as well as its dependence on the surrounding natural and socioeconomic environment. Above, I therefore discuss a phenomenon that is almost notorious and about which most people, both experts and laypeople, likely have some opinion. Perhaps then, there is no analysis in the literature of what such holism looks like in the everyday practice of people who try to live by this idea.

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92 <https://en.wikipedia.org/wiki/Sokol>

## 5 Im/possibilities of a Well-Being

“One cannot really live the belief associated with profoundly different conditions of existence, that is, with other games and other stakes ... . Those who want to believe with the beliefs of others grasp neither the objective truth nor the subjective experience of belief,” claims Bourdieu (1992, 68). He draws here upon an idea that one cannot simply rationally decide to do something because: “practical belief is not a ‘state of mind’, still less a kind of arbitrary adherence to a set of instituted dogmas and doctrines (‘beliefs’), but rather a state of the body” (ibid.).

Building upon Bourdieu’s point, this last chapter discusses this exact principle as regards the potential of and limits to the practice and becoming of alternative bodies. Drawing upon the analysis of good and “bad passages” (Moser and Law 1999) towards the Ayurvedic well-being and living introduces here an analytical category regarding practitioners’ experiences reflections as well as a much more abstract discussion of being/ living well with respect to (the natural) environment.

### 5.1 Well-being Troubles: Ayurveda and Other Games<sup>93</sup>

In the first year of the Ayurveda course, Jakub, explaining how the digestion works, tells us that it has been noted in texts, that, those who eat once a day are *yogis* (elevated healthy beings); those who eat twice are *bhogins* (those who enjoys); those who eats three times a day are *rogins* (sick people) ... . Those who eat more than three times are said to have no category. (fieldnotes, 12/2013)

We go one by one, introducing ourselves. Eventually, the turns get to a man with grey wavy hair, combed back from his forehead, a bracelet on his arm and an animal tooth hanging on a leather cord around the neckline of his loose, light beige linen shirt, buttoned up two-thirds of the way. He leans casually against the wooden wall, hands resting on his knees, and makes it clear [the Teacher and him have] met before ... .

Teacher: “You’re skinny!”

Jarda: Well, you told me I should not eat from noon. So, I don’t.” (fieldnotes summary, 9/2013)

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<sup>93</sup> This chapter partly builds upon published paper (Wolfová 2016).



Figure No. 13. A framed Bosch painting print in Jarda's living room. Source: author, 9/2017.

When I visited him in his house in the countryside three years later, in the living room, I found myself sitting on the sofa, eating the best soup of my life. It was full of vegetables, pumpkin and sunflower seeds. Beside the couch was a rustic secretary with an altar, including a wooden relief of a Native American's head with a headpiece, a Buddha statue and, above the door, a picture of Christ with a sign saying something along the lines of: "He is in me when he is with me." On the other wall hung a print of Hieronymus Bosch's painting *The Garden of Earthly Delights*. The painting introduces three parts, which are, according to Jarda, similar to Ayurvedic: creation, enjoyment and decay. On the left is creation, to arise / to be born, which lasts a short time. The middle is the biggest and represents desires— all sex. On the right are the decline and extinction. (fieldnotes, 9/ 2017).

Using this scenery, Jarda told me his story:

"What happened was that I was just running a business ... and I got into so much troubles ... crazy lifestyle ... nothing was working anymore ... and the diabetes... was then at such a low stage where I just dealt with it... you can imagine ... Through bad diet mainly... . And I was still smoking at the time, you see, some alcohol and things like that. It's just a classic life, you know, the bad life. And it got to the point where I just broke down. I couldn't even walk, nothing, so I'd just lie down, go to the toilet ... . I'd have to come back because I couldn't even go to the toilet. Just mental problems... . I was so desperate ... . My wife ran away... . But, I was still trying hold on to the business ... . And then it hit me: "Go away and rent it out!" And suddenly ... everything was falling off me. It was good. But the problem was still there. ... Some health issues ... at the time, I had bought a cottage in west Bohemia ... . I took my granddaughter there because suddenly I had time. I had been working from 6 in the morning till 11 at night, and suddenly I had so much time". (interview, 9/2017)

Through a friend, Jarda, at this time, found Ayurveda. After a consultation with the Teacher, who confirmed that it would kill him to keep running the business and his life this way, Jarda was instructed to fast eighteen hours every day, perform breathing exercises daily and use some herbal teas: “I’ve lost about 30 kg since,” Jarda adds, continuing, “It’s incredibly kick-started me, like, eating only until lunch. It was going smoothly.” The Teacher explained to him that the more often he eats, the more often the pancreas squirts insulin into his body. But contrary to “White medicine”, advising diabetic people eat eight times a day, he asked Jarda if he prefers to save it up. Jarda continues, “I was like, ‘Yeah! Ayurveda—such logic!’... And then I started to cleanse myself, and I was just moving on to that, right, doing all these cleansing treatments and stuff.” (ibid.)

“[But it also affected] ... the people that I was with normally. They didn’t like me anymore, because I didn’t need their way of having fun, but I was drawn to other people... . [Later he performed what he had to have been suddenly telling himself] “You’re not living here for the treatment only ... You’ve fixed it as much as you can, and now be patient... . Well ... there’s no point in being out here measuring your sugar a hundred times a day, going on the scale and weighing your food, but just start living ... . That’s just like another thing... where there’s this... endless desire to ... be better ... healthier ... where does that lead again? ... It leads to me getting nervous about it because I am not getting it. So in retrospect, you’re promoting that disease again.” (ibid.)

Jarda's story illustrates a typical reason people are interested in Ayurveda, the different bodily regime the practice involves, the limits its treatment can manifest and the kind of moral consequence it can have. Then, finally, there are the needs which must be rendered and the level of difficulty caused by the, at times, incoherence between the discursive framework and the connected practice of well-being.

Similarly, in Kohn’s work on the specific struggles and ways in which people reconcile experience in aikido, she reflects that “ideas of self, culture, and society may be transformed through embodied ‘foreign’ cultural practice in different locales.” (Kohn 2011a, 65) She focuses on sense-making related to the often-difficult integration of newly learned methods of handling the body and relating to the world into the “self”, together with the transformation of work and social aspects of their lives. (Kohn 2001, 163) These struggles concern the principle of aikido practice, which is much less associated with individual efficacy regarding fulfilling a task but rather framed in terms of walking a never-ending path (ibid.).

As has been stressed in previous chapters, Ayurveda represents a way of life. Nevertheless, this does not exclude the fact that it also introduces a certain temporally, spatially and morally structured bodily practice, which can, for some, take on a rather imperative role, resembling contemporary dominant forms of governmentality. Here I would like to distinguish my take on this topic from theorists who argue that specific *rational* reflexivity is a distinctive character of late-modern individualism. Even more so from approaches that thematize this phenomenon as regards New Age and explicitly frame the “subjective life” as contrary to “life as”, as something natural for an individual (Heelas and Woodhead 2005). According to the theory, individual can nowadays finally listen to her emotions and desires and make socially legitimate decisions



based upon them. (ibid) According to this scholarship, and now I speak about the prominent social theorists Heelas and Woodhead draw upon, a person can now choose not to live according to predetermined social roles but how one wants, needs and feels (ibid.). I consider this approach to late modernity naïve. Following Bourdieu, Foucault, Butler and other representatives of the poststructuralist and critical stream in social sciences, I do not assume there is real choice, nor that these two social and individual bodies, to use Mary Douglas's vocabulary, are really on opposite ends of the spectrum and are contradictory. We are, in the end, born as subjects into dependency, where our social recognition and, therefore, agency is conditioned by submission to the existing social order (cf. Butler 1997). I can therefore, hardly imagine individual emotions, desires or needs emerging in a vacuum, far from social pressures. Neither do I consider social order necessarily bad and opposing the category of an imagined authentic life. As we can see from Jarda's introductory story, he is very fond of Ayurveda and hardly critical of it; he reflects Ayurveda as emancipation from a social role characterized as a life immersed in work and emphasizing productivity. This emancipation also enabled him to deal partly with his previous bodily regime. Nevertheless, his testimony also shows how his new freedom has been relinquished through submission to another, in this case, an Ayurvedic exercise of power (cf. Foucault 1980).

