

On the cusp of ‘modernity’: Ayurveda’s tryst with ‘development’ in Nepal

MARY CAMERON, 2019, *Three Fruits: Nepali Ayurvedic Doctors on Health, Nature, and Social Change*. Rowman & Littlefield, pp. 264 ISBN 978-1-4985-9423-3

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Let food be thy medicine and medicine be thy food.

-Hippocrates

There is a growing interest in medical anthropology in how indigenous and local healing systems increasingly become (or remain?) ‘alternative’ in the face of mainstreaming, global and ‘modern’ medicine in a globalizing world. Ayurveda is one among several such indigenous healing systems in South Asia which is undergoing a transformation under the institutional and ontological power of modern medicine. In her *Three fruits* Mary Cameron intimately investigates Ayurveda’s unique intersections in Nepal with expert detail. *Three fruits* or *trifala* is an Ayurvedic medicine that is a popular and meaningful health symbol of Nepal. The title highlights how Ayurveda fosters human-nature interdependency and contributes to “Nepali people’s attentive engagement with the plant world” (15). It is an erudite and meticulous narrative that draws on Cameron’s fieldwork conducted in rural and urban areas of the Himalayan country well known for its pluralistic healing systems. *Three fruits* complements the work done in fields such as biopolitics, medical anthropology, biodiversity conservation and development studies. Cameron’s work draws from feminist theory, practice theory, medical anthropology and modernism. It unpacks the larger sociopolitical systems that affect Ayurvedic ideas and praxis in a country at the cusp of development coupled with an emphasis on modern medicine.

In the introductory chapter, Cameron looks at Ayurveda in Nepal as not just a medical knowledge “but as an ongoing social, cultural and political engagement” (5) where biomedical hegemony, professionalization and state intervention over the control of natural resources seem to play a vital role in shaping its life course. A fecund source of knowledge about the praxis of Ayurvedic philosophy (such as *Panchamahabhutha* and *tridosha* theory), *Three fruits* covers a lot of ground on the healing landscape of Nepal. The book consisting of six lengthy chapters, and adopts a semi-biographic approach focusing principally on eight formally trained Ayurvedic doctors wherein contemporary Ayurveda is “narrated through the subject lives and agency of its doctors” (4).

The first chapter offers an overview of Nepal’s socio-politico-economic landscape, followed by the institutional and anthropological history of Ayurveda. Ayurveda enjoyed royal patronage under Nepal’s dynasties to meet their health care needs and the first Ayurvedic apothecary was established over 350 years ago. With the start of formal Ayurveda education in 1929, formal physicians joined the family lineage trained physicians (*baidhya* and *kabiraj*) in Nepal’s Ayurvedic discourse. Anthropological studies have almost always focused on shamanism practiced among ethnic groups of the country. How is the following sentence related to the previous one? Cameron deepens, extends, and contextualizes contemporary inegalitarian professional study of Ayurveda in Nepal that reflects the social hierarchies based on caste, gender and ethnicity. Even though Nepal was never a colony, modernism is relevant to Nepal due to influence of western ideology and foreign power that ushered in *bikas* (economic development) in the mid-twentieth century. Cameron supplies intimate and subtle accounts of technobureaucracy of Ayurveda concerning its glocal sociopolitical context and global biodiversity conservation. From the vice chancellor’s meeting room to the worldviews of taxi drivers, Cameron foregrounds rising tensions between medical modernization represented by mainstream biomedicine characterized by a “conservative model of the body that doesn’t fundamentally change” (33) and Ayurveda which offers a radically “different model of nature, the human, and reality” (34).

The second chapter emerges from Cameron’s extensive interaction with Dr Narendranath Tiwari, a staunch environmentalist and Ayurvedic physician who specialized in *dravyaguna* (medicinal plant pharmacology). He described plants as gifts of God, which develops therapeutic properties

due to particular chemicals generated due to stress physiology. Tiwari and Cameron delve into a range of issues such as urbanization that threatens medicinal plant biodiversity in Nepal, the expansive view of nature in Ayurveda –person-as-world- focusing on symbiotic relationship with nature and natural immunity (*prakriti*). Ayurveda recognizes inherently imperfect imbalance and “works towards a balanced life in terms of a proportionality of *gunas* (qualities) and *tridoshas* (humors) suitable to the individual” (71). Adopting a person-centered approach, food and routine become vital in contrast to the diseased approach in biomedicine. Ayurveda sees ultimate health as utopian and tries to decrease illness and improve health as life is viewed as inherently imperfect.

The third chapter titled, “Dr Rishi Ram Koirala, Healer” turns to a doctor who specialized in *kayachikitsa* (internal medicine). Cameron foregrounds the intricate puzzle of negotiation between doctors and patients who bore the brunt of Maoist acts of violence and trauma. What follows is a discussion about pure Ayurveda and how some practices transform it into a plural medicine by appropriating allopathic prescriptions. Dr Koirala’s translations of Ayurvedic concepts provide a window to take in how Ayurveda lends itself to be explained in terms of hegemonic biomedicine. Dr. Koirala introduces the fourth element, senses, in addition to mind, body and soul as a foundational Ayurvedic principle in defining health. The chapter is replete with the Ayurvedic way of understanding health that stands in opposition to biomedicine which “misses the love,” as claimed by Dr. Koirala (101).

In the fourth chapter, Cameron locates Ayurveda in the milieu of *bikas* (development) feeding into biomedical hegemony. Tracing Ayurveda in Nepal both diachronically and synchronically, it takes us through significant events and legislative trajectories that have transformed Ayurveda. As highly person-centric, Ayurveda cannot be transferred to public health modelling steered by biomedicine and thus gets relegated to the margins as ‘unscientific’ as science becomes “too narrowly limited to only western forms” (141). Revolving around everyday narratives and practices of Ayurveda that are constructed by official discourses of the state, informal practitioners, biomedical specialists and political figures including the prime minister, Cameron presents a complicated and conflicted landscape of traditional Ayurveda at the cusp of disenfranchisement, delegitimization and extinction in Nepal. It is interesting as Cameron unravels the paradox of health bureaucracy where rhetorics of integrative and plural medicine take a one-sided approach

prioritizing biomedicine while Ayurveda enjoys the privileged status as a national system of medicine in Nepal.

Like the other chapters which weave together the experiential worlds of Ayurvedic doctors, the fifth chapter turns to Ayurvedic surgeon Dr Lokendra Man Singh who fought a big battle to preserve Ayurveda's heritage in Nepal. Cameron's encounters with Dr. Singh yield comprehensive yet complex ideas about Ayurveda that helps us realize many alternative truths about health and illness explicated by non-western systems of healing. Concepts such as *Sattwamatshariram* (health as life), *panchamahabhuta* (five elements) rooted in phenomenological philosophy, the question of who is healthy, side effects of the 'development' imperative, universal relevance of Ayurveda, etc., are outlined in the chapter.

The sixth chapter showcases the lifeworlds of five Ayurvedic women doctors in Nepal. In a highly patriarchal society, they are placed in a paradoxical situation where their gender stratifies and empowers at the same time. Cameron "calls for an expanded objectivity that is situated and embodied" to unpack "how the historically braided nexus of politics, culture, and science have affected women's lives" (184). Whether the increasing feminization of Ayurveda lead to its diminished status or vice versa is an important question that is contemplated here. It is riveting to understand the process of women healing women when both service providers and service-users hail from multiple social locations yet are unified by gender. Thus, this is a valuable addition to scant research on women medical professionals of non-western medical sciences.

Cameron's analytic eye is brilliant as reading *Three fruits* was both painful and hilarious as she picked up experiences that trap Ayurveda in twilight between life and death and empowerment and depowerment. The marvelous attention to both emotion and logic is the vital sign of this scholarly ethnography. The book is very revealing of Nepal, Ayurveda and its doctors alike that it returns me again and again to think about the politics around health care. I felt the inclusion of perspectives on Ayurveda held by practitioners of other traditional healing systems in Nepal could have enriched the work. This book would be of interest to health activists, health practitioners, researchers and students of social sciences.

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