

# A Bridge Between Two Worlds: Blending Ayurveda and Allopathic Medicine in India

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The integration of traditional systems of medicine with modern Allopathic medicine has gained significant attention in recent years. The demand in interest associated with this blending phenomenon is exemplified by over two hundred universities that are running courses on Ayurveda. This raises an important question that, What is the relationship between the two healthcare systems of Ayurveda and Allopathy in India? This research paper aims to describe one facet of the relationship through a comprehensive analysis of the blending of Ayurveda and Allopathic medicine in Southern India. It explores the historical, cultural, and scientific aspects of both systems and examines the current types of integration of blending. I have collected my data through analysis of extensive scholarly studies conducted throughout the Indian subcontinent as well as ethnographic research I conducted drawing on interviews, shadowing, and experience in the South Indian states of Karnataka, Tamil Nadu, and Andhra Pradesh. This paper finds that Ayurveda and Allopathy interact through blending. I argue that there exist three main categories in which the blending of Ayurveda and Allopathy occurs in the Indian medical community: through epistemology, commodification, and medical practice, with examples from previous known literature and my own ethnographic data such as the epistemological link between epigenetics and Ayurveda, the creation of Ayurpathic goods, and the use of Allopathic Diagnostics in Ayurvedic practice. I further dive into the relevance of my research and the fields of thought associated with the blending phenomenon by opening a discussion of the applications and impacts of commodification and blending in medical practice and different Indian communities' interpretations of what it means to bridge two worlds of medicine. The paper concludes by highlighting the importance and types of further research and collaboration to understand contemporary practices of blending Ayurveda and Allopathic medicine in India's healthcare system.

## Introducing Ayurvedic and Allopathic Medicine in Southern India

In a gynecology clinic in Mysuru, Karnataka, India, a woman stares, brow furrowed at the paperwork in front of her, tuning out the bustling waiting room. She whips her head towards the glass door to the sound of her name. Exhaling slowly, she matches the consultant's smile as she is ushered into the small, homey room. She sits intently, listening to the consultant explain each test, result, and treatment procedure, as her anxiety ebbs. After the consultation, however, to my surprise as an observer job shadowing at the clinic, the consultant asks a rather unusual question for an allopathic\* clinic: "Would

you prefer Allopathic or Ayurvedic<sup>†</sup> treatment?" While this gynecology clinic's treatments are Allopathy-based, it also has ties to Ayurvedic facilities and references for treatment. This scenario has become increasingly common over the past few years in India due to the resurgence of India's ancient traditional science of Ayurveda.

Ayurveda is an ancient medicine practiced primarily in South Asia. In Sanskrit, the language the original texts are recorded in, Ayurveda is known as the science of sustaining life. The medical practice has a rich tradition of using herbal medicines for various health conditions. While many sources, such as senior Ayurvedic doctor (Vaidya) and historian M.R Raghava Varier, have traced Ayurveda to be the "mainstream healthcare [program] in the subcontinent for...

\* For the purpose of my research, I define Allopathy as medicine that originated in what is considered "the West" such as Europe and the United States but is now considered modern medicine and is practiced widely across the world as the mainstream form of medicine. Generally, when I refer to Allopathy I speak of western or modern medicine practiced in India. Since most of my research is presented about the observations and literature of medicine in the setting of India, using the term "Western medicine" could be misleading. I have chosen to use the word Allopathy since it is widely used and accepted in India as the term for Western or modern medicine

† In the English language, proper nouns and their derived adjectives are generally capitalized, whereas the names of recognized medical fields generally are not. When searching whether the word 'Ayurveda' should be capitalized, I found that many scholars from India have expressed the preference to capitalize the word 'Ayurveda' in their writings, and there has been no consensus on the capitalization of the word 'Allopathy'. Capitalizing Ayurveda begs the question of whether Ayurveda is considered a 'recognized medical field' in the scholarly discussion, but for the sake of this paper, we shall capitalize Ayurveda and Allopathy for consistency

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more than two-and-a-half millennia in the past”<sup>1</sup>, there is evidence to suggest that Ayurveda may be even older, as sixty-five Ayurvedic plants have been mentioned in the oldest of the four pillars of Hinduism called the Rig Veda<sup>2</sup>, suggesting that Ayurveda can be older than five millennia<sup>3</sup>. According to the Astanga Hridaya, an ancient essential guide to the eight branches of Ayurveda, the core principles of Ayurveda are timeless, constant, and unchanging<sup>4</sup>.

Ayurveda emphasizes a holistic approach to disease prevention and treatment by embedding prevention into the lifestyle of Ayurveda patients and practitioners<sup>‡</sup>. One of the most prominent principles of Ayurveda is the idea that humans are made of five elements: air, water, earth, fire, and space and each element is concentrated in different amounts in the form of doshas, which are responsible for biological as well as psychological functions of the body, mind, and consciousness<sup>§</sup>.