According to Susan Reynolds Whyte, “Uncertainty about outcome is linked to the uncertainty about aetiology” (Whyte 2005, 263). Moreover, people reflect Ayurveda as beneficial solely based on how it provides a sense of understanding of previously inaccessible domains of experience. Nevertheless, Whyte also argues that “the pressing concern for most people are not problems of interpretation or existential issues of ontological certainty” (ibid.), they are often uncertain regarding pragmatic existential issues, like fear of not having enough money to survive (ibid.). Here I look at the negotiation process between the Ayurvedic discourse of well-being and its dominant counterpart, largely structured by the building blocks of the current economic system, neoliberal capitalism. Inspired by Mol, Moser and Pols's (2010) account of care I think of this negotiation as a type of self-care. Care introduces a distinctively active method of “dealing between different goods” (Mol 2010, 228) characterized by *adaptive tinkering*, which assumes its fluidity.

Ayurvedic practice, in this sense, works through technologies of the self, a method of mastering certain ways of acting, or rather relating through the pursuit of self-knowledge, self-control and self-care in order to organize one's unstable reality (cf. Lupton 2003). The legitimacy of Ayurveda is, as previously mentioned, built upon balancing specific pressures on people in contemporary society. According to the informants, this doing life “calms” them, “brings them back to each other”, “makes them healthier”, “gives them an understanding of the incomprehensible”. These are pressures caused by medicalization and the narrow definition of a normal (body); by the overly narrow, conservative idea of heterosexual partnerships; or the incurability of chronic diseases caused by a disconnection from one's body and natural environment. Others relate to the information smog that comes with the detraditionalization of society, causing a sense of misunderstanding (between oneself and one's body), an acceleration and commodification of life and free time, all structured by (late-)modern governmentality. Following Law et al. (2014), I therefore look at modes of syncretism of a kind. As they suggest an open-ended typology of these normativity politics of different ways of being and knowing

(ibid.), I ask how the incommensurability of different discourses as per a “well-being” can be reconciled, and, moreover, how this endeavour can be analytically productive.

### 5.1.1 Normalization and De/medicalization of an Individual

After a weekend Ayurveda seminar, I asked Ondra if anything had changed in his life since he began to study at the school:

He says he learned he was pitta (constitutional type), and his wife was vata ... . He explains that it used to be strange to him that his son was not as much into sports and performance as his parents, but since he understood him to be kapha, he started leaving him alone. He is slower and lazy, Ondra says. Recently, the school noted his bad behaviour, complaining that he had shortened his run to 3 km. He laughs at me, saying he did not even mention it, ... “It would kill him.” (fieldnotes, 6/2014)

Ondra is a masseur and a yoga teacher who began his Ayurvedic study in the Teacher’s school. He and his wife were concerned about why their son did not display the standards of bodily qualities as well as them. Their assumption about bodily activity standards was even confirmed by the state institution responsible for their son’s normalization. But Ayurveda epistemology suddenly served as a counterpoint to the disciplinary mechanism upon which every socialization process works. Through his experience of what his son is like, Ondra defines his natural constitution. Ondra no longer interprets his son’s behaviour as deviant; rather, his behaviour only confirms his nature. In her article on the consumption of alternative medicines, Hughes builds on Giddens’ (1991) ideas about the reflexive identity of people in contemporary society, discussing how self-concept is formed today without the community that shaped it in the past (Hughes 2015, 442). According to the author, people in postmodern society mobilize epistemologies based on lifestyle.

In this case, this relabelling of ascribed identity according to Ayurvedic constitutional type works as a kind of demedicalization. Medicalization (Lock 2004) then frames as medical diagnoses parts of life previously considered as not belonging to the expert sphere of biomedicine. Though functionalists had earlier interpreted the “sick role” (Parsons 1951) as one which permitted the individual to be relieved of their social obligation legitimately, nowadays, thanks to emancipatory movements, these medical categories no longer necessarily disqualify a person socially. Nonetheless, no one can argue against the fact that the system is still designed slightly more for White, heterosexual, at least middle-class, healthy and, now, even fit men. In Ayurveda, nevertheless, if an individual’s characteristics, dominantly seen as abnormal align with an individual’s natural constitution, it is not considered a disease. However, it may still not be regarded as positive or neutral.

We are making a mistake that we still do not get ... the naturality of the individual. We are still naive; we think we can change it. We cannot really change it; we can just understand it. When someone is an aggressive choleric, you should accept his criticism and strong language. This is natural for him. But do you need to interact with a choleric? You do not. He will not praise you, but criticize you ... (The way you should react when he is) swearing at you, because you have expected it.

Ayurveda practitioners do not change (people), just understand and respect.  
(fieldnotes, Teacher's lecture, 5/2014)

Considering that knowing produces an individually experienced acceptance of states, situations and people previously perceived in some way as “wrong”, “bad” or “not normal”, I argue that Ayurveda, on this level, already has potential to affect not just subjectivity, in the form of knowing and experiencing oneself differently, but the social relations of practitioners as well. Given that self-management is the central locus of contemporary neoliberal governmentality, I nevertheless argue that the most profound effect provided by Ayurveda here is regarding the recognition of individual bodily or behavioural characteristics as normal. The following recounts my own experience (see chapter 3.2, 79\_80) of relief after Pavol told me that people with my constitution typically have time management issues; Sibila's case describes a similar situation:

[Sibila] tells me before this period, she typically had this weird feeling on her skin—to her, it felt cold inside, and the surface itched. She did not know what it was, calling it “cold blood”. Her doctor would cower behind her desk, avoiding her, telling her she did not know what to give her anymore! “They don't know what to do with our constitution!” she says, laughing aloud and winking at me (fieldnotes, 6/2017). [When asked directly what she perceives as the biggest change since starting Ayurveda, she tells me], “I calmed down. I gained some self-confidence. I mean... Apparently, the problems with my knees and migraines disappeared rather fast, but the thing I realize every day is that I am just more satisfied, satisfied in my own skin.” (fieldnotes, 6/2017)

And like that, what practitioners had often previously considered a diagnosis, or at least somehow deviant, they now interpret in relation to the Ayurvedic notion of individualized health, as one's own nature. Sibila has normalized her dis-eases as part of her natural state, which helped her to eliminate some of them. Here Ayurveda even enabled recognition of the unknown, which biomedicine failed to distinguish. It is an example of how individualized ways of knowing and being introduces, as a consequence, a much more detailed system of ordering. Ayurveda, in correlation with biomedicine (cf. Lin and Law 2014), works as a self-recognition mechanism but also further normalization.

This mechanism is promoted at the school from the beginning when students learn how health, and therefore everyone's natural state, is individual. For example, some people are naturally bulkier, heavier, slower, while others are smaller, faster. These characteristics indicate both mental and physical qualities as well as a tendency to certain types of dis-eases.

Interestingly, however, through this prism, a double relabelling occurs. On the one hand, there is the demedicalization of characteristics that the individual has hitherto regarded as deviations from the norm (obesity, poorer thermoregulation, greater need for sleep, etc.). On the other hand, there is also often the medicalization of characteristics they regard as normal (indecision, the colour and shape of teeth, nails, stools, dry skin, etc.). For instance, just yesterday, I checked my tongue for teeth marks, one of the first things I remember from the school. The signal of digestive problems. The quotation below from the summer course of *nidan* (diagnosis of the dis-ease causation) illustrates this process:

Teacher: “There are different processes in the body, even if they are typical—they don’t mix . . . . As soon as they mix, there’s a corpse; blood comes out of the mouth.

