

Introduction

Gurukulas and Tradition-Making in Modern Ayurveda

I came here to improve my Sanskrit and learn about real Ayurveda, the traditional methods described by Vāgbhāṭa and Caraka. I recently received a BAMS degree from an ayurvedic college. The syllabus for that degree did not teach Ayurveda like it did when my grandfather got his degree. It is half Ayurveda and half allopathy. But I did not get thorough training in either system! That's why I'm here. I want to learn real Ayurveda.¹

Prathik was a young ayurvedic physician, fresh out of college, and studying one of the Sanskrit medical classics, the *Aṣṭāṅgahr̥daya*, at Mookkamangalam *gurukula* in India's southwestern state of Kerala when he told me this.² Prathik and I had spoken about his education over the course of several days, and he was always candid about the differences he saw between the requirements for his BAMS degree—Bachelor's of Ayurvedic Medicine and Surgery—and for those of earlier generations. Even if his grandfather's degree was the result of a collegiate experience similar to his own, with multiple professors, lecture halls, and a large student body, Prathik felt that his grandfather's education was somehow more authentic than the one he got. “My grandfather also learned *nāṭṭuvaidyaṃ* [“country medicine,” Mal.³],” he continued, “the kind of Ayurveda special to Kerala. He had regular interactions with traditional teachers who knew both Sanskrit and Malayalam medicine.”⁴ When I spoke with Prathik, he was one of several enthusiastic students at Mookkamangalam who were hoping to supplement the half-allopathic/half-ayurvedic education they got at college with training similar to what they imagined earlier generations of ayurvedic physicians had.

For many students and practitioners of Ayurveda I have met at Mookkamangalam over the years—several of whom appear in this book—to study at a *gurukula* means connecting with ayurvedic tradition in a way the ayurvedic college

curriculum does not permit. Learning how to read and understand the Sanskrit classics at Mookkamangalam offers current college students and young physicians a chance to engage the literary foundations of their profession in ways that India's ayurvedic colleges eliminated in a series of reforms in the late-nineteenth and early-twentieth centuries during the Ayurvedic Revitalization Movement (ARM). In the eyes of many students of Ayurveda, a south Indian gurukula like Mookkamangalam teaches and dispenses *āyurveda*, classical life science as we find it compiled in two-thousand-year-old Sanskrit sources, augmented frequently with measures of Kerala *nāṭṭuvaidyam*. In the gurukula settings of central Kerala I visited between 2003–2017, students claim to experience less of an intrusion or even dominance of allopathy (the term often used for biomedicine in India) in the expression of Ayurveda they discovered in the twenty-first century collegiate system.

The Sanskrit term gurukula is found in many Indian languages. A neuter compound noun, it's common to see and hear it rendered in its nominative and accusative (singular) declension as *gurukulam*. In colloquial Malayalam, speakers usually retain a final *anusvāra* or nasal *m*, *gurukulam*, and in modern Hindi the final schwa drops out, giving us *gurukul*. For the sake of consistency, I use the Sanskrit root gurukula to refer to this traditional institution of learning in India, literally a “teacher's (*guru*) residence (*kula*).” Before the twentieth century, a physician of Ayurveda known as a *vaidya* (*vaidyan*, Mal.) was normally educated in a gurukula setting, rather than colleges and teaching hospitals as is now the case.⁵ The gurukula is a very old and well-known institution of education in Indian history. It is mentioned in Sanskrit literature as an important scholastic site well before the Common Era, appearing for example as a place of learning in some of the late Upaniṣads (circa 500 BCE).⁶ It is recognized in Indian Buddhism, as well as Buddhist traditions beyond South Asia, and it is known in various forms of Tantra and Yoga.⁷ Harmut Scharfe identified references to gurukulas in the longer of India's two Sanskrit epics, the *Mahābhārata*, and treatises on *dharma* (*dharmaśāstra*), such as the *Viṣṇusmṛti* and *Yājñavalkyasmṛti*. These sources explain that gurukula students (*śiṣyas*) trained and lived in the residences of their teachers, often shouldering daily academic studies alongside domestic chores expected of any member of the guru's family.⁸ As gurukulas specializing in Ayurveda passed into disuse across most of India alongside the rise of the ayurvedic college, among those that persisted in central Kerala the residential component eventually faded out. Although there are fewer students at ayurvedic gurukulas in south India today than there were prior to the reforms implemented after ARM, certain practices described in the Sanskrit classics persisted through the twentieth century and continue in Kerala in the twenty-first.

In the context of south Indian Ayurveda, the modern guru of classical Indian life science differs from popular understandings of gurus as leaders who “purvey a new age-ish spirituality” or religious practice.⁹ The ayurvedic teachers I met in

Kerala and across south India, and the stories of previous generations of ayurvedic gurus I heard about, do not neatly align with Meera Nanda's three influential typologies for the modern Indian guru, for example, which attribute a guru's authority to the performance of miracles (type 1); the ability to exposit Vedic knowledge and parlay it to the business world (type 2); and/or an evangelical-like imparting of Yoga or meditation (type 3).¹⁰ South Indian ayurvedic gurus are not CEO-type figures like those Nanda scrutinizes in modern India, who oversee business empires that attract spiritual explorers shopping around "for just the right guru, often trying out many before settling on one."¹¹ The ayurvedic gurus in this book jeer at the suggestion their work might be rooted in non-empirical ideas and practices of a spiritual or religious nature. For them and their students, as well as for many of their patients, Ayurveda is fundamentally humoral life science (*doṣika āyurveda*). It is medicine for unwell bodies. Although they have different vocabularies to express how they understand and approach matters of health and disease, when these three groups come together in the gurukula, they do not use language that's religious and spiritual or that glorifies the healer or the medicine in any way. Health and disease are treated as physiological and pathological processes involving the movement and mixing of chemical substances in bodily fluids.