Ayurveda boomed particularly during the period of 500 BCE<sup>5</sup> to 500 CE in which founding scholars of Ayurvedic advancement, such as Charaka and Sushruta<sup>6</sup>, made significant contributions to the understanding of anatomy, physiology, pathology, and surgical techniques<sup>7</sup>. Ayurvedic knowledge spread beyond India, reaching neighboring regions, including Sri Lanka, Tibet, and Southeast Asia. However, from the 8th century to the 18th century CE, constant invasions, such as that of neighboring Islamic countries during the medieval period and British colonization, hindered the practice and spread of Ayurveda<sup>8</sup>. The British arrival in India during the 16th century AD introduced Allopathy as a new system of medicine to India, while the colonization of India resulted in British attempts to suppress all forms of medicinal Ayurvedic practice. The East India Company pushed this agenda when in 1833 they closed and banned all Ayurvedic colleges<sup>9</sup>. While their attempts were overall successful at increasing the practice of Allopathy throughout India, Ayurveda persisted in various regions in pockets, with scholars preserving and transmitting knowledge through guru-disciple lineages and written texts. In the 19th century, during and after the independence movement, Ayurveda experienced a revival movement, thanks to the efforts of key figures such as Dr. Bhisagratna Achanta Lakshmi<sup>10</sup> Maharishi Dayanand Saraswati and Swami Vivekananda. These individuals sought to revive Ayurveda’s traditional principles and integrate them with Allopathic scientific principles<sup>11</sup>. The government’s re-establishment of

Ayurvedic colleges and institutions and the significant involvement of Vaidyas further contributed to the revival and standardization of Ayurveda. Contemporarily, Ayurveda remains an integral part of healthcare in India and is recognized as a formal medical system by the Indian government. Ayurvedic hospitals, clinics, and pharmacies are widespread throughout the country. The practice of Ayurveda, nevertheless, has not decreased the demand for Allopathy. In fact, to revive Ayurveda practices in an allopathy-dominant world, Ayurveda had to be adapted to be relevant to the diseases and practices of today’s world. This led me to an interesting observation of a phenomenon in South Asia, which answers the question of the relationship between the two healthcare systems of Ayurveda and Allopathy in India: the cultural blending of Ayurveda and Allopathy in Indian medicine.

### Personal Stakes in Ayurveda and Potential Bias

Ten months ago, my mother fell in love with the city of Mysuru, in the state of Karnataka, India. The city was beautiful and calm, sprouting luscious vegetation and a cooler climate like that of the suburbs of our home in Bellevue, Washington. Filled with kind, hard-working people, Mysuru still managed to maintain a small-town atmosphere while containing all the luxuries one would find living in a bustling city. Best of all, it was one of many central hubs incredibly famous for Ayurveda. This was particularly appealing because two weeks earlier, my mother’s rheumatoid arthritis had taken a turn for the worse. There is no real cure for rheumatoid arthritis, so the best American doctors could do was reduce the symptoms’ effects. Hitting a wall, we started frantically searching for a solution when my mother, inspired by our family to go to her roots, decided to try medicine practiced by our ancestors called Ayurveda. While my mother was adamant about trying Ayurvedic treatment, I was skeptical of her idea until I was recommended this book by my aunt about a doctor who had cured her own autoimmune disease. Dr. Cynthia Li, the author of the book *Brave New Medicine*, had Hashimoto’s disease, an autoimmune thyroid condition, and later diagnosed herself with chronic fatigue syndrome and dysautonomia<sup>12</sup>. In her journey to battle these autoimmune conditions, she used a blend of East Asian traditional medicine, which emphasized being in tune with nature, her mind, and her body, and Allopathic medicine, by examining epigenetics and evolution’s influence on disease<sup>13</sup>. By fixing her sleep schedule, eating balancing anti-inflammatory foods, and practicing healthy habits, Dr. Li was able to treat and partially reverse her condition<sup>13</sup>. This idea of the blended approach convinced me to support my mother and her endeavors in Ayurveda treatment. When researching Ayurveda and its treatment methods, my mother discovered a treatment center in the city of Mysuru, recommended by our family. Her discovery led her to move tem-

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‡ Ayurveda includes not only ways to treat illnesses through practices such as Panchakarma, which consists of five different methods to cleanse, rejuvenate, and heal the body, but also by including a guide for the optimal daily routine for disease prevention for a healthy lifestyle.