Vilma: And nose bleeds? They happen to me for no reason.

Teacher: That is a disorder.” (fieldnotes, 7/2015)

Thus, the basic principle of Ayurvedic emancipation from the dominant discourse of normality is based on the same principle of *categorization*. It applies not only in the normalization process but also in the subjugation of an ever-larger sphere of an individual's everyday life. Many authors have already stated that alternative medical approaches expand the pathogenic sphere and thereby medicalize everyday life into places that have not been articulated in this way within Western medicine until now (Coward and Rosenberg in Lupton 2003, 60). In this way, Ayurveda "forces" one to deepen one's self-control, which is even more difficult to carry out when one considers that, according to this approach, the individual (including one's body) is a process being continuously influenced by the environment.

Thinking about the specific governmentality employed by Ayurvedic practice, I want to note how this relates to the existing (local) social order. Drawing upon Mary Douglas (2004), I identified a two-fold correspondence between the individual and social body. First, the parallelism between the individual and social body is represented by people escaping dominant universalist forms of bodily control to (seemingly) more relaxed, individualized treatments of the body, where bodily boundaries do not have to be guarded as strictly, where specific individual body performance is interpreted as the correct one, where there are as many bodily norms as there are people. It almost makes an impression of some kind of utopic space of liberal democracy.

Nevertheless, even though the mode of ordering, or, if you want, the worldview established by Ayurvedic discourse, creates an idea of space where one is free and independent of any universalist norm, in practice, this is much tighter. The details make the difference here, details according to which we, as Ayurvedic practitioners, may and, in consequence, should control ourselves. The body grows both in terms of subjectivity, overlapping with the surrounding environment, and in the details of its structuring. The knowing accessed by Ayurvedic practice, therefore, enables an increase in the efficacy of individual governmentality. In Ayurvedic practice, no compulsory medical checks push the individual, but does one really have a choice in knowing she can be better?

### 5.1.2 Im/possibility of Treatment

Speaking with Simona, an astute university-educated, physically bony and fragile-looking person in her thirties, I would still describe her as a girl even though she is older than me. Her captivating calm and warm-sounding voice reminds me of films from the First Czech Republic. She explains that, even though she has had many experiences with yoga and has been interested in Eastern philosophy for a long time, she has only recently been accommodating Ayurveda in her life.

Simona: “I actually had to relearn the different organs, and it was new to me that I had those stomach problems. So ... I was just learning how the digestive system works ... . [It] is important so that ... let's say, I won't eat while the stomach is still processing food because it needs time to process what you've given it, so that it processes it well. The moment it lets go, you can add another load but not before. So when you add a load to the body by constantly eating something, not letting it process well, it will let go of something that is not processed well ... . You have to give that stomach access to food, some kind of, like, regularity ...

Alžběta: And you do that, for example?

Simona: Well, it's hard to do it at the moment, when you're working, you're busy and you don't have time to go out to eat or ... at least I stick mentally to having a regular breakfast and trying to have a regular dinner.

Alžběta: And if you don't make lunch at all, does anything happen?

Simona: ... I can expect, for example, that I will be weaker, that I will be cold ... because ... I had something cold instead of having a hot meal to warm me up. When I'm really hungry, then I'm really sick to my stomach. I have to really, like, quit the work that second moment and go out to eat ... . The worst thing is when you have irregular shifts, then it's really hard to, like, find a way or a way to make those things regular when just the fact that you have irregular shifts...

Alžběta: And you have irregular shifts?”

Simona: “No, not now. I used to before. That was a problem. That’s why I left, or that was one of the other reasons why I left the job too. So it’s really good to be aware of that, and it’s really good to let go of that when it’s not doing you any good. Do what makes you feel good, because ... it’s important to take care of that body, because that’s actually the material thing that holds you or keeps you.” (interview, 9/2017)

Simona’s case represents how a certain objectification of one's body is essential for knowing it. However, external factors do not always allow one to act as needed. Moreover, she indicates that to keep the body healthy, she must now maintain certain practices which not all jobs allow. For example, shift work disturbs here ability to eat the regular warm and cooked meals *vata* and *kapha* prominent people need to follow to maintain well-being. Klára also stresses how following Ayurveda in everyday life can be quite demanding:

“It’s just really like an individual thing because it’s just not easy, isn’t it? Like, if you want to adjust it to Ayurveda, include stuff which is going to make your life better, it’s, like, a lot of work on yourself as a person, and, without that, you just can’t do it because it’s not just a magic pill that’s going to, like, make you healthy”. (interview with Klára and Bára, 6/ 2017)

Markéta even believes her years-long experience with anorexia makes her rather adept at managing this level of discipline:

“I think that I have a sort of ... in contrast to normal people who would like to start with Ayurveda and follow all this, I have an undeniable advantage that ... thanks to those years with anorexia, I have simply built ... great self-discipline in these things”. (interview, 5/2017)

Another treatment limit is when the agency of other entities overrides your agency as regards proceeding with treatment, as Ladislav’s case demonstrated in the previous chapter. What nevertheless makes it difficult for these people is that they are aware they could heal themselves because almost every dis-ease seems treatable after gaining access to its aetiology.



Figure No. 14. My morning remedies table, together with fruit-veggie cookies – something dry I should have for a breakfast regarding my constitution. Source: author, 5/2017

I’ve had a terrible cough since last weekend. I start every morning by chewing on a clove, making milk with turmeric that tastes like piss—even looks like it. It’s gross. I grate ginger, squeeze juice, mix it with lemon and honey. Not with milk, but with water, I boil an apple and spices, and I’m fine. On Friday, I added *mucosolvan*<sup>94</sup>. By Saturday afternoon it is not getting any better, so I put in *bromhexine*<sup>95</sup>—they say antibiotics are in there—and now (Sunday) I’m sprinkling in *preventan*<sup>96</sup> and bromhexine and mucosolvan and *sinupret*<sup>97</sup>. In addition to that, I am still making turmeric milk, chewing cloves, drinking ginger juice and tea, making decoctions of anise and cloves—I found this on the internet; it has nothing to do with Ayurveda. I don’t run, I do jala neti (nose cleansing). I’m still not feeling well. I remember what Dana said, that when she has a cold, she takes turmeric, but she doesn’t know if she should make a decoction and gargle it or do it like milk.

94 Cough medication my mum always treated me with when I was a child, I assume because it is a syrup, and it tastes sweet. This time, however, I bought it myself in a pharmacy.

95 Dry liquid cough medication from the pharmacy, not sweet though.

96 Immunity booster in tablet form. It contains more than just chemical ingredients.

97 Sinuses dis-eases medication that is supposedly made from “natural” ingredients as I learn in the pharmacy.

She can't actually distinguish the subtle nuances of the disorders. The Teacher said milk is good for kapha (phlegm), for inducing when you have a dry cough. So that's why I drink the milk with turmeric, to induce mucus because I have this irritating cough; it hurts my chest like crazy. I choke for an hour in the morning, an hour at night. But then I cough again. So, what's it like? Wet or dry? How the hell am I supposed to know? I haven't studied that much. I guess if I'd opened a book, I might find out how to deal with it according to Ayurveda. But I'm too tired and lazy to do it, I don't want to put the energy into it. So I'd rather put in *sinupret* and *bromhexine*. (autoethnographic note, 5/17)

As illustrated by the quote above, it is almost impossible for people who have other types of commitments beyond caring for their own well-being to dedicate themselves full-time to disease, as is necessary according to Ayurveda. As Klára stated, Ayurvedic self-care requires detailed and complex changes.

The last issue limiting successful treatment is something I will call the *Ayurvedic paradox*, a situation in which Ayurvedic practice increases the body's sensitivity. The body becomes able to communicate more effectively as to how you should treat it. As the Teacher suggested, if we are comfortable with a certain practice, it may mean it is the right practice, it is natural for us. But it also means the body has become accustomed to our wrong-doing and lost its ability to protest—until it breaks.