If we set aside the spiritual or religious facets that often qualify the guru in contemporary ethnographic and social-scientific research, some aspects of the day-to-day work of ayurvedic gurus in central Kerala as teachers and as healers—such as their combined ability to, one, master classical textual knowledge and, two, consistently re-use that knowledge in different scenarios—do mirror the propensity of the modern Indian guru's ability to draw on vast learning, improvise, and adapt in sometimes unpredictable settings. Jacob Copeman and Aya Ikegame, for example, argued that the guru is marked by an extraordinary fitness "to respond to the vagaries of situations in ways that allow him or her to be *carried forwards* . . . to 'harvest' situations . . . cross domains and become apt for given situations, drawing in and re-composing diverse aspects of Indian social life in the process."¹² The "expansibility of the guru" and the guru's ability to "harvest situations" in Copeman and Ikegame's theorization presage this book's focus on "the practice of texts" that is taught and modeled by the teachers (*gurus*) in the south Indian ayurvedic gurukula. Beyond description and analysis of guru practice, however, when it comes to the content of the guru's expertise and arenas of influence, scholarship often seeks to understand, and in the process underscores, the religious nature of guru-ship, first and foremost, followed by links to social, political, and economic domains of influence impacted by a guru's spiritual authority. They are thus routinely approached through adjectival lenses that reflect their unique spheres of impact—e.g., political gurus, literary gurus, governing gurus, female gurus, and so on.¹³ The title of "guru" as a spiritual leader who holds sway in multiple areas of social life, what Copeman calls "the multifarious guru," begins to look like other

spiritual master-types in long past and recent Indian history with religio-social/political/economic influence, such as the *svāmin*, *sādhu*, *sant*, and *saṃnyāsin*. Gurus as teachers of medicine, shorn of spiritual or religious bearing and weight, who teach students or pupils, not disciples, are something altogether different, at least as the teachers in south India see it.

Prathik was one of four students at Mookkamangalam when I met him. One of his classmates, a Malayali physician named Ganesh, echoed Prathik's disappointment with the structure of the ayurvedic college curriculum and thus the value of the BAMS degree. "What we studied was not real Ayurveda," Ganesh explained. "Were we studying Ayurveda when most of the terminology we had to learn came from the west, not India?"¹⁴ I often heard this sentiment from students at the two gurukulas in central Kerala where most of the fieldwork in this book took place between 2003–2017, Mookkamangalam and Shantimana. When I asked Prathik and Ganesh to elaborate, Prathik, the less taciturn of the two, told me the ayurvedic college syllabus relies on biomedical subjects and evaluative methods that do not appear in the "big trio" (*br̥hatrayī*) of Sanskrit medical classics: *Carakasamhitā*, *Suśrutasaṃhitā*, and *Aṣṭāṅgahṛdaya*. In contrast, at places like Mookkamangalam and Shantimana, where Ayurveda is both taught and practiced, the *Aṣṭāṅgahṛdaya* is the cornerstone of the curriculum and clinical work.

If perceptions about the foundations and history of Ayurveda like those Prathik and Ganesh expressed were common among the students I met at Mookkamangalam and Shantimana, many did not want to articulate their disapproval of the BAMS program apart from approving nods when they heard their classmates speaking with me. None of the students I met completely renounced their degrees or education. Their attendance at these two sites, whether they said so explicitly or not, nevertheless signaled a desire to make sense of their professional commitments in local terms and knowledge rather than force it into a biomedical paradigm. For most of them the latter approach made little sense and was unnecessary. India's classical life science, *āyurveda*, had its own history of development and systematization in expansive Sanskrit "collections" known as *saṃhitās*, beginning with the *Carakasamhitā* around the turn of the Common Era, followed a century or two later by the *Suśrutasaṃhitā* and then the *Aṣṭāṅgahṛdaya* in the seventh century CE. Today the big trio of Sanskrit *saṃhitās* is widely (though unofficially) regarded as Ayurveda's literary canon, and in Kerala the *Aṣṭāṅgahṛdaya* is seen as the most succinct and hence memorizable and teachable of the three classics. This literature tells us that ayurvedic knowledge has been transmitted from teachers to students in intimate gurukula-type settings for centuries. Passed on from gurus to students, it has shaped the mindsets and technical skills of scores of generations of Sanskrit-educated vaidyas, whose healing work has contributed to the wellbeing of countless patients. Students at Mookkamangalam and Shantimana see the Sanskrit classics as the bedrock of Ayurveda and, wherever "real Ayurveda" is thought to operate, the classics are present in practicable ways to educate future physicians and treat patients.

Students of the three gurukula teachers I discuss in this book—Bhaskaran, Priyankara, and Biju—routinely voiced their displeasure that many BAMS students nowadays cannot read, and oftentimes have little interest in learning to read, Sanskrit texts. Many see this lack of interest as a twenty-first century outcome of a trend going back to the 1970s to de-emphasize Sanskrit coursework on the nationwide syllabus set by the Central Council of Indian Medicine (CCIM). A lack of training in the Sanskrit classics at college is a major reason gurukulas like Mookkamangalam and Shantimana have maintained a steady, if at times small, inflow of students seeking to augment their educations with rigorous primary textual studies. Gurukula students, as well as some of the Sanskrit professors and graduate students I have met at ayurvedic colleges in Kerala and Karnataka, tend to agree that Sanskrit education in ayurvedic colleges today, though required on the CCIM syllabus in order to graduate, is not a hallmark of the curriculum but is mostly perfunctory. That is, the goal of the one hundred marks/ninety hours devoted to classical ayurvedic theory and language is meant to enable students to read only portions of the classical sources, such as the *Suśrutasaṃhitā*'s Sārīrasthāna (“Body Section”), arguably Ayurveda’s earliest analogue to biomedical anatomy. This requirement occurs early in the first year of a five-and-half-year course of study (which includes a one-year practicum), and many students do not keep up with this type of textual reading and research afterwards. It is possible to undertake intricate studies of the Sanskrit classics and later ayurvedic sources beyond those required for the BAMS degree in pursuit of postgraduate degrees in Ayurveda Vachaspati (MD, Medicinæ Doctor [Ay.]) and Ayurveda Dhanvantari (MS, Master of Surgery [Ay.]). These three-year degrees utilize blended biomedical-ayurvedic curricula seen at the BAMS level, though they promote greater medical specialization and even allow for the study of ayurvedic business and administration. Philological examinations of ayurvedic texts are largely seen as strictly academic endeavors in India nowadays, and they do not occupy the time or undergird the work of most practicing physicians I met. Many students who have studied at Mookkamangalam and Shantimana see the cursory nod to Sanskrit training on the CCIM syllabus less as a professional necessity and more a reminder of the two-century-long process of ayurvedic institutions adopting biomedical models for knowing and treating the body while, at the same time, attempting to retain at least a veneer of Indian classicality.

A composite medical-educational-political history thus lies at the heart of this book, and I approach this narrative on two major fronts. First, I describe the broad-sweeping changes in ayurvedic education between the 1890s and 1970s, and I explain how these late- and postcolonial reforms re-positioned the Sanskrit classics as objects of historical study in the training of ayurvedic physicians. Second, I draw on my observations at ayurvedic gurukulas and colleges in south India to reflect on the continuing twenty-first century legacy of educational reforms for ayurvedic practitioners who have attempted to embrace and, wherever possible, use the texts, techniques, and knowledge of the classical past in their current

professional pursuits. The book's combination of history and ethnography and its attention to the often-political matter of taking recourse in Sanskrit literature for scientific aims in contemporary India constructs a previously untold narrative, with conversations and insights drawn from the field, about the impact of a European tradition of healing and model of education on Ayurveda and ayurvedic schooling in late- and postcolonial India. It therefore addresses the entwined histories of medicine and education in modern India and medical education in postcolonial contexts generally.