§ The three doshas of the body are Vata, made up of air and space, Pitta, made up of water and fire, and Kapha, made up of earth and water. In superficial terms, Ayurveda states that each of these doshas is naturally created at different levels in a person’s body, and the more dominant of the doshas determines one’s prakriti. In allopathy, one’s prakriti roughly translates to one’s phenotype in genetics. If one’s doshas are not in the unique balance for one’s specific body type, the body is prone to disease

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porarily to Mysuru from greater Seattle for treatment, taking my sibling and me with her for moral support. It was during my mother's treatment that my interest in Ayurveda led me to begin shadowing Vaidyas as well as Allopathic doctors, including a gynecologist practicing Allopathic medicine. I noticed that while Cynthia Li's experiences and mine may not be representative of the blending phenomenon in South Asia, experiences such as ours were more common than I had originally thought. While there is potential bias from my personal connection to the bridge between Ayurveda and Allopathy, blending between Ayurveda and Allopathy was being implemented in a distinct way in the country with the world's currently largest population.

In this paper, I establish that one relationship between Allopathic and Ayurvedic medicine is the blending phenomenon. I intend to prove and demonstrate after the compilation and organization of case studies and my own ethnographic data, that the occurrence of this blending of systems can be grouped in three main ways: through epistemology, through commodification, and through medical practice and treatment. In blending Ayurvedic and Allopathic ideologies, more recent theories and ideas put forth by Allopathic medicine have origins in more ancient traditional medical practice that is still strong in India today. Through the commodification of Ayurvedic medicine, the blending of the two worlds of medicine has become easier, for better or for worse. In practice, blending can occur when doctors of both Allopathic medicine and Ayurvedic medicine can treat patients using both Ayurvedic and Allopathic medications and practices. In this paper, I will define and exemplify these three aspects in more detail and turn to analyze the aspects drawing on ethnographic evidence from Southern India. The scope includes the peer-reviewed literature and scholarly research I analyze that come from a variety of regions of India as well as some from the U.S. and the ethnographic data that I collected and drew on in my 8 months in India, collected from the regions of South Asia, particularly Karnataka, Telangana, and Andhra Pradesh. The scope also is limited by the sample and data analysis focusing on the opinions of doctors and researchers, and examples of the blending phenomenon, which will be discussed more in the methodology.

## Methodology

To research the blending phenomenon of Ayurveda and Western medicine in Southern India, I interviewed, shadowed, and participated in the day-to-day work of both Allopathic doctors and Vaidyas in Southern India. Specifically, I interviewed seven Allopathic doctors and seventeen Vaidyas collectively from Karnataka, Tamil Nadu, Andhra Pradesh, and Telangana. I shadowed a consultant at a gynecology and IVF facility and acquired an apprenticeship with an Ayurvedic Hos-

pital when I was in Mysuru, KA, for eight months supporting my mother's treatment. I participated in the day-to-day work of both Allopathic doctors and Ayurvedic doctors by organizing medications, entertaining patients, laboratory inventory, and other miscellaneous jobs as an intern. To interview, shadow, and participate, I traveled by train and occasionally flew out to Nagercoil, Chennai, Visakhapatnam, Tirupati, and Hyderabad for interviews. Both informal and formal interviews were conducted, generally ranging from thirty minutes to one hour, followed by shadowing of the doctors and their jobs. Depending on the doctor and the time allocated to accommodate me when flying from Mysuru to other South Indian cities, shadowing would last from two to seven days. The majority of the interviews were conducted in English, but the interviews in Andhra and Telangana I conducted in Telugu. I collected ethnographic data drawing on my interviews, shadowing, and visits to the clinic to organize patterns of thought about the blending phenomenon, and compiled my research, case studies, and literature reviews of articles from previous anthropological works on Ayurveda to determine correlations between Ayurveda and Allopathy. When I began investigating the blending of Ayurveda and Allopathic medicine in India, I realized that there were many distinct aspects to how these cultures would blend.

To capture the moment, I deemed saturation after my interview questions were thoroughly answered, and I could identify, note, and analyze the thought processes, beliefs, and medical practices of the interviewees. I cannot quantify the number of interviews and months of work needed to reach saturation, due to the subjectivity of the question in an anthropological context. 8 months of work allowed for extensive analysis and gathering of data for the research of the relationship between Ayurveda and Allopathy.

The coding procedures mostly include interview transcripts, a compilation of experimental data, literature, and research from scholars regarding the blending phenomenon, and written notes of my observations in clinics and during volunteering. I categorized data based on the three categories of blending of epistemology, commodification, and practice of medicine. My quantitative data gathered in ethnographic research is mostly axial coded based on grounded coding. After reading enough literature on blending and gathering enough ethnography from my interviews, shadowing, and participation, I used thematic analysis to create the three categories of blending.