Jarda's case illustrates the issue of sticking to Ayurvedic rules:

“Of course, one violates it ... . But that's also a nice realization: how many times I just know I should not eat it. And I then go and do that. Or I combine it wrongly. Within 10 minutes I'm in the bathroom”. (interview, 9/ 2017)

Thus, when preventing or treating an actual dis-ease, that is, practising focusing on keeping the body well, we can talk about iterative tinkering (Law et al. 2014, 8). People are every day, hour, every minute, finding ways towards “temporarily reconciling noncoherences by keeping difference in a state of (always precarious) balance” (ibid.). In introducing this mode of ordering, Law et al. claim that it involves understanding, that goods, though different, are not necessarily in tension. Jarda's quote nevertheless illustrates how Ayurveda builds relationally towards other (dominantly good) practices (framed by other discourses which does not necessarily recognize the good of the individual as primary). In this case, Ayurveda, to a large extent, loses its correlative potential. To avoid dis-ease, or disbalance, one should theoretically conform all other aspects of life to the dictates of Ayurvedic. This implies personal well-being as an ultimate moral value, which is therefore in direct tension with practically all other socially established values of an individual. Although our way of relating to the world is conditioned by the character of the world we live in, in the case of “symbolic manipulations of body experience, starting with displacements within symbolically structured space, [they] tend to impose the integration of body space with space and social space, by applying the same categories (naturally at the price of great laxity in logic) both to the relationship between man and the natural world and to the complementary and opposed states and actions” (Bourdieu 1992, 76-77). Nevertheless, when one compromises for the benefit of one's own well-being, Ayurvedic practice can successfully survive.

### 5.1.3 Im/possibility to Maintain Social and Intimate Relations

David talks about how him and his partner are both pitta (prominent bodily constitution), that it's cool. Before he used to be with a kapha (person), and it was impossible. "She was very inactive; she didn't want to go anywhere," he adds. And even though they have arguments, they go dancing and everything. She's also learned that if he gets too excited, she'll cool him down with some food ... make him a cold salad." (fieldnotes, 5/2015)

Access to recognition of one's natural constitution and also potentially of the natural constitution of people around them enable a particular understanding of not just one's own body but also the behaviour and character of the social relations one maintains. Consequently, one can also manipulate this behaviour, or way of relating to each other, via Ayurvedic means, like balancing the qualities of body (and mind) with food. Here, it is apparent how not just the surrounding environment influences the body but the agency of the body widens towards its surrounding environment too. In this case, it has an enhancing effect on social relationships. But Ayurveda also limits these relationships, as I was told after my first seminar.

A vanilla incense stick is burning in the room. Déva Premal<sup>98</sup> plays from the speaker ... . A group of people are cutting colourful stickers for spice doses. Everything goes smoothly like in a factory. Sára talks about what I could research and how Ayurveda and its study change people's lives. People often break up with their partners, she says. The fact that he will not have to put the meat loaf on their table (starting from vegetarianism as an assumption to enrich understanding) is not as terrible as when people stop sharing the same values. She says the best thing is to find a partner after one starts to study Ayurveda. (fieldnotes, 7/2013)

When Sára told me this at the beginning of my research, I was persuaded that it is a performance of how powerful Ayurveda is, what great agency it is endowed with. Later, I would encounter my informants' reflections on how they struggle with their existing friendships since they are growing apart in terms of values (Jarda) or no longer share the same ideas about how to spend their free time. Vlado and Sibila told me they have stopped meeting their friends almost entirely because, they have late evening barbecues parties which they cannot attend anymore. Instead, they must dine at a specific time and, after digesting, go to bed at a specific time. The regimes and hobbies of them and their friends have grown apart.

Moreover, I heard about and even witnessed partnership changes related to Ayurveda practice. This was confirmed by Ladislav, who usually relentlessly defends Ayurveda, during my stay at his and his partner's apartment:

"The fact is that Ayurveda can bring some problems. Especially regarding relationships when the other person is so... It does not work together anymore, because they are too different—they are becoming more distant at the end...

In my previous job, I was sick quite often, probably because I didn't enjoy the work, and I didn't want to go to work ... [She experienced physically this] mental dislike

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98 German mantra singer.



of going to work ... . When you really don't want to go to work, everything just kind of tightens up ... and it's also interesting that when I went to that previous job, I was so sick that, when I had a sore throat, it usually ... very quickly slipped into an actual inflammation ... . And then when I changed the job ... the stomach problems completely disappeared because the source of the problems disappeared. And now, in the job that I have, I haven't been sick this year. I got sick a couple of times last year, but it was terribly interesting that the course of the sickness was different from the previous job. Like, I had a sore throat but it never went into inflammation". (interview, 9/2017)

Since I first met my Ayurvedic classmates in 2013, more than half of them have incorporated Ayurvedic elements into their work. For example, they do consultations but mainly employ Ayurvedic massage techniques, rarely also (cleansing) procedures into their work. Some sell Ayurvedic dietary supplements, whereas others teach yoga. Those who have not incorporated Ayurveda professionally have nevertheless often undergone some change in their work setting, usually through a reduced level of time-consuming work (from judge to private legal advisor, from landscape architect to worker in an organic shop, from full-time teacher to part-time teacher). But not all practitioners can afford to quit their jobs or reduce their hours simply because they suddenly recognize it hurts them somehow. From my analytical position then, I argue that Ayurveda does not merely allow practitioners to interpret situations in new ways, nor does it solely provide them with tools to understand the incomprehensible, it enables such situations itself, it creates them.

Simona comments on this topic in the following fashion:

"When I came back [from abroad] to an environment where I didn't feel motivated to be at all, then my mind was working in such a way that it was constantly reminding me how beautiful it was back there and how I don't want to be here, like, in the Czech Republic. And then it had the consequence that I was getting tired because my body wasn't functioning naturally as it should ... . Some of the problems, the troubles that you're having here. Like, the society here works differently than it does there. Actually, the pace is slower there. No one, like, really addresses anything. Here, if you don't email within an hour, there's just already a problem or you get a phone call, like, how come you didn't reply and what, how and ... and a lot of things, like, you have to deal with at once. You don't have time to think about it properly, like, think about it actually ... and figure out the best solution, because you're constantly pressed for time, obligations, circumstances, demands and, I guess, that's what bothers me about this job. That it's too fast and rushed. You don't really have time for anything. You kind of do everything quickly, superficially, just to make it happen because that's the requirement, but you don't look too much at quality anymore, and you don't look too much at rest either". (ibid.)

Ayurveda in this quote, overlaps with a foreign rhythm, clashing with modern capitalist governmentalities. The contradiction enables Simona to experience demands on her bodily practice that deny her natural state. In an approach Csordas (1993) calls an embodiment

paradigm, he employs Bourdieu's idea of habitus as an embodiment of one's place within a social structure, implying all the value, taste and behavioural and experiential *modus operandi* that are typical of a specific place. In other words, socialization is embodied in bodily and mental ways of relating to oneself and the world. This concept is, in Csordas's approach, interconnected to the Merleau-Ponty *pre-objective* to constitute so-called somatic modes of attention. How we attend to the world is pre-structured by the bodily and mental schemes into which we are socialized. Attending to the world is, according to Ingold (2016), also a specific open mode of individual functioning, where one lets things happen to oneself. Under this logic, practitioners, in attending to a world socialized to a different sensitivity, interact with the world more intimately and, therefore, encounter more incoherencies.

#### 5.1.4 Im/possibilities of Having a Job



Figure No. 15. The eclectic offer in Ladislav massage and Ayurvedic consultations and procedures office: a Buddha figure in between Ayurvedic herbal mixtures and books. Source: author, 5/2017.

Ideas about and the practices related to the everyday life of close ones are only some of the obstacles the social environment imposes upon practitioners. The Ayurvedic way of life—and this alternative body becoming—is not always compatible with these people's existing work either, as Simona's narrative illustrates.