I refer to the method of instruction and techniques of patient care in the south Indian ayurvedic gurukula as *the practice of texts*, which underlines the book's two principal themes of education and healing. My fieldwork in Kerala reveals that traditionally trained Malayali physicians of Ayurveda see the Sanskrit medical classics as practicable compendia whose knowledge is designed for everyday use in the diagnosis and treatment of illnesses and bodily disorders. Students and teachers at gurukulas who appear in the book understand their education and the healing they do to be closely aligned with expressions of pedagogy and treatment in the classics, and these views, I argue, are an applied critique of the modern curriculum that took shape in the twentieth century and persists today in India's ayurvedic colleges.

Explorations of gurukula instruction and clinical care in chapters 2 through 4 suggest that the practice of texts, as Lévi-Strauss expressed, is a specialized discipline that's good to think with (*bon à penser*). That is, although the following chapters contribute to scholarship in the history of education, history of medicine, and medical anthropology in India and South Asia, a theoretical exploration of the practice of texts in the south Indian medical context will, I hope, also resonate with analyses, questions, and arguments in these fields in other colonial and postcolonial contexts. The practice of texts is an epistemological-applied method that illuminates the enduring presence and performance of classical literature in present-day south India. The scholastic mastery and improvisatory application of Sanskrit literatures in healing situations in the ayurvedic gurukula present relationships and practices about language, health, and learning that can help us extend and challenge prior scholarship about the nature of philology, knowledge production, education, and healing in India, and more broadly across postcolonial societies.

BACKGROUND AND GROUNDWORK

In the last decade of the nineteenth century, to come to terms with the fact that biomedicine was a healthcare juggernaut in India, practitioners of Ayurveda began forming professional organizations and, at times, linking their missions with anticolonial movements and nationalist groups. Conversations and debates that occurred as the nineteenth century gave way to the twentieth fueled ARM

in the five decades preceding Independence in 1947, crowning in the 1970s with the CCIM's fixing of the nationwide college syllabus. Reforms enacted during ARM established the British-style college as the principal institution for educating ayurvedic physicians and shaped the design of the modern curriculum, which mixes subjects, theories, and practices from classical *āyurveda* and modern biomedicine. In the next chapter, I reflect on this history and explore how key groups and individuals in ARM grappled with and designed the future of India's indigenous medicines in the twentieth century. As British colonial rule in India looked increasingly implausible in the early twentieth century, biomedicine was already the region's modern establishment medicine and was evidently going to remain that way for the foreseeable future. During ARM, practitioners of South Asian medicines like Ayurveda and Unani responded to the successes of biomedicine on the subcontinent by adopting biomedical models of healthcare and education. These adjustments, many ayurvedic physicians argued, were indispensable if Ayurveda was going to remain relevant. Chapter 1 sets up the historical context for discussions about gurukula education, philology, and clinical care in subsequent chapters, each of which is based on themes that framed my fieldwork—in Kerala primarily, but with some excursions and many ties to people and institutions in Karnataka and Tamil Nadu—over fourteen years (2003–2017) at ayurvedic gurukulas, colleges, research centers, hospitals, and pharmacies.

Narratives from the field create portraits of individuals and communities of ayurvedic practitioners and students who are at once obvious heirs to the intellectual patrimony of ARM and yet are also activists whose work and attitudes about Ayurveda exhibit novel ideas about practicing Ayurveda in India today without conceding the life science of the Sanskrit medical classics against the benchmark of biomedical healing. Each chapter draws on episodes I observed at Mookkamangalam and Shantimana and addresses a particular aspect of gurukula practice: pedagogy and learning (chapter 2); knowledge exchange (chapter 3); and the relationship of ritual and healing (chapter 4). The fifth chapter draws on the foregoing discussions about education and clinical practices to consider how the practice of texts supporting healthcare in the gurukula constitutes a formative process that imagines and ultimately creates its main objective, wellbeing, which begins, is instantiated, and ultimately ends with the tradition's principal concern of healing: the patient.

The parts of this book that are based on my observations of the practice of texts in the south Indian ayurvedic gurukula emerged organically alongside the largely philological project that occupied most of my graduate school research and continued through the publication of my first book, *Somatic Lessons*.¹⁵ On my first research visit to Kerala in 2003, I was struck by the ways that the ayurvedic practitioners I met, most of whom worked out of their houses—that is, unaffiliated with private and governmental hospitals, colleges, and clinics—used some of the same texts I was translating and analyzing in my dissertation. I saw them teaching

the big trio texts and applying these sources over and again, apparently re-creating them in different arrangements and intertextual conversations (often together with Malayalam and Manipravalam texts) to, on one hand, meet the various needs of their patients and, on the other hand, tailor lessons for their students. The uses and fluid “lives” of these texts fascinated me, and I decided on that first trip to document what I was seeing and, if possible, return at a later date to formally research the ways in which texts were practiced to teach and heal. This book is the outcome of my return to the topic, the practice of texts, across nearly a decade and a half.

I did not come to the realization that texts in Kerala’s gurukulas were put to use and studied differently than I was accustomed to studying Sanskrit texts by mere happenstance. Prior to arriving in Kerala in 2003, I had been visiting an in-patient ayurvedic hospital in northwestern Tamil Nadu, near the Kerala border, to study with Professor Shastri. He was a recently retired professor of Ayurveda who was directing a new research center at the hospital, and he was well-connected in the ayurvedic communities of Kerala, Tamil Nadu, and Karnataka. Prof. Shastri taught me about a method of teaching *āyurveda* explained in the *Carakasamhitā* that I came to learn is commonly used in Kerala’s ayurvedic gurukulas. In Malayalam it’s known as *mukhāmukhaṃ*, “face-to-face [instruction].” I discuss this pedagogy at length in chapter 2. Because he belonged to a generation of south Indian ayurvedic physicians for whom it was not unusual to receive training in both colleges and gurukulas, and since he had also been an ayurvedic college professor, Prof. Shastri had a nuanced and multilayered perspective about the impact of reforms in ayurvedic education during ARM and why, at least in India’s southern states, some of the classical practices described in Caraka’s collection have endured in the twenty-first century. In many ways he influenced my early understanding of education and philology in the ayurvedic gurukula, and after our lessons concluded, he introduced me to several students and practitioners in both the gurukula and collegiate networks, some of whom I write about in this book. Crucially, he facilitated my initial meetings with Bhaskaran, Priyankara, and Biju.