Interviews, observation, and participation in the activities of Ayurvedic and Allopathic doctors and patients were the most effective data to gather because they help reveal the lived experience and center the human beings that live and relate to the blending phenomenon. Ethnographic research celebrates the use of networks because people are generally more comfortable talking about sensitive topics when rapport is established

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between the interviewer and the interviewee. Using social networks to invite people to talk about issues that can be sensitive and allows for more rich data. I chose credible networks I had access to, such as renowned doctors in Nagar Coil, Tirupati, Chennai, Mysuru, Visakhapatnam, and Hyderabad. These are also cities with large populations, excluding Mysuru. Mysuru is famous for Ayurveda, and where I lived for 8 months while studying the relationship between Ayurveda and Allopathy.

Limitations of the study include time constraints, limited access to resources, sample size, and regions represented. The ethnographic data I gathered limits the scope of the study mostly to South Asia, so to strengthen the data, I added analysis from other Anthropological researchers to increase the scope. 8 months is a limited amount of time, and with years of research, I would have more time to gather, organize, and analyze more data for a stronger paper. Time also limited access to resources and interviews, because with time, I could build better rapport with interviewees, learn more about the dynamics between Ayurveda and Allopathy, and expand my network to better represent the populous of South Asia and India. Furthermore, I limited the scope of the study to scholars and doctors to interview, since I did not have the time, resources, or network to reach other types of participants. However, the doctors I interviewed come from a variety of backgrounds, castes, and religions, even if by being doctors, their economic status varies less than a typical sample of all types of populations.

All of the ethnographic data was collected with informed consent, with participants in the study confidential. There were some ethical challenges in collecting data due to doctor-patient confidentiality, so data including patients was excluded from the study. I address my personal biases due to the personal stakes I have in Ayurveda and Allopathy due to my mother's Ayurvedic treatment mentioned in the section **"Personal Stakes in Ayurveda and Potential Bias"**. I attempt to counteract this bias by not taking theory as fact, and not evaluating the effectiveness or validity of either Ayurvedic, Allopathic, or the blending of medical systems. We mitigate these biases through the practice of Cultural Relativism.

### Corroborating A Blended Epistemology

The concept of Epigenetics has been groundbreaking in the history of Allopathy research, putting forth the idea that our DNA is not as rigid as previously thought, as researchers have found that one's environment plays an integral role in the expression of genes. Recently, a Ph.D. candidate at Deakin University, Natasha Rooney, challenged the idea that the fundamental principles expressed in Epigenetics are completely original, explicitly stating that she "saw two different worlds beginning to collide: the latest advancements in molecular biology married with centuries-long language of imbalance and

purification"<sup>14</sup>. Vital to the ideology of Ayurveda is the principle that Ayurveda is not simply a science, but a way of life. Ayurvedic teachings are embedded into every aspect of daily tasks, and therefore Ayurveda stresses the importance of one's environment, including the social and behavioral aspects of a person's life. The section of Ayurvedic practice called Dhina Charya, or 'daily routine' includes instructions for daily and seasonal routines, when and how to eat, sleep and exercise, and advice on how one should act based on their phenotype called prakriti. In her research, she found that the more she learned about Ayurveda, the more parallels she could draw between the epigenetics framework and that of Ayurveda since Allopathy is finally acknowledging what Ayurveda has always known<sup>15</sup>.

These ideas aligned with the knowledge I gained from my conversation with a junior Vaidya who had completed his Ph.D. in epigenetics in Chennai, Tamil Nādu. When I spoke of the relationship between Ayurveda and Epigenetics, he corroborated my argument by explaining his research in Ayurgenomics. He described Ayurgenomics as integrating "concepts in Ayurveda, such as prakriti<sup>¶</sup>, with modern genetics research." He went on to tell me how Ayurgenomics combines the three doshas that describe one's prakriti, Vata, Pitta, and Kapha, with the expression of specific genes and physiological characteristics. He specifically stated how he and his colleagues such as Dr. Bhavana Prasher, founder of the novel Ayurgenomics organization Trisutra and a pioneer in the field<sup>16</sup>, are working to make Ayurgenomics a recognized specialization in the field of medicine, and how through the work of organizations such as Trisutra, Ayurgenomics has been established as an elective course offered at the university level. He also directed me to classic Ayurgenomics research such as that published in the Journal of Translational Medicine. The most prominent is titled "DNA methylation analysis of phenotype specific stratified Indian population" in which biotechnology researchers aimed to establish DNA methylation differences in the three different Ayurvedic phenotypes Vata, Pitta, Kapha, as a primary example of Ayurgenomics<sup>17</sup>. The study found that indeed there was a correlation between prakriti and DNA methylation, as the typology of prakriti relates to specific genes. Vata prakriti has specific methylation related to the gene LHX1, Pitta prakriti has specific methylation differences related to the SOX11 gene, and the Kapha prakriti has specific methylation differences related to the CDH22 gene<sup>18</sup>. The corroboration of the concepts and principles of Ayurveda from more recent Allopathic advances such as epigenetics is a prominent example of blending occurring between Ayurvedic and Allopathic ideology.