“In my previous job, I was sick quite often, probably because I didn't enjoy the work, and I didn't want to go to work ... [She experienced physically this] mental dislike of going to work ... . When you really don't want to go to work, everything just kind of tightens up ... and it's also interesting that when I went to that previous job, I was so sick that, when I had a sore throat, it usually ... very quickly slipped into an actual inflammation ... . And then when I changed the job ... the stomach problems completely disappeared because the source of the problems disappeared. And now, in the job that I have, I haven't been sick this year. I got sick a couple of times last year, but it was terribly interesting that the course of the sickness was different from the previous job. Like, I had a sore throat but it never went into inflammation”. (interview, 9/2017)

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from landscape architect to worker in an organic shop, from full-time teacher to part-time teacher). But not all practitioners can afford to quit their jobs or reduce their hours simply because they suddenly recognize it hurts them somehow. From my analytical position then, I argue that Ayurveda does not merely allow practitioners to interpret situations in new ways, nor does it solely provide them with tools to understand the incomprehensible, it enables such situations itself, it creates them.

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(ibid.)

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### 5.1.5 The Limits of Ayurvedic Practice

“When you practice Ayurveda, you are really looking for an environment and friends ... a background so that you feel comfortable and so that you can actually function, exist, live and grow”. (interview with Markéta, 6/2017)

This section will unpack previously presented arguments about individualists and the holistic character of Ayurvedic practice. This includes knowing, accomplished through dis-attachment and experience, and bodily practice, determined by internal and external factors, such as the time and space to strengthen the current moral imperative to be responsible individually for self-care. In this regard, I looked at the ways in which this practice is (not) coherent with other existent practices, trying to relate them to various organizing principles in contemporary late-modern society, that is, discourses about a good or rather normal life. Put simply, I discuss here how the way one relates to oneself and the world around is transforming people who engage in Ayurvedic practice, focusing particularly on the limits of this transformation.

Law et al. (2014) research how different, seemingly incoherent logics of ordering reality, or modes of normativity, hold together. They identified different styles of syncretism in these incoherent ontonorms, opening up space for further style identification, which they see as a potentially promising way of diminishing the dominance of modernist ways of knowing and being. The list starts with simple denial in recognizing that one does not fit. Domestication then introduces a certain homogenization of heterogeneities. In separation, differences are kept apart and, similarly to the previous mode, there is room for qualitative difference (ibid., 11). The care mode temporarily reconciles the differences to keep them in balance. It introduces a continuous iterative tinkering process, while conflict allows no compromise. Still, it assumes different versions of good, even though one is more proper in each context. Finally, different modes can also collapse into each other and mix. These styles of ordering connect in various ways. Overall, they depend on and even include one another (ibid., 26). Since Ayurveda is discursively established in relation to existing practices (and logics of ordering reality), I have also identified some of the abovementioned modes of syncretism, the most pronounced being conflict, followed by care and separation. Nevertheless, rarely are non-Ayurvedic modes of ordering treated as an equivalent good since most people experience their dis-eases as being at least partly the result of an unhealthy lifestyle, underlined by late-modern disciplinary mechanisms that reproduce the current socioeconomic order. The research participants attempted to adjust their environment to support their Ayurvedic body becoming. I do not interpret this necessarily as a positively reflected empowerment, which due to interdependence with environment, having a direct influence on the (wealth of the) practitioner's body, needs to become subjugated together with them—disciplined according to the Ayurveda.

The individualist Ayurvedic epistemology has been shown to enable the normalization of phenomena previously perceived as somehow deviant. This mostly concerns relabelling the medicalized characteristics of their or their close ones (behaviour). Here the modernist universalist and dichotomous discourse encounters the individualist one of Ayurveda, which allows normality to be formed in its own unique way of being. This mode of ordering recalls primarily that of domestication, where incommensurability is admitted but compatible—that is, it has correlative properties since the principle is the same, differentiation, only it goes further.

This nevertheless leads to the invention of new, more detailed categories and, consequently, further medicalization of a kind, despite a lacking formally recognized disciplinary legitimacy. This process illustrates well how recognition of, in Latourian vocabulary, the articulation of the body and subjectivity happens (Latour 2004). On the one hand, the person blends in with the environment, as was presented in the previous chapter. But, on the other hand, it becomes much more differentiated by recognizing even a curl in one's hair as a sign of disbalance. In this newly recognized natural state, nothing is natural in terms it just happens; everything is ascribed a cause, but also a consequence.

In discussing the limits of actual dis-ease treatment or (just) prevention, guided by the same principle, it was shown that, based on a care mode of ordering (Law et al. 2014), people could decrease the potentially harmful effects of incoherency of Ayurvedic and other established practices. Yet, in treatment, Ayurveda does not show much resilience. Its energy- and, more importantly, time-demanding character only leaves a little space to dedicate to other activities during the day. Behind this lies the idea, closely related to the politics of Ayurvedic schools, that the contemporary local way of life is unhealthy, that it is driven by principles other than those of individual well-being. Thus, we are not discussing different goods here but eliminating damages. The side effect of this way of well-being is the ultimate prioritization of oneself, which also takes attention away from other aspects. Here I show the limit of Law et al.'s (ibid.) theory of syncretism concerning my data, since, in this self/body centrist mode, there is only one legitimate authority for considering good. Therefore, I question the multiplicity of good from the experiential perspective.

This also reflected the common presence of incompatibility among other modes of ordering, which also manifested socially when different regimes, hobbies and even values tear apart former friends, be it because they have no more common activities through which to meet or because they stop understanding each other. In this case, we are speaking about a separation in different ways of being, or even of conflict, restricting the acceptance of legitimacy over different modes of ordering. Conflict is actually the (anti)mode of syncretism present in most of the abovementioned situations. However, it is most invasive, at least from my perception of these stories, when displayed via romantic partnerships. Not only does weather, food and time directly influence our well-being, but social interaction too. And when we live with someone whose acts do not align with what our body needs according to Ayurveda in general, or at the moment, it can be, considered as directly harmful.

These tensions emerge in diverse aspects of practitioners' lives, and their management introduces a prelude to the final meditation on Ayurveda's potential as a functioning alternative. The abovementioned cases have not convinced me truly of Ayurveda's capacity to offer an actual alternative to modernist alienation, that is, its potential to not restrict different kinds of hybridity (cf. Law et al. 2014; Latour 2004), at least within given social order. Maybe we just need to look closer, at the more subtle level of Ayurvedic practice.

## 5.2 Responsibility and Ayurveda as an Example of Alternative

“It’s a never-ending game... So it’s always kind of got to be watched. Now I’m having feelings, so, okay. And what’s the most natural for me to put on my plate, I’m balancing it. If there’s vegetables, there’s got to be something else with contrary qualities, right... I put something spicy in there as well ... so that each dosha gets fed kind of well... [But just] if I am okay. If my vata increases, I have got to stop doing that (eating vata prominent food), and you just start... eating... heavy food ... a little bit, and whatever it is (that)... grounds me... All of a sudden, I’m like this and that. I’ll put it in. I’ll take a bite of chilli pepper and it’s going. And all of a sudden, oh jeez, it’s so simple, it’s so beautifully simple. I’m just so just glad I came across this, that I got into it at all, because... it’s nature, which I love, and... this is just from nature. I’m thinking about something and suddenly, hmm ... how do you do it in nature? What does a tree do? What does an animal do? ... Oh, there it is. And I can see the example of exactly that, and I’m putting it in. And then I’m thinking, why are you thinking about it? Are you something else? I mean, you’re the animal. You’re everything. It’s just completely... Someone will tell you that’s slavery ... then you have to take care of it and that’s (difficult). And I say Yeah, you’re right. People don’t take care of themselves anymore. They take a handful of pills in the morning, feed themselves and think they’re going to live healthy”.

(interview with Jarda, 9/ 2017)

In this section, I will use Ayurvedic practice as an example of a possible alternative way of being, or rather becoming. Based on my research, I have meditated on how a person dis/functions as a part of an ecosystem. I look at the conditions that enable and disable this functioning to finally discuss the emancipatory potential of so-called alternatives like this, serving me as a subject to learn from.

### 5.2.1 Imagining Ecosystem as a Natural Way of Being

Sitting on the grass in one of the hipster areas by the river in Prague’s city centre with five of my former classmates from the Ayurveda school, which finished exactly a year ago, we listen to Klára, a thin woman with long light brown dreadlocks in her late thirties. On her body, you can see every ligament and muscle. She is talking about how she went to the countryside and realized she must let go, “cut herself from her ego”, describing the state as when “you just hop on this train and things are happening.” She was always very busy, working full-time and parenting. She lost her period and got used to a permanent “stress level”.

Dana, a former manager in her forties, continues in the same fashion, sharing with us an experience from her trip to South Africa. She talks about how she was alone in the forest and felt this connection to a tree accompanied by the feeling of gratitude. She comments, with reference to our Indian Ayurveda lecturer, that it is possible to be the thing (in terms of being in tune with the object of attention). Klára reacts, “That is it.” You must completely disassemble yourself to be able to start all

over (better). Dana follows with a suggestion that nature is the point: “When you switch your ego off, you can just exist,” she says. This experience reminded her of the Avatar movie: “You come there, and everything is part of one organism, the rainforest. In the past, I would probably just see how the moss is feeding the tree but now I see how the tree is letting the moss live.” (fieldnotes, 6/ 2016)

In the quote above, Ayurveda serves as a tool for experiencing a certain interconnection with the natural environment. Imagining oneself as a part of an ecosystem as well as imagining how the ecosystem works in practice, creates the background to stand on, to change, in terms of emancipation from the previous way of living, which Ayurvedists reflect as being in contradiction with their well-being. In her study of aikido practice, Kohn (2011b, 41) argues that “observation of natural world may inform feelings and thoughts in and on bodily movements” but, more importantly, that aikido practitioners may actually integrate “physical and spiritual aspects” they observed in nature (ibid., 42). Similar to Ayurvedic training, Kohn describes that practitioners need to have access to sensations, they must engage with bodily experience profoundly in order to develop aikido skills. (Kohn, 2011b). Following a great tradition of anthropology and thematization of how belonging to the natural environment creates, for many indigenous people, the roots of their own subjectivity, I discuss how a (well-)being is informed by the establishment of co-dependent relations within the bio-social environment as a part of Ayurveda practice. In this chapter, I treat the term with a greater ambivalence, hence its form. Here this analytical term covers not just self-responsibility, but an environmental one.

### 5.2.2 Ayurvedic Discourse as Alternative

In my research, I observed how, in the Ayurvedic discourse of interconnectedness and interdependence of everything—making the individual a part of an ecosystem—Ayurveda practitioners imagine the ideal (well-)being as a rather symmetrical coexistence, or a symbiosis within their bio-social environment. The imagined situation under question is where people are prevented from the assemblage of efficacy and responsibility imperatives which affect everyone in late capitalist societies. They often put great effort into attempting to establish this way of being. Indeed, as noted earlier, the shift in Ayurveda from focusing on curing dis-eases that emerged in modern industrial societies to focusing on the treatment of modernity as such have been already described even in India (Langford 2002, 17).

This idea of an alternative and a kind of rebellious way of (well-)being via an embrace of the interdependency of all aspects in one’s current reality brings me to Donna Haraway’s *Cyborg Manifesto* (Haraway 1991). Long before holism became a fashionable symbol of various “alternatives” promising the resurgence of the natural, be it well-being, the self or the body in the (post-)socialist area, Haraway calls attention to the modernist ground of this imperative. Holistic organicism, this analytical longing for a natural body stripped of its artificial sediment, calls for just another version of totality. Here, the relationships for forming totalities are questioned, as are the relationships of domination and hierarchy promoted by the dualities of encompassment, such as self vs Other, mind vs body, nature vs culture. These dichotomies need

to be reworked so they can no longer be resources for appropriation or incorporation of the Other (Haraway in Strathern 2004, 37).

Building upon an assumption that the final goal of the Ayurveda practice under study is shaped by *sāṅkhya* philosophy (the oldest Hindu philosophical system and one of three philosophical traditions in Ayurveda), the world can be split into consciousness/spirit/intention and matter. This is itself assessable to modernist epistemology and, therefore, does not provide solid ground for the development of (well-)being in a symbiotic fashion within one's living environment. I would, nevertheless, like to shed some light on the character of (well-)being as enacted in Ayurvedic practice. Drawing upon the notion of Ayurvedic bodies becoming, I aim to discuss the political potential of alternatives to the modernist order.

### 5.2.3 Unblackboxing Ecosystem in Practice

Despite reflecting that she is happy Ayurveda created her a substitute home, I remember Simona looking like she was dealing with some deep dis-eases. She, among others, had struggled with insomnia, digestion issues and stomach problems. As she learned to solve the acute stomach issue by eating chilli pepper, she also learned that the dis-ease she was suffering from was the constriction of the stomach, not an ulcer. Otherwise, spicy food would have caused inflammation, making it worse. Eating a chilli pepper accidentally gave her pain relief—stomach relaxation. Finally, a permanent solution came with a job change. She reflects on it retrospectively, stating that “because I didn’t really want to go to work, I had stomach problems, but it was so hard that whatever I ate made me sick. [Even though] I didn’t vomit ... [I] felt pain in my hips and stomach.” (interview, 9/2017) She emphasizes that now she chooses an environment that makes her feel comfortable and is not stressful for her. Still, the working environment is not the only aspect influencing well-being. To be well, she continually adjusts her habits to the changing surroundings.

“Because winter is coming, autumn is so much, like, a moody period, a very dry period, a period of changes. It is all the wind and such which makes the body more susceptible to illnesses, especially a vata body [a prominent bodily constitution usually characteristic by cold, dry, asymmetric, light qualities] ... So I’m preparing for it. And, in fact, you’re cleansing the body, at least the nasal cavities—and plus I also rinse the mouth with oil—you’re cleansing other cavities and salivary glands ... .So, I feel the air completely different than when I don’t do it.

I do these jala neti in autumn and it’s beautiful... . Like, something I probably haven’t felt in, like, a long time without doing [it]. Like when ... I don’t know if it’s always been before a storm or after a storm that you feel this ... [ozone or something] which you don’t normally smell. Maybe because we live in Prague, the environment is polluted; there are dust particles; there are a lot of different smells, even though it’s, like, garbage that you actually smell. So by cleaning that perception ... you clean that tissue ... so, you’re actually freshening that perception ... . I’m not even going to say if it’s just the air as perception of the inhalation ... the perception of



what you're breathing in. You're really perceiving other qualities than just breathing in. That's really interesting". (interview, 9/2017)

Within the Ayurvedic discourse, Simona identifies body boundaries as permeable and, therefore, a disruption of the bio-social field she is a part of results in bodily dis-eases (cf. Langford 1995, 330). This relational understanding of (well-)being reminded me of Ingold's (2016) recent work. In it, he substitutes the prevalent mainstream (sociological) account of social life, grounded in an idea of the autonomous individual who is a priori endowed with agency and, therefore, intentionally acting with relational and processual understanding of social reality, which happens in correspondence. This idea, reflecting Cage's notion of response-ability, connects concepts such attentionally (instead of intentionality), habit (instead of volition) and doing undergoing (instead of agency), which implies it takes (at least) two to tango. (ibid.) More precisely, Ingold in this line of thoughts claims, that "the operations of the attentional mind, in short, are not cognitive but ecological" (ibid., 20). Here, awareness is always an awareness *with* before the awareness *of* and responsiveness precedes responsibility. As a result, Ingold approaches (similarly to Latour 2004) responsibility rather as a process of responding. This assumes an answerable person/thing—to be made present, vulnerable (Ingold, 2016, cf. 2018). Therefore also, to care for others, we must allow them into our presence, we must let them be, so that they can speak to us (ibid.).

#### 5.2.4 "To Be" as Excessing a Need to Understand, Achieve or Have

What character does the situation have when "things are happening" for Simona? It appears that caring may occur when she allows herself to attend to things like the working environment, her stomach or the autumn air. It almost looks like these changes occur by accident when she is not aiming to make them happen. She has suffered from stomach cramps for months, but once, without knowing whether it was serious (so usually being careful), she ate something super spicy. Then her stomach relaxed under the influence of the opposite quality material that was causing the problem. Ingold (Ingold 2016) describes attention as a way in which beings wait upon and respond to the other—they attend. For instance, the decision to cleanse the nasal cavity is intentional, but the way the salty water is handled inside the nose is attentional, as is the way the air fluctuates inside when she leaves the building. Ingold here differentiates between this kind of attention, which is inherently mutual, and attention guided by a goal of achieving something (ibid.). He gives an example of understanding or explanation which falls under accounting. In this *modus operandi*, which is, to my knowledge, much more common for modernists, a person acts to get something done, that is, to allow something to be checked off the to-do list. This kind of action, with a defined start and finish, is exclusive to mutuality. This substitution for the notion of volitional acting is exactly the previously mentioned active undergoing, or, if you want, active experiencing, a process that changes that who is experiencing, a kind of a cognitive operation where the work of a mind that, in its deliberations, freely mingles with the body and the world (Clark in Ingold 2016, 16). Here, speaking of inhabiting a practice, there is no longer any "I" who acts a priori the experience but rather is undergone during the experience. "And being in the midst, it is continually rediscovering itself. It is no longer possible to say, in confidence, 'I do this' or 'I did that' ... . Such is the 'I' of

habit, in which agency arises *a posteriori* as a query rather than being posited in advance as an efficient cause. As a query, it calls on others to respond, and in so doing to put their own agency on the line.” (Ingold 2016, 16–17)

### 5.2.5 (Well-)Being as Intentional Maintenance of an Ecosystem Equilibrium

Considering the Ayurvedic assumption is that the body is rather fragile in the sense of dependency on its environment, I have discussed there are specific situations where the person is made present, vulnerable concerning the object of attention, exactly the correspondence of responsivity and the enabling of care. But can we speak about this correspondence in relation to the Ayurveda way of wellbeing enactment? What is the character of this wellbeing?

Simona introduces how the correspondence of the body and surrounding environment can be grounded in particular (in this case, Ayurvedic) practice. In accordance with her occupation, she uses ecological metaphors to explain it:

“I choose an environment that I’m comfortable with and that’s not stressful. So, it’s the same thing as if you have an ecosystem and the plant is more comfortable in the soil than on a slope because there’s a risk ... . It’s not going to hold on to those roots as well and just get washed away by water. It bends, so it chooses an environment that it’s comfortable in, where it feels like it’s rooted, where it has cooperation with maybe other plants as well... . The ecosystem really works in such way that it is okay in the phase when it is stable—in the climax phase. In this phase, the energy relations, inputs and outputs are balanced, and when any stressor, in terms of an intervention from the outside comes, it can easily face this distress so that it does not affect it so much. If it is really in a state of equilibrium. And when it is not in equilibrium, the same force that would come from outside can destroy it and sweep it from the earth’s surface.

[The individual is according to her as follows]:

Like this system, which is now an external influence (which can be just the mind), comes in. It starts to burden the system. And just because it does not give good food. For example, when the cells are hungry, then they don’t process ... when they get bad food, they don’t process it well, or when they don’t get any at all, they are hungry and can’t produce what they are supposed to produce, then it cannot work well. For this reason, whatever the dysfunction is ... it doesn’t have to be just the mind, it can be food, something that you eat, and it can be poisoned or harsh heat can influence you. But again, if the body is fine, it balances itself with hundreds of external influences and differently than the body, which may not be fine. And the mind is more like the rider who rides that horse. And if he rides the horse well, then the horse can overcome these external influences here more easily than if he doesn’t drive him well”. (interview, 9/2017)

There is a large difference between symbiotic coexistence, or to borrow Ingold's term, correspondence and controlled coexistence based on the imperative of normative well-being of just one part of this entanglement.

### 5.2.6 Ayurveda and the Limits of Alternatives

Ayurvedic discourse is grounded firmly in the notion of human beings as part of an ecosystem. This introduces a potential alternative to the modernist hegemonic anthropocentric organization of the world. Ayurveda or other, for example, holistic alternative approaches to life thus offer a potential enhancement of saving the dying world from the modernist mode of human domination—a responsible coexistence possibly coming with the realization that living life must be practised as (if it is) dependent upon the surrounding environment (cf. Latour 2018). But this discourse of Ayurveda is inherently incoherent, which would not itself disrupt the symbiotic character of the ecosystem were Ayurveda to be practised as a way of embracing these kinds of incoherencies and partial connections of diverse elements entwined in the ecosystem. Suppose it was to invite the human body's nonlinearity and changeability as well as accept its bio-social environment's changeability—this is most definitely not the case.

The Ayurveda discourse of well-being is incoherent in that, together with the notion of the ecosystem and the mutual dependency of all ecosystem elements, it implicitly brings a dichotomist structure within this ecosystem. This structure is made by putting the individual at the centre of this (eco)system, in shaping the practice of wellbeing by the imperative of disciplining the mind, by the craving for understanding and the urge to solve disruptions of the effortful established equilibrium. With an a priori established agency and intentional action, there is no space for letting the other respond, there is no way how it could respond, because we are not making ourselves present in this modus. The mutuality is impossible, and what is left is only accounting. And that is precisely the difference between the correspondence, the life of attention, in responsibility and care for us, just as it is for the entities we are joined with. Maybe we are not just in a stage of imagining and practicing own subjectivity as multiple and this way dependent on our surrounding?

To go back to correspondence within an ecosystem an Ayurvedic holistic approach, Ingold traces the idea of harmony to ancient Greece. Here, harmony was not based on totality or wholeness. It was not an idealist rainbow-studded situation. Rather, it was one built through a mixture of agreement and tension, where the balance of the two holds things in their shape (Ingold 2016). This idea was reformulated in the early modern era and reflected in today's fashionable term of assemblage, meaning a contingent bringing together, a “joining up” of autonomous pieces (ibid.). This notion is furthermore very different from the one of things going along in an established and sympathetic union rather than external conjunction (ibid.).

While Haraway (together with other post-modern and post-structuralist theorists) reflects how the world and (human) beings have long been obliged to the modernist dichotomies as a basic structuring principle of reality, she calls for revolution that embraces incoherencies and heterogeneities, that is, the hybrid character of being. This appeal is embodied in a hybrid being—a cyborg—who is wary of holism but in need of connection (Haraway 1991, 151). To

be organic wholes, therefore, does not mean to be free but indebted to the old world, structured by divisions and dichotomies. The cyborg is made from parts that are not necessarily reconciled in the bigger coherent autonomous whole, and yet, it successfully exists in acceptance. This hybridity is represented in the Ayurvedic ideal of co-dependent living in an ecosystem, but also in the practice of iterative tinkering, when different “alternatives” are combined to heal a person (see chapter 5.1.2, 135-136).

But only in vulnerability, in a process of letting oneself go, in the moment of losing control, the moment that a change in life is happening. This happening of life is correspondence, conditioned by response-ability. Because (responsible) lives are not lived in (intentional) interaction but in correspondence (Ingold 2016). This coming together is not about bringing together several separated entities to form a totality but about carrying on together, even just for a short period (ibid.).

“And just as undergoing always overflows doing, so the production of life always exceeds the finalities of consumption.” (ibid., 23)

## 6 Conclusions

Dona Haraway's cyborg, an entity that resists purification and embraces its own hybridity, is much more resilient for survival than the modernist purified one. (Haraway 1991) At the same time, the modern endeavour of purification has never been successful: in the words of Bruno Latour (1993), 'we have never been modern', although we have certainly created and dominated an era of environmental and other harm (cf. Crutzen 2006). Thirty years since the social sciences first acknowledged that hybridity and interdependence are the basis of (sustainable) existence, we are still facing the "consequences of modernity" (Giddens, 1990), primarily by watching the planet we inhabit being destroyed by the consequences of modernity, by the materialization of the ontological separation of us and them, cultural and natural, human and non-human, by violently fulfilling this imagined dichotomous politics of normativity (Law et al. 2014). The same scholars in social sciences and philosophy, influencing many others on the way, have helped mainstream an emphasis on finally stepping away from the modernist ways of living and occupying the planet. They reiterate that only through realization of our dependency on the natural environment, can humanity survive. (cf. Latour 2018)

Now more than at any other previous time in history, people are aware of this danger, which is no longer "just" a threat, but a nightmare coming true. As Ulrich Beck (1992) argued already more than thirty years ago, that systematic risk management is characteristic for contemporary form of modernity. The combination the so-called migrant crisis unfolding in Europe since 2015, global pandemic of COVID 19, and different wars within and beyond the Global North over the last decade, has made insecurity an everyday experience of those living in the wealthy part of the world. The search for appealing alternatives to modernity is becoming expressed through unexpected objects of consumer demand, especially in the domain of wellbeing. It manifests in the popularity of the New Age phenomenon (Heelas and Woodhead 2005), the so-called (spiritual) seekership (cf. Warrior 2008) and the rise of nonconventional medicine and healing practices (Siahpush 1998; Coulter and Willis 2004). Contemporary subjectivity is characterized by the individual turn from modernist governmentality materialized in disciplinary institutions monopolizing expert knowledge (such as the clinic), towards more self-sufficient late- or postmodern reflexive ways of managing personal wellbeing. (cf. Foucault 2008)

Trough an ethnographic study of Ayurveda, this thesis has introduced one of the ways that individuals deal with insecurities. The reflexive individual governed via self-management without disposing of actual tools to make an informed decision, lacks a cohesive framework of how to live their life. (Lüse and Lázár 2007, 2) Ayurveda provides access to holistic and individualized approach to wellbeing. This access is granted via knowledge conditioned by ontological proximity of all being. Since according to Ayurveda everything and everyone consists of the same five elements just in different proportion, it enables an individual to understand and therefore act upon one's body.

Making use of Foucault and Butler's approach to understanding power and subject formation, I looked at how this potential alternative to modernist wellbeing works in practice. Through the case of Ayurveda in Czech Republic, I examine how it is discursively established, individually mastered and negotiated with existent modes of relating to oneself and to the world. I approach

it as a case of an alternative to modern forms of life and self-management that functions within contemporary social environment.

In Ayurvedic schools the specific discourse of body, overlapping with self, is constructed by the negotiation between the students of Ayurvedic practice and schools' authorities, disposed with different types of cultural capital, legitimizing this version of wellbeing. The legitimization is accomplished through establishing continuities within existent forms of responsible self-management, as well as past local practices covered under imagined "folk medicines". Moreover, Ayurveda is in this process also distinguished from the practices understood as incompatible with the new forms of individualized self-care. In other words, it is legitimized through establishing discontinuities with the dominant biomedical health care practice (in the Czech case still provided by the public health care system). A link is also made to the orientalist (Said 1978) idea of "natural" mode of self-health care practices in ancient India, but also to this practice as still embodied within contemporary Indian society.

While the body is in modernity institutionalized from outside – by the establishment of expert domain of science about the man, and practiced this way by its application in form of clinical biomedicine –, in Ayurveda it becomes institutionalized from inside: through practice of knowing one's body. This knowing is achieved by the body's inner interconnecting, as well as by establishing its specific embeddedness within surrounding environment.

This way the capacity to know is returned to the living body (Bates 1995, 20). Moreover, the mechanism of interconnecting the body inwards and outwards thus creates the recognition of embodied subject. Next to this process of subjectification – recognition as an active body participating within the interrelated and interdependent ecosystem – certain objectification of body determines the agency of this subject. In this way, Ayurveda introduces a classical disciplinary mechanism, based on the principle of subject objectification and objects subjectification. (Foucault 1984, 197) To put it differently, to really know the body, to know oneself, one needs to detach from own experience of suffering and the desire to be well. In this thesis, I consider these two interconnected processes, principles of discipline creating a different regime of domination, as key in alternative body becoming.

This way the agency of the body – to know it and to be capable to manipulate it towards wellbeing – makes the body independent of the dominant health discourse and healthcare practice. Nevertheless, this independence achieved by empowerment simultaneously produces a different sort of dependence. The body becomes dependent on the surrounding environment. Treated as a process and product of the whole ecosystem it inhabits, which is changing through time, to remain well one needs to continuously monitor and consequently discipline oneself to keep up with the changing inner and outer environment. This is achieved through the use of certain techniques of the self.

In Ayurveda, body becomes not just a tool for knowing of what has been previously perceived as other (entities and environment the body interacts with), but also of oneself. This way the capacity to know and handle the body towards (maintaining or accomplishing) wellbeing is created via a kind of articulation (Latour 2004) mirrored in increasing responsabilisation of the individual, because knowledge means power (Foucault 1980). Body in Ayurvedic practice thus becomes a part of the ecosystem. The more one is driven by the imperative of self-care, the

more one is not content with just knowing, and the more difficult it becomes to achieve wellbeing. The more one posits herself at the centre of the ecosystem, turning attention towards herself, the more vulnerable the body seems to become.

Generally speaking, while the 18<sup>th</sup>- and 19<sup>th</sup>-century disciplinary mechanisms worked on the principle of dissociating power from the body (Foucault 1995, 138) , the self-governed individuals now seek to subjugate the body through her newly embodied knowledge. When one knows the body and how to make it feel well, the self-care imperative prominent in late modern society assumes clear moral meaning.

Through Ayurvedic practice, framed by specific discourse of the body and wellbeing underlined by individualism and holism, the individual body becomes its own norm: what is normal is determined by the individual “natural” constitution. Consequently, this means that there are no universal reference points to navigate individual wellbeing, which practically demands the continuous adjusting, tinkering between appropriate self-care practices (Mol, Moser and Pols 2015). This lack of universal framework in connection to the maximalization of individual responsibility may in practice produce an almost unattainable ideal of self-management.

I therefore argue that even though Ayurveda offers a possible alternative to modernity in terms of body and self-becoming in correspondence with surrounding socio-natural environment (cf. Ingold 2016), one’s access to knowing one’s body and therefore an emerging agency to manipulate it put such an individual under an imperative of reflexive self-management in the centre of one’s ecosystem. In this situation, the equal agency of all entities participating is compromised by the hierarchical structure of a human domination. Ayurvedic practice becomes in the end an ultimate and very efficient tool for modernist organization of world-making. By the imagined co-dependence and equal agency of all entities it makes in consequence a method for self and world categorization, separation and potential conquering into a smallest detail. In theory, this established a co-dependence of a human body and self with their ecosystem. In theory this dependence, I argue, might also make every single entity in the ecosystem stable. When nevertheless perceiving this dependence as a method of navigating wellbeing, by continuous defending ourselves from changes within and outside of the body, we do not connect or correspond, but separate oneself from the ecosystem. In consequence, it is exactly this separation, this hybridity resistance, what weakens such individual. Until some kind of alternative to modernity, or some mode of embracing hybridity embracing becomes actually institutionalizes within the system, the survival of such a different mode of ordering reality (Law et al. 2014) will be difficult.

We need the power of modern critical theories of how meanings and bodies get made, not in order to deny meanings and bodies, but in order to build meanings and bodies that have a chance for life.

—Haraway (1988, 580)

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