When I reflect on the evolution of this book, it is clear to me now that the urge to do fieldwork and observe how classical Sanskrit healing knowledge is transmitted and used in contemporary India started to intersect with my philological study of *āyurveda* the day I met Bhaskaran in 2003. At the time, Bhaskaran was the sole guru at Shantimana in the Palakkad District of central Kerala. I was told before I met him, and I came to learn on my own over the years, that he was famous throughout Kerala for his contributions to snakebite and other poison therapies (*viṣacikitsā*). Patients from nearby and sometimes quite far away travelled to receive treatment from him for toxicological matters and any number of other ailments. And though he trained and worked outside of the official ayurvedic college and hospital network, most college professors, students, and physicians from Kerala whom I met knew or had heard about him and his work. Bhaskaran died in

2015 at the age of ninety-eight, and his doctoring and instructional work tapered off considerably in the last five years of his life. When I first met him, however, he was on the cusp of eighty-seven years and as lithe and lucid as someone twenty years younger. He wore a plain white mundu (*munṭu*, Mal.) around his waist and, like many Malayali men, he often and adroitly altered between wrapping up it above his knees and dropping it down to his ankles depending on whether he was sitting or standing and moving about. He was nearly bald, and his unshaven cheeks often seemed as though he was in the early stages of growing a beard. He wore no shirt over his hairy grey chest when I first met him, and his Brahmin thread (*yajñopavīta*) was evident draped across his left shoulder. With few exceptions, whenever I would see Bhaskaran between 2003 and 2015, this was his usual getup.

The day I met him we barely talked. As I explain in chapter 2, he was teaching the *Aṣṭāṅgahṛdaya* to his grandson Biju that day. It was the first time I saw mukhāmukham instruction in practice, and it was the most formal and structured instance of “face-to-face” pedagogy that I have seen to date. The rapport between Biju and his grandfather—his ayurvedic guru—was filled with the kind of tension that often accompanies formal scholastic performance and testing. But there were no raised voices, and Biju was not obviously agonizing with worry or self-doubt. He was clearly a stellar and advanced student, and Bhaskaran was an unmistakably seasoned and kind guru, albeit quite demanding of exactitude when warranted.¹⁶

Two days after I met Bhaskaran, I met his daughter (and Biju’s mother), Priyankara. She was the principal guru at Mookkamangalam gurukula in Kerala’s Thrissur District at the time. At no more than five feet tall, with a slight figure nearly always wrapped in a plain white sari, evergreen smile, affable eyes behind thick lenses set in heavy black frames, and a calm voice, Priyankara appeared to coordinate the many workers, animals, buildings, and patients on the Mookkamangalam estate effortlessly. The first time I met her, and just about every time I saw her over the following five years, she told me she was ready to hand over the doctoring and schooling reins to Biju. “I am partly retired,” she’d say. And then, in 2008, I learned that Priyankara’s eyesight was deteriorating. I was in the Coimbatore District of Tamil Nadu and had called Mookkamangalam ahead of a short stretch of fieldwork the following week to make sure they were expecting me and would be ready for my visit. Priyankara answered the phone. After we exchanged pleasantries, she said she wouldn’t be home when I arrived. Before I could ask why, she handed the phone to Biju, who said, “Yes, yes, we look forward to your visit. Call me when you get to Guruvayoor. My mother is sorry she won’t be here. Her eyes are not well, and she is going to Bangalore to see a doctor. She finds it hard to keep up with the young students, patients, plus all of the housework.”¹⁷ The handling of day-to-day teaching and healing at Mookkamangalam had fallen to Biju around this time, and when I eventually arrived at Mookkamangalam, Priyankara’s absence was conspicuous. I thought a lot about my interactions with her over the previous five years, and I realized that she was always very busy whenever I visited, endlessly

tucking the sides of her long salt-and-pepper hair behind her ears. Cleaning, cooking, seeing patients, and helping young ayurvedic physicians master Vāgbhaṭa's *Aṣṭāṅgahr̥daya*, she seemed to multitask gracefully through each day with care and attention.

Between 2003–2017 I did fieldwork in Kerala nine times, with one period lasting nearly a year and most lasting about two months. Many of those periods were spent in the Thrissur and Palakkad Districts with Biju, Priyankara, Bhaskaran, and their revolving door of student cohorts. In the early days, if I wasn't in central Kerala, I was probably in Thiruvananthapuram, where I did research at the Government Ayurveda College, Kerala University and the Oriental Research Institute and Manuscript Library, and the Kerala Council for Historical Research. But the lion's share of my time in Kerala was spent at Mookkamangalam, where I observed the ebbs and flows of daily life for Biju and Priyankara. Thus, most of the ethnographic vignettes in this book involve them and their students in the Thrissur District. Bhaskaran used to visit his daughter's family often, especially as his work as an educator and healer lessened year after year until his death. I actually saw and spoke with him more times at his daughter's home than at Shantimana.

Without fail, Biju and Priyankara accommodated my requests to read texts with them, and they allowed me to observe and query them and their students about the textual training and patient interactions that went on every day at their gurukula. I see now that my original philological interests in ayurvedic literature were sound preparation for this book, since the texts were not just connected but actually vital to the ongoing clinical and educative labors at Mookkamangalam. I argue in chapter 2 that years of visiting this gurukula have also revealed a type of philological practice and engagement with healing literature that is quite different from philology as I had come to understand it as a student in the American academy. At Mookkamangalam, philology is a social and operational form of textually based inquiry. "The texts I teach students, some of the same texts I've read with you," Biju told me in 2017, "were not created for university professors or scholars." His view, instilled in him by his grandfather, was that the Sanskrit medical classics and Kerala's *nāṭṭuvaidyaṃ* literature are functional assets. They are sometimes challenging grammatical treatises and often fascinating compendia of somatic information that illuminate the development of India's scientific and medical history. "But these are," he stressed, "imperfectly understood if they are not learned as working tools."¹⁸ For some time before I set out to write this book, even while I was committed primarily to doing text-analyses of India's classical medical literature, I felt compelled to continue visiting Biju, Priyankara, and Bhaskaran as often as I could. It was clear to me the texts I was reading were only one aspect of the philological project in the ayurvedic gurukulas of central Kerala. The process of teaching students to master texts that are indispensable to healing; learning to apply these texts to patient cases; and even a patient's reception of the texts' ideas are all important parts of philological labor in this context. The texts always stand

in relation to what can be done with them, how the vaidya practices them and how she expects her patients to continue the lessons of her practice after they leave the gurukula. An ethnographic angle, it turns out, is essential to capture philological discipline in this setting.