Ayurgenomics is also a crucial example of how in the blending of Ayurveda and Allopathic medicine, there is a growing

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¶ See Introduction for the definition



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interest in studying and validating the efficacy and safety of Ayurvedic herbs through scientific methods. This involves conducting research, clinical trials, and developing standardized herbal formulations that meet modern quality and safety standards.

A recent survey conducted by the Department of Sharir Kriya and Banaras Hindu University<sup>19</sup> reflects this growing interest, as the study revealed that across the country, teachers of Ayurveda working in CCIM recognized Ayurvedic colleges believed that “issues related to safety profile and standardization of Ayurvedic products are serious ones”<sup>20</sup>. The paper also revealed that Ayurvedic scholars in the past have tended to not actively participate in international forums to discuss their research or publish their research in reputable international journals, making it difficult for Allopathic researchers and worldwide researchers to recognize and accept Ayurveda<sup>21</sup>. Scholars in favor of Ayurvedic modernization are attempting to motivate scholars to present Ayurveda to the world in hopes the world can appreciate the value of Ayurveda.

### Commodification of A Blended Medicinal Culture

With the revival and increase in popularity of Ayurveda, businesses have begun catering to the enthusiastic market of those who prefer “natural” products and therapies for their health, mixing elements of both Allopathic and Ayurvedic principles to turn Ayurveda into a product, treatment, or service<sup>22</sup>. The scientific community has dubbed this blending, “Ayurpathy”<sup>23</sup>. When I asked a senior doctor in Mysuru, Karnataka his thoughts on the commodification of Ayurvedic products, he stated that these new products in the market such as Ayurvedic shampoos, beauty products, toothpaste, moisturizers, drinks, and foods are usually not based on traditional Ayurveda. In his words, “most of the branded products are 90 percent Allopathic chemicals and formulas and simply contain one or two Ayurvedic herbs to be mixed in”. According to this doctor, Ayurveda is not a product or simply its herbs, but a science and a way of living. The embedment of Ayurveda into one’s lifestyle came into play to protect against the commodification of Ayurvedic herbs when U.S. companies attempted to patent them.

In the world of patents, there is a fine line between discovering original innovations and discovering existing innovations. On September 4, 1997, among many news outlets, the journal *Nature* documented this fine line when the journal published an article on the PTO’s forced withdrawal of a patent granted to U.S. researchers on powdered turmeric<sup>24</sup>. *Nature* stated that the “PTO withdrew the patent on 13 August after a year-long legal battle with India’s Council of Scientific and Industrial Research (CSIR), which argued that turmeric, a native Indian plant, had been used for centuries by its people for wound healing, and so lacked the “novelty” criterion required

for patenting”<sup>25</sup>. Using Allopathic testing and research procedures such as patents to commodify Ayurvedic herbs and goods has also been used in cases such as the neem plant<sup>26</sup>, patented by Europe, Basmati rice, patented by the U.S. company RiceTech<sup>27</sup>, and even cow urine, a drug patented by an Indian organization named Go Vigyan Anusandhan Kendra<sup>28</sup>.

In 2010, Go Vigyan Anusandhan Kendra, an organization dedicated to the research of the uses of cows, attained a U.S. patent for an anti-cancer drug they developed using cow urine for its “anti-genotoxicity properties”<sup>29</sup>. The drug was tested on mice using Allopathic testing and research procedures to secure the patent so that it could be sold across India<sup>29</sup>. However, insufficient evidence exists to conclude whether the drug is widely effective<sup>29</sup>.

In 1985, Robert Larson succeeded in patenting neem seed extract due to the difficulties of patenting the actual Ayurvedic herb<sup>30</sup>. Different types of neem extract were officially patented, commercialized, and developed for use in pesticides by a wide variety of companies during that time<sup>30</sup>. I spoke with a retired Anesthesiologist, who currently runs a large-scale Ayurvedic facility in Mysuru, Karnataka, who commented on the blending involved in the commodification of these herbs. He explained how the isolation of chemical compounds in these Ayurvedic herbs, such as the neem plant, allows Allopathic researchers the ability to experiment with the neem plant. Researchers isolate the compounds that are associated with the benefits of the neem plant and then can create medicines from the plant and patent the medicine. They are using Allopathic techniques, but Ayurvedic plants to create these Allopathic medicines to be mass-produced. By isolating the chemical components that are associated with the benefits of neem, the neem pesticide companies claimed that the patent was valid, as the product pesticide was indeed novel, and since Allopathic knowledge was applied to change the form of the neem herb to make neem extract, the companies argued that there was a crucial difference between the Ayurvedic herb neem and the patented neem extract.

While commodification does not necessarily always benefit the spread of Ayurveda, an authentic Ayurvedic medicine famous for enjoying the benefits of commodification is Chyawanprash. Chyawanprash is an ancient Ayurvedic medicine that consists of forty to fifty different Ayurvedic herbs that are meant to boost immunity, slow aging, and prevent disease<sup>31</sup>. In 1949, Dabur popularized branded Chyawanprash, effectively taking the original formula and mass-producing the medicine to create the well-known product<sup>32</sup>. Dabur’s Chyawanprash now exists in most Indian households and is considered by many faithful to the original Ayurvedic recipe. The mass production and brand name helped Chyawanprash receive widespread recognition and create a larger market for the product.

Due to commodification, Ayurveda has also been consid-

ered a marketable service. I observed one major example of Ayurveda as a commodifiable service in the form of the Indus Valley Ayurveda Centre (IVAC), an Ayurvedic treatment center located in Mysuru, Karnataka, India, and founded by Dr. Talavane Krishna. IVAC offers treatments such as Ayurvedic massages, panchakarma, and diet plans carried out by legitimate Vaidyas who travel from private clinics to treat patients, similar to authentic Ayurvedic clinics and treatment centers. However, IVAC differed from traditional Ayurvedic hospitals and clinics by catering to an international customer base. In an authentic Ayurvedic hospital or clinic such as Sri-ranga Ayurveda Center in Mysuru, patients generally walk into a clinic or book an appointment, voice their symptoms and complaints, and see a respectable physician. Patients receive effective diagnoses, treatment plans, and recommendations, and schedule their next visit. The treatment is affordable and tailored for the general population. If the case is severe, there are comfortable hospital beds or rooms for patients to be treated in. However, at IVAC, the Ayurvedic center targets elite markets by offering resort amenities over practicality: isolated deluxe rooms surrounded by lush vegetation, a reception help desk, housekeeping for clean rooms, and cooks hired to make Ayurvedic food for patients. IVAC's website also caters to an international audience, as the website provides information on the basics of Ayurveda for those who are curious about Ayurvedic and Indian culture<sup>33</sup>. The treatment offered at IVAC is significantly more expensive than treatment offered at traditional Ayurvedic hospitals as luxury treatment centers such as IVAC offer new opportunities for the expansion of Ayurveda outside of India. Whether the authenticity of Ayurvedic treatment is retained even through the commodification of Ayurvedic goods and treatment is yet to be analyzed.

### **Bridging Practices of Contemporary Health Care in Southern India**

Besides epistemology and commodification, Ayurveda and Allopathy also blend into the practice of medicine. This can include the use of integrative medicine<sup>||</sup>, Complementary and Alternative Medicine (CAM)<sup>\*\*</sup>, or blending involved in the diagnostic phase of patient treatment. In an article published by Ayurveda researchers and biomedical doctors Chandrakant

Katiyar and Sunil K. Dubey proposing their One Nation, One Health System Integrative policy, Katiyar, and Dubey advocated for the “[c]onvergence of Ayush/traditional medicines with modern medicines by bringing into effect integration of the two or more systems is the way forward for developing holistic healthcare systems throughout the country” of India<sup>34</sup>. They explicitly stated the extent of the use of CAM and Integrative medicine in India<sup>35</sup>, expressing how common it is for patients, especially those with chronic conditions to treat their conditions with both Allopathic and Ayush or Ayurvedic medications “by design or default”<sup>36</sup>. Katiyar and Dubey claim that Homeopathy and traditional Ayurveda is still popular with people suffering from chronic and lifestyle disorders and parents of infants and children in the suburbs and rural areas<sup>36</sup>. They establish the use of Allopathy and Ayurveda concurrently as fact and draw attention to their argument for the documentation and the normalization of the complementary use of therapies belonging to both Ayurveda and Allopathy<sup>36</sup>.

While seeking information on blending medicine by design, I noticed an example while shadowing a junior Vaidya in Nagar Coil. A doctor prescribed a patient both Dolo 650 tablets (i.e., Ibuprofen), an Allopathic medicine, and an immunity booster lehyam (jam-like concoction), an Ayurvedic medicine. When I asked about the prescription, I learned that Vaidyas were not recommended to prescribe a mix of Ayurvedic and Allopathic medications without the credentials to do so. However, no distinct legal repercussions existed for Vaidyas practicing integrative medicine. Interestingly, when I approached a Mysuru Allopathic doctor asking if they were allowed to prescribe Ayurvedic medications, I was told it was illegal for practicing Allopathic doctors to prescribe Ayurvedic medications. Prescribing Ayurvedic medications or treatment without the credentials to do so is punishable under the Delhi Bhar-tiya Chikitsa Parishad Act of 1988 and can result in up to three years in jail and a heavy fine preceding fifty thousand rupees<sup>37</sup>. It seemed that Allopathy practicing doctors, while allowed to recommend Vaidyas, were not allowed to implement integrative treatment in their practice.

Allopathic diagnostics technology has begun being implemented in integrative Ayurvedic medicine as exemplified during my interviews and tours with Ayurvedic gynecology doctors and final-year Ayurvedic medical students working at the JSS Ayurvedic hospitals in Mysuru. Among many topics we discussed, the medical students illustrated how the pregnancies at the hospital are planned, and the type of support the doctors give the pregnant patients before, during, and after pregnancy. The doctors stated that they collaborate with a team to figure out the ideal time for the patient to conceive, and after conception, they support the patient by giving them a routine to follow which can include taking specific herbal medications, specific yoga and meditation exercises, and lifestyle recommendations to avoid complications

<sup>||</sup> Integrative medicine combines the principles and practices of Ayurveda and Western medicine to create a holistic approach to healthcare. It focuses on addressing the physical, mental, and emotional aspects of an individual's well-being. This approach often involves a multidisciplinary team of healthcare providers, including Ayurvedic physicians (Vaidyas), allopathic doctors, nurses, and complementary therapists, who collaborate to develop personalized treatment plans for patients

<sup>\*\*</sup> CAM refers to the use of alternative therapies/medicine alongside Allopathic medicine. Ayurveda is considered a part of CAM due to its holistic principles and natural healing methods. Patients may choose to incorporate Ayurvedic treatments, such as herbal remedies, dietary changes, yoga, meditation, and lifestyle modifications, in combination with Western medical interventions.

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before, after and during the pregnancy. However, the doctors and students also clarified that in their hospital they don't deliver the baby and recommend their JSS Allopathic chain of hospitals for deliveries. Later, when touring the JSS Ayurvedic Hospital and the college campus, during the doctor's commentary, the diagnostics rooms for the hospital caught my attention. I noticed blood pressure monitors, stethoscopes, tonometers, and lab equipment for blood testing. This has also become increasingly common in Ayurveda to use Allopathic diagnostic tools alongside Ayurvedic diagnostic tools such as Nadi Pariksha and prakriti checking. A study recorded in the *Journal of Ayurveda and Integrated Medical Sciences* analyzed how Ayurveda could use imaging tools such as MRIs, ECGs, EEGs, CT scans, and USGs to diagnose the patient using Ayurvedic terms and methodologies. The imaging tools proved to be very successful in diagnosis and therefore the study has concluded that these tools have seemed to be used more often in Ayurvedic hospitals today<sup>38</sup>.

For example, during the heat of Covid, a government-run public Ayurveda research center and hospital chain called the All India Institute of Ayurveda (AIIA), treated patients using both Ayurvedic medicine and Allopathic diagnostic technology and medicine<sup>39</sup>. According to the head of AIIA, this institution, based in Delhi, India, had treated 600 covid patients at the time<sup>39</sup>. In an article published in the Indian newspaper, *The Economic Times*, Professor Tanuja Nesari, an MD in Ayurvedic Pharmacology and an affiliate of AIIA, explained how, "be it Ayurvedic or allopathic, the treatment is guided by tests conducted in laboratories" of which the most frequent include CT scans, CRP and D-dimer tests in AIIA pathology and radiology labs<sup>39</sup>. The initial procedure includes Oxygen therapy and Ayurvedic medicine. If the patient's condition is not improving, Allopathic medicine is then administered when necessary, following the guidelines of the Indian Council of Medical Research (ICMR)<sup>39</sup>. The facility contains 40 Vaidyas and 5 Allopathic doctors, introducing a form of integrative medicine<sup>39</sup> into practice. Integrative medicine has started to become a focus of research as well, as the ICMR and the AYUSH ministry started a collaboration to begin testing on integrative medicine in hopes to find ways to merge both traditional ways of medicine such as Ayurveda, with Allopathic medicine<sup>40</sup>. The collaboration will include extensive clinical trials to find optimal ways to expand integrative medicine and effectively and efficiently combine Ayurveda and Allopathy<sup>40</sup>.

## Beyond the Holistic Approach

However, in India, heated debate among scholars has begun on what can be considered as a practice of Ayurveda. One stream of scholars argues that Ayurveda must be practiced in its original form, following its oral traditions, and following

solely what is written in the ancient texts. These scholars believe that their faith in Ayurveda is supported by the fact that the science has withstood brutal invasions and has managed to survive over three centuries and does not need further validation by Allopathic research and medicine<sup>41</sup>. They argue that Ayurveda and Allopathy are separate, and if mixed, the practice is no longer pure Ayurvedic medicine, and should not be classified as such. Another stream of scholars, whose thought process has birthed the blending phenomenon, argue that while the written texts and Ayurvedic principals may be correct, changes such as centuries of geographic, environmental, weather, and social composition factors cause the need for updates and possible validation of Ayurvedic principals and herbs through Allopathic research such as the field of Ayurgenomics<sup>41</sup>. Furthermore, it is important to note that texts that describe Ayurvedic principles such as seasonal regimens apply mostly only to the geography of South Asia, so for texts such as these to benefit populations outside of India, geographic translating must be made. These would essentially be additions and changes to some of the principles of Ayurveda to benefit a larger population. Climate change may also cause changes in the seasons which can affect the seasonal regime as well. These scholars argue that Ayurveda must be modernized, and the safety and effectiveness of Ayurveda must be validated through Allopathic science<sup>41</sup>.

It is also important to note that mass production is not traditionally utilized in Ayurveda. Ayurveda emphasizes the importance of making medicine in smaller batches for better accuracy and effectiveness of the medicine. However, this is time-consuming and generally does not reach a large patient base. Due to commodification and the culture of the pharmaceutical industry to mass produce and homogenize, shifts are being made to mass produce Ayurvedic medicine, ensuring "the need for ensuring the mechanisms of consistency of raw material from lot to lot and ensuring batch to batch consistency to provide the same efficacy of the Ayurvedic products over a period of time"<sup>41</sup>. Ayurvedic medications are generally more expensive than Allopathic medications in the pharmaceutical industry as well, which requires further review and research to discuss.

Literature on blending between Ayurveda and Allopathy is primarily focused on blending Allopathy into Ayurvedic medicine rather than Allopathic medicine into Ayurvedic medicine. The most common example of this is how the laws of India will not allow practicing Allopathic doctors to prescribe Ayurvedic medications, but Vaidyas can prescribe Allopathic medicines. A factor that can play into this is the medical school system and how the school systems in India are structured. A future area of research important to the creation of this law can include studying the school systems of India and comparing the training Ayurveda and Allopathy physicians in India go through to other countries, and differences

between the standards required to graduate from an Ayurveda college vs. an Allopathic college. In my experience, I've noticed that many practicing Vaidyas have some form of background studying Allopathic principals and medicine, whereas it is very rare for an Allopathic physician to know the basics of Ayurveda or even truly understand what Ayurveda is. This difference could influence why Vaidyas could be seen as qualified to prescribe medications and Allopathic doctors may not seem qualified to prescribe Ayurvedic medications, though Allopathic doctors could refer the patient to a Vaidya.

Bridging the two cultural worlds of Ayurveda and Allopathy lies in the bridging of what can be considered isolated and holistic approaches. From the scholarly perspective, the isolated approach, commonly associated with Allopathy, focuses on medical treatment solely targeting the illness or condition a patient has, such as cancer treatment and medications targeting solely cancer cells. In contrast, the holistic approach, commonly associated with Ayurveda, focuses on medical treatment to better the body, mind, and spirit as a whole, and targets the functionality of the entire body, such as treating cancer by focusing on bettering the immune system and the other organs to allow the natural system to take care of the cancer cells. Both approaches of medicine have their strengths and weaknesses, but due to the process of bridging the worlds of Allopathy and Ayurveda, the approaches can be applied to both sciences and applied depending on the illness and situation. From the patient's perspective, bridging these two worlds involves an increase in options for treatment, and like the doctors who can apply the best treatment depending on the circumstances, patients can choose the treatment that best aligns with their situation.

## Conclusion

While there is yet to be enough research compiled to examine the extent to which Ayurvedic medicine and Allopathic medicine are being blended in South Asia, blending through epistemology, commodification, and medical practice has been implemented, and has a significant impact on the cultural systems of medicine in the plural in India. The blending involved in epistemology has led to connections between epigenetics and the ancient science of Ayurveda, creating an entirely new field of research in Ayurgenomics which includes research such as links found between DNA methylation of genes and different prakriti (Ayurvedic phenotype). Commodification has led to the widespread cultural awareness and accessibility of Ayurpathy products and Ayurvedic services and has popularized products that mix Ayurveda and Allopathy, such as "Ayurvedic" hygiene, beauty, and wellness products. Blending in medical practice has led to new forms and options of treatment, especially in the use of Allopathic Diagnostic techniques with Ayurvedic treatment procedures.

Since the research is limited by time constraints, limited access to resources, sample size, and regions represented, the demographic population is also limited due to the focus on ethnographic research conducted primarily using doctors and scholars of Ayurveda and Allopathy. Daily life is limited by access to social networks so there could have been much more relevant data to be collected. While not in the scope of this research, further research on the topic of blending Ayurveda and Allopathy, such as how effective blending is as a form of treatment, can be important to revolutionize and incentivize researchers to optimize the treatment of patients. However, potential implications of the blending include the spread of Ayurveda across India, as well as to other countries due to its blending with Allopathy, and the relevance of Ayurveda in light of Autoimmune and chronic conditions raising awareness of and encouraging exploration of alternative medical treatments to Allopathy worldwide.

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