Nearly every time I visited Mookkamangalam and Shantimana to read, parse, and translate Sanskrit and Malayalam texts, I was also a participant-observer of the educational and clinical work that transpired on site each day. Biju, Priyankara, and I never read nor discussed texts merely as texts per se, in the sense of physical objects meant exclusively for reading and study. Whomever happened to be reading with me was typically also seeing patients throughout the day, and our lessons were interlaced by patient visits and illness testimonies, which were followed by the drafting of prescriptions and conversations about how to prepare and take the recommended medicines. On rare occasions, a patient might show up at Mookkamangalam in very dire straits, unconscious or semi-conscious, in which case snakebite was often the cause, and the gurukula would quickly begin to buzz with life-saving activity. I address these kinds of occasions in chapter 4. But it suffices to say here that those incidents were few and far between during my visits to central Kerala. Most days were teaching days first and foremost, punctuated now and again by patient arrivals. Instead of life-threatening snakebites, most patients I observed suffered from dermatitis and skin disorders, non-fatal spider bites, and intestinal maladies. And while the arrival of a patient interrupted activities in the classroom, under the skilled direction of a guru like Bhaskaran, Priyankara, or Biju, a patient visit was always an organic and necessary part of gurukula philology. Doctoring patients at Mookkamangalam and Shantimana is vital to—or better, an extension of—textual practice. It's part of the textual teachings of the guru. Both aspects are fundamental to “the broader concern with *making sense of texts*,” as Sheldon Pollock frames the philologist's most essential task.¹⁹

From my first to my last visit to Mookkamangalam and Shantimana, students were always around, observing and learning how vaidyas trained outside of the ayurvedic college system understood, explained, and practiced Ayurveda. These young men and women had many of the same textual questions that I had for Biju, Priyankara, and Bhaskaran. But they had additional and sometimes pressing interests about how to apply the lessons and knowledge in the classical texts to meet the needs of the ayurvedic clinic. Thus, whenever patients would arrive and announce themselves on Mookkamangalam's veranda, students of Priyankara and Biju would studiously follow their gurus from the classroom, where they had been reading and discussing Sanskrit words and sentences, to meet the patients and attend to the issues they presented. Bhaskaran, Priyankara, and Biju's comingling of vaidya-work and guru-work riveted me from day one, as much as, if sometimes not more than, the content of the texts I happened to be reading with them. I routinely characterize this dual professional skillset with the title *vaidya-guru*, “physician-teacher,” throughout this book, although I also occasionally refer

to them by only one or the other title if the context pointedly showcases their work and interactions with patients in the gurukula clinic (*vaidya*) or work and interactions with students in the gurukula classroom (*guru*).

This title is more than a descriptive marker for ayurvedic experts trained in a Kerala gurukula; it highlights the dual nature of this book's formation and execution. The textual materials I initially brought with me to Kerala, as well as those that I discovered there, had to be read, understood, and discussed to fully grasp that texts in the ayurvedic gurukula are fundamentally practical. Textual studies of the Sanskrit medical classics in the context of the gurukula, in other words, are crucial not simply because they reveal meaning and information about illness and healing, but because they are taught to help the physician attend to the variability and chance uncertainty of the clinical setting. The former is part and parcel of the latter. Drawing on my sustained if periodic participant-observer point of view between 2003–2017, to make sense of the ethnographic observations about the uses and functions of texts in the gurukula in chapters 2 through 4, it's been critical to reflect and analyze from a point of understanding and appreciation of the history, contents, and forms that texts, as such, can take in this setting.

There is a natural back-and-forth between the history in chapter 1 and the theoretical reflections on the activities at Mookkamangalam in chapters 2, 3, and 4. Many of the pedagogical practices of the Kerala gurukula in the twenty-first century are imprinted by the modern history and classical literary bases of Ayurveda, constructing a present-day context that reflects the continuing impact of educational reforms on the lives of Malayali *vaidya-gurus* and their students. I have tried to pattern the relationship of ethnographic, theoretical, and historical writing in this book according to an association that Kirin Narayan described as the relationship between scene and summary in cinematic writing and filmmaking. Narayan adapted this approach from the memoirist Judith Barrington and applied it to her own fieldwork descriptions.²⁰ Scenes, she explains, are ethnographic. They allow us to draw near to people and places, encouraging us to peer through entryways and apertures into spaces where people are situated, talking, and working. Well-crafted scenes capture the activities and speech of a person as well as the physical and vocal reactions of the people that person is with. In Narayan's deft hands, scenes draw us into the spaces people occupy, and they afford readers an opportunity to observe like voyeurs or flies on the wall. Historical writing of the type in chapter 1 is different: it is summary. Rather than close-ups, summaries offer series of extending long-shots taken from variable distances. Scenes are linked to and should be placeable within the summary, Narayan explains, like a cinematographer takes a layered and progressively summative long shot: "embracing first the whole house, then the street, then the neighborhood, and then becoming an aerial shot, it takes in the whole city and maybe the surrounding mountains too."²¹ If summaries of history condense stretches of narrative action into single shots (a chapter, as it were), scenes attend to particular moments of narrative action. When

they are stitched together, the cinematic style of writing that Narayan endorses produces scenes that lend depth and thickness to summaries, while the summaries structure, historically emplace, and add narrative cogency to individual scenes.

AYURVEDA, PHILOLOGY,
AND GURUKULA PHILOLOGY

Revisiting gurukulas and ayurvedic colleges in Kerala across two decades, in person and while preparing this book with my field notes, audio interviews and video recordings, probing and detailing the things I have seen vaidya-gurus do with texts as clinicians and educators, I find myself returning again and again to a type of textual reading–cum–practice that undergirds the entire ayurvedic gurukula enterprise: a commitment to deploy texts. At a place like Mookkamangalam, the curriculum amounts to a rigorous and impactful form of philology, with the patients, the sick and unwell, as beneficiaries. Vaidya-gurus teach students how to read and understand texts with the expectation that mastery of knowledge promulgated in one or more medical sources will necessarily lead to workable practice of that textual knowledge to effectuate healing. The Sanskrit medical classics are understood to be under-utilized if they are not rehearsed and drawn on as the basis for therapy. The achievement of the full range of things vaidya-gurus can do with the texts of their tradition to examine bodies, heal, and promote wellbeing is built upon and ultimately a manifestation of their ability to make sense of texts.

Many of the students and gurus I met between 2003–2008 at Shantimana and Mookkamangalam knew the contents, even by heart in some cases, and potential uses of Vāgbhaṭa's *Aṣṭāṅgahṛdaya*. During these five years, I visited Kerala every year, staying on twelve months in 2004–2005; other visits lasted anywhere between two weeks and three months. On a typical day, I read the *Aṣṭāṅgahṛdaya* with Priyankara and Biju, while one or two of their students would observe us, occasionally joining our readings and conversations. I studiously jotted notes in the margins of the texts I brought with me, and later in the evenings, back in my room, I prepared translations of the verses we had read earlier in the day. It would have been apparent to any onlooker that I handled and related to a text differently than Priyankara and Biju did. For me, a Sanskrit text like the *Aṣṭāṅgahṛdaya*, which I wasn't able to study with a specialist at my university, was like a literary puzzle. Its pieces and therefore meaning tended to fall into place primarily via untangling grammar and vocabulary. My ability to make sense of this text was mostly contingent on language rules that I had studied in classrooms, often while also reading *nyāya*, *kāvya*, the Vedas and Purāṇas, or the epics (i.e., not ayurvedic literature), using the "classic" Sanskrit textbooks used by instructors at many universities in the United States: Perry's *Sanskrit Primer*, Macdonell's *Vedic Grammar*, Whitney's *Sanskrit Grammar*, Lanman's *Sanskrit Reader* and, by the time I was in the field in Kerala in the early 2000s, the Goldmans' *Devavāṇīpraveśikā*.

In 2003, I learned that Priyankara and Biju had memorized the entire *Aṣṭāṅgahr̥daya*, and their best students could recite large portions of it from memory. They not only had more experience than I did with this classical source, but they also had a very different kind of experience with it. For these vaidya-gurus and their students, the text's multiple meanings all drove toward a purpose that was not just literary, in a bookish sense, as much as it was technical and operational. For them, the end of the text, as it were, the reason it was compiled in the first place, and the whole point of scrutinizing it, rested on its practicality. Whereas I made notes in my copy of Vāgbhaṭa's classic to ensure I had a chronological and intertextual sense of its verses and chapters, those who were skilled enough volleyed the knowledge of the *Aṣṭāṅgahr̥daya* synchronically, combining information not only from different chapters of the text itself but also from other Sanskrit and Malayalam sources they regarded as relevant to the particular topic or lesson being considered that day. They recited and discussed the text with the goal of mastering it for the purpose of treating the ailments of their patients. At the time this seemed like, and indeed it is, an entirely straightforward pursuit for a physician. The *why* that motivated *how* Priyankara and Biju made sense of the *Aṣṭāṅgahr̥daya*, however, cast in sharp relief some differences in our respective philologies. Language and grammar mattered for both of us, naturally. But this Sanskrit medical source was far more than a scholarly product in need of historical contextualization and explanation, the primary aims of my close reading. Priyankara and Biju helped me in these pursuits, to be sure. But the *raison d'être* of education at Mookkaman-galam and Shantimana was—and it continues to be for Biju's work with students today—to actuate curative uses of the knowledge of the texts, in effect to practice texts. This applied element leads to concrete results: healing is the overall goal and, for patients, recovery is surely the most desirable outcome of meeting with a physician. Applicability here also points to gurukula philology as a potent pedagogy, useful to understand how old texts have been and are used in India and what philology as a discipline in this setting means and is, and how it might help us rethink it as a method in other contexts. Namely, it is a regimented and controlled engagement with textual traditions that is learned through reading, memorization and inquiry and, of necessity, also entails practice.

The turn away from intensive study of Ayurveda's classical literature in ayurvedic colleges through the greater part of the twentieth century basically rendered the practice of texts motivating gurukula philology moribund in Ayurveda in most of India. The discipline has persisted in Kerala's gurukulas, and the textual practice that I describe in this book reflects the south Indian ayurvedic practitioner's approach to her or his work. On my view, these practitioners do the work of philologists, though perhaps they do not do the kind of philology we might think of in Europe and the United States, the type of philology, for example, that many classicists and Sanskritists in European and North American academia do. I take philology to be an appropriate label to describe what unfolded when I watched

Bhaskaran teach the *Aṣṭāṅgahr̥daya* to Biju at Shantimana and Priyankara treat patients at Mookkamangalam. All three—Bhaskaran, Priyankara, and Biju—are philologists for reasons that conform to definitions of philology arising out of scholastic traditions in Europe, where the modern practice of philology (and allied fields, such as comparative linguistics) emerged and developed, as well as scholastic traditions in India, where the study of texts and their histories and cultures has been around for a very long time. They do much the same work that famed and pioneering European philologists like Lockwood, Tolkien, Champollion, and Nietzsche did, albeit they work exclusively with Sanskrit, Malayalam, and Mani-pravalam literatures. (Biju has further expanded his repertoire to include Hindi and English sources as well).

Yet Bhaskaran, Priyankara, and Biju also extend the educational discipline to the sphere of practice in ways that European and North American philological scholarship typically has not. They practice the texts they study and make their knowledge performable and, ideally, transformative for the ill and physically impaired. The target community of their educational and healing practices also sets textual practices in the south Indian ayurvedic gurukula apart from some philological customs forged outside of South Asia. Gurukula philology is ultimately for patients, known as *rogins* in Sanskrit: “diseased people.” Who these people are and how they are implicated in the practice of texts is a critical and recurring theme in chapters 2 through 5.

In the next chapter, I discuss the creation of ayurvedic college education and present historical causes that drove some recipients of BAMS degrees to study *āyurveda* in Kerala’s gurukulas. The subsequent chapters on pedagogy, knowledge exchange, and ritual then illustrate how vaidya-gurus in Kerala see their work as concerted and ongoing attempts to implement classical knowledge in the present-day. Philology is the discipline of study that most closely captures the nature of their work and yet, at the same time, the vaidya-guru’s labor expands our understanding of this language and literature-based discipline. And while I appreciate Michael Witzel’s observation that “to merely mention the word [philology] is already the kiss of death in some circles,” it is a critical conceptual lodestone for this study. My impulse to identify a particular ayurvedic philology that is forged in the gurukula through extensive training in textual editions and interpretations of texts for the purpose of healing arose somewhat intuitively in response to my early academic training in the United States.²² As opposed to the particular instantiation of philology in the south Indian ayurvedic gurukula, the framework for philology that I learned in school was largely shaped by the field of Classical Indology. Just as Witzel commented that one of his colleagues at Harvard “once explained philology to [him] as ‘the study of a word,’” suggesting the discipline’s historical linguistics and etymological-heavy preoccupations, I frequently confronted approaches to the study and understanding of Indian texts with the same attention to linguistic minutiae at the expense of larger questions about the production, reception, and

uses of the texts in the past and/or present. For his part, Witzel propounded a view that pushes back against and counters such a narrow form of textual examination, expanding the exegetical project in general and the Classical Indological worldview in particular, preferring “to define [philology], as . . . ‘*kulturwissenschaft* based on texts,’ or ‘the study of a civilization based on texts.’”²³ I would tailor Witzel’s definition to suit the south Indian ayurvedic gurukula, and say that philological work is the study of the human condition based on texts in order to induce wellbeing. While the second chapter contains the most straightforward and sustained discussion of gurukula philology in the book, the other field-based chapters on knowledge exchange in the doctor-patient encounter and the performative aspects of healing are equally grounded on the uses of textual meaning that vaidya-gurus deploy when they practice texts. In anticipation of specific expressions of the practice of texts later on, I would like to now briefly explore the kinds of usable meanings I have seen vaidya-gurus generate from texts for the purpose of treating patients.

Philology has a rich history in Europe, deriving its name from Greek *philologia*, which conveys a sense of loving reason or words and, by extension, a love of literature and learning. The term retained the meaning “love of literature” when it entered English in the sixteenth century via Middle French *philologie*. As an academic discipline, in the nineteenth century, philology came to mean the study of the historical development of languages, and in Europe and North America it has frequently encompassed literary criticism, history, and linguistics. In the context of South Asian languages and texts, in the wake of trailblazing studies by William Jones (1746–1794), Henry Thomas Colebrooke (1765–1837), August Wilhelm Schlegel (1767–1845), and others, as well as the formation of the Asiatic Society in Calcutta in 1784, the philological study of classical Indian languages became unplaced and movable. “Europeans no longer had to go to India to learn from pandits,” James Turner observed, producing at once an apparent gain for the study of Indian literature and culture and a significant loss: “Henceforth European Sanskrit philology was largely cut off from the wells of Indian learning that had irrigated it in its infancy. The Calcutta orientalist [like Jones and Colebrooke] who survived India took their Sanskrit learning back to Britain with them.”²⁴ Then, sparked by an increasing preoccupation with Sanskrit in European universities and alongside the creation of academic associations like the Société Asiatique (1822), Royal Asiatic Society (1824), American Oriental Society (1842), and Deutsche Morgenländische Gesellschaft (1845), Classical Indology developed as a philological field dominated by textual criticism and the manufacture of critical editions (based on, for example, variant readings of manuscripts, conjecture and emendation, and historical linguistics). This type of scholarship foreshadowed the area-studies paradigm that blossomed post-World War II, contributing to the expansion of “European perspectives on the history and civilizations of the world.”²⁵ The movement of premodern Indian texts outside of South Asia also had the effect of narrowing Classical Indology’s ambit of analyses to deemphasize, if not sometimes

exclude, in-depth consideration of the ways that premodern texts enjoy continued use among Indian scholars and professionals in the present day. Sanskrit grammars and comparative Indo-European textbooks were produced in Europe and North America, and increasingly scholars studied India's literary past with Indo-European linguists in their home countries, learning about Indian society and culture in books, oftentimes beside linguistically-related literatures from ancient Iran and Europe for comparative purposes, without needing to travel to the subcontinent.

My description of philology in south India's ayurvedic gurukulas diverges in some measure from philology as it's often seen in Classical Indology. It rests on an interdisciplinary view of the discipline that resembles recent iterations of *Modern* Indology more than *Classical* Indology, especially in the former's attempt to triangulate classical and vernacular texts with contemporary anthropology, sociology, and politics. It may be true that some Indologists trained in the Classical fashion, going back to Jones and Colebrooke and including some scholars today, have done and do augment their research with ethnography. Trips to "the field" often involve visits to manuscript libraries and archives, collecting by handwritten transcription, photocopy, and photograph various details about primary source materials. Sometimes Classical Indological publications are prefaced with accounts of authors' meetings with traditional Indian pandits who specialize in the subjects and literatures in the texts they are studying and critically editing. But the sustained fieldwork common in social and cultural anthropology, the type forged by Malinowski and cultivated by Boas and his students, has not been and isn't *de rigueur* in Classical Indological scholarship today. Conversely, the combination of fieldwork with language analysis is fundamental to Modern Indology. My description of the practice of texts as gurukula philology among south Indian *vaidya-gurus* thus contributes to what might be called new directions in Modern Indological scholarship.

The type of philology I depict here is drawn from prolonged periods of participant-observation among Malayali *vaidya-gurus*, their students, and their patients. The collective readings and interpretations of ayurvedic literature these people do in the gurukula, to first learn language and meanings contained in texts, is only the beginning of their philological practice. Insights into the language and meaning of texts open up and help us begin to address questions of "literary history, customs, institutions, etc.," in much the same way that Ferdinand de Saussure understood philology to operate in his posthumous *Course in General Linguistics*.²⁶ For Saussure and other nineteenth and twentieth century scholars of language in America and Europe like Leonard Bloomfield and Saussure's student, Antoine Meillet, philology was tantamount to the study of culture via literary documents (reiterated by Witzel's *kulturwissenschaft* based on texts).²⁷ The focus on cultural awareness derived through texts led Saussure to comment in a letter to Meillet that philology was about much more than language in texts. It involved discovering information about "certain people having certain origins," which pointed, he wrote, to "this

almost ethnographic side [of philology] that keeps me interested.”²⁸ The culture that ayurvedic literature articulates and to which Kerala’s vaidya-gurus belong and contribute is an assemblage of people who heal and who need healing. They are physicians and patients, people who escort patients to meet physicians, and families and communities who may help patients recover and have an interest in seeing patients move from illbeing to wellbeing. It’s in the interpersonal relationships of these people who come together under an ethos of healing, governed by principles of sickness and health, patienthood, and wellbeing, that the vaidya-guru’s improvisatory handling of texts in an ever-changing clinical site morphs into an interpretation and social performance of those very same texts to assess and treat patients. This latter component, to the extent that it (ever) plays a role in Classical Indological studies of Ayurveda, often appears as conjecture or rehearsal of what the texts say they should be used for. And it typically stops there.

The performative expression of first-order textual scrutiny is an essential part of gurukula philology. On the one hand, it is an ethnographic and interpersonal direction that vaidya-gurus imbue in their philological labor. On the other hand, for the scholar, being there (participant-observation) is critical to grasp the full extent of the social and cultural import of the combination of education and healing that motivates the practice of texts. It is not enough to read about it in the classical Sanskrit and regional medical literatures. Vaidya-gurus actively comment on and attempt to bring understanding of what constitutes wellbeing to sick people and the communities they live in. Texts aid the vaidya-guru to think ethnographically about the experiences of illness and patienthood and then operationalize healing knowledge to try to reverse the pathology of disease and ameliorate the patient’s embodied ontology of sickness. The direct link of the second-order, performative component that we see in the practice of texts in the ayurvedic gurukula was transformed and essentially eliminated from ayurvedic practice as it came to be taught in the modern college curriculum. It continues in parts of Kerala, however, and as I explain in the following chapters the vaidya-guru’s practice of texts implicates and illuminates multiple literary histories, rituals, and social customs that underscore the changing import and history of Ayurveda’s position as an institution of healing in India. Comprehensive cultural interpretation and involvement agree with the nature of this life science (*āyurveda*), which is, moreover, why I consider Bhaskaran, Priyankara, and Biju to be philologists and why, as noted above, the practice of texts can be good to think with to explain and understand aspects of south Indian society.

Bhaskaran, Priyankara, and Biju take part in and shape a social and cultural economy of meaning-making when they read, interpret, and practice texts. In so doing, they *do philology* in the form of mukhāmukhaṃ (face-to-face) learning and healing. These practices rest on a tripartite disciplinary skillset comprised of the central philological undertakings in Sanskrit literary cultures identified by Sheldon Pollock: text constitution and editing, analysis and interpretation, and emendation

and literary criticism.²⁹ These tasks are expressed in semi-analogous Sanskrit terms in the *Carakasamhitā* as *vākya*, *vākyārtha*, and *arthāvayava*. As I explain in the following chapters, the vaidya-gurus and students I observed in south India are philologists in the emblematic Indian model of the commentator, whose chief concern is to interpret texts and teach others how to read and interpret texts.³⁰ Yet, when Bhaskaran, Priyankara, Biju, and their students practice texts, they also philologize with a commitment, ultimately and necessarily, to create commentaries that are therapeutic in ways that bring about real and physical transformation. Commentaries in the south Indian ayurvedic gurukula are cumulative and inter-textual. Due to the improvisatory social nature of the gurukula's clinical space, they are oral and conversational and thus also evanescent (although in recent years there have been efforts to put some of Bhaskaran's commentaries into writing).³¹ In the presence of a new patient the vaidya-guru's interpretation and expansion of Vāgbhaṭa's *Aṣṭāṅgahr̥daya* or Nārāyaṇa's *Jyōtsnikā*, for example, function both as a secondary and a primary knowledge form (*vidyāsthāna*).³² In the former instance (commentary as secondary knowledge), the vaidya-guru expresses already established technological knowledge, reaffirming a history of medical commentary that has come down from earlier practitioners and teachers. In the latter instance (commentary as primary knowledge), the vaidya-guru draws on her own patient case histories and a rhizome of root sources to create extemporaneous and epistemically creative assemblages of knowledge to treat daily encounters with new illnesses, relationships, and situations. Similar to Witzel, Pollock's understanding of philology echoes Saussure's assessment a century earlier about the value of the discipline to humanistic inquiry, and in the spirit of their articulations I propose that the philological practices underlying education in the south Indian ayurvedic gurukula are designed to confront, wrestle with, and in the end use three fundamental types of textually-derived meaning.

The first is textual meaning. We have to read texts to determine this type of meaning and, as is often the case with Sanskrit scientific literature, support our readings with existing commentaries on root texts. What message(s) does a text convey? We might be able to pick up this information at a glance or by skimming. But here, and in the ayurvedic gurukula, textual meaning springs from the kind of philology that Roman Jakobson famously described as "the art of reading slowly."³³ This is the face-value meaning of texts, what texts say. The *Aṣṭāṅgahr̥daya* is the Sanskrit classic that Kerala's vaidya-gurus teach, and it is the text they cite most often when they treat patients. They also rely on local healing traditions, most of which have both oral and written lines of transmission. But when they teach and cite vernacular literatures, they put them in conversation with the *Aṣṭāṅgahr̥daya* and the other Sanskrit classics as a way to explain the core literature of *āyurveda*. In the process, they also amplify and extend the ayurvedic corpus as needed to meet specific questions and problems that arise in the clinical setting. Proficiency across multiple sources enables vaidya-gurus to explore and explain what

the *Aṣṭāṅgahrdaya* means, discover alternate readings, and at times create their own commentaries on Vāgbhaṭa's classic. When they teach this and other texts, seasoned vaidya-gurus help their students to understand what the texts mean in context—in the past, when they were produced, as well as today, as they practice them with patients. Reception and interpretation of the texts they teach (attested in commentarial tracts, for example) is also part of a vaidya-guru's attempt to clarify the cultures in which ayurvedic texts were created, much like Witzel's idea of *kulturwissenschaft*. Vaidya-gurus not only read texts slowly to suss out meaning, in other words; they also read and explain them as historically manufactured cultural products.

Arising organically from textual meaning derived from slow readings, the philological work of vaidya-gurus also generates contextual meaning, which is the second type of meaning-making at play in gurukula philology. A determination about the values and uses of texts for the historical actors who composed them reveals this type of meaning. Commentaries are essential here, and indeed some of them are as well-known as the core texts upon which they comment. The meeting of classic and vernacular literatures is also important. Commentaries on Sanskrit sources—which are frequently written in Sanskrit, although in Kerala some are composed in Malayalam as well—over time create a type of meaning that reflects the historical phases of the tradition, helping us to identify, as Pollock put it, “the history of textualized meaning.”²³⁴ This, in turn, opens up the prospect of identifying radically different, and perhaps unexpected, landscapes of culture, systems of power and negotiation, and institutions of authority in which the knowledge in the texts we read were (and perhaps still are) embedded. The ongoing apprehension and explanation of contextual meaning in the Sanskrit classics and regional medical sources in the teaching-healing efforts of vaidya-gurus effectively contribute to a recreation of contextual meaning, day after day, in response to and alongside earlier actors from older and other cultural contexts where the wellbeing and vagaries of the human condition were the cynosure for producing knowledge about healing, just as they continue to be for the vaidya-guru today.

The third type of meaning reflects the positionality of the reader vis-à-vis the text, and it involves a degree of self-assessment. In the south Indian gurukula, this arises when vaidya-gurus interrogate their own prejudgments about illness and wellbeing, about the lineages within which they have been trained, and the relationships of their patients and students to the texts they use in their teaching and treatments. For those who work closely with texts, this register of meaning-making implicates personal milieus in ways contextual meaning does not. It asks us to pause when we read and reflect on texts, to ask ourselves if we are reaching real historical understanding, while at the same time not falling prey to the idea that we may somehow remove ourselves from the texts we read and interpret. In the Pollockian version of philology, this type of meaning-making urges slow-reading philologists to reflect on the motivations and hoped-for outcomes of their work.

It presses them to probe the various ways in which the materials they read and interpret are useful *to them*. Self-awareness is thus key here, as is constant self-enquiry: How do the claims of the past in the texts we read impinge on us and our relationships and commitments today?³⁵

The first two types of meaning-making are evident in mukhāmukhaṃ instruction at Shantimana and Mookkamangalam, as I explain in chapter 2. The third is less obvious in the ayurvedic gurukula, although it is immensely important to an observer’s investigation of what vaidya-gurus do (and say they do) with texts. Philological practice described by Pollock, Jakobson, and Saussure provides an open-ended and flexible depiction of the discipline. And while it’s true a method of reading slowly could be taken as an approach that any careful reader—not only the philologist—might do, the definition’s plasticity was, I suspect, calculatingly designed. Flexibility does not invalidate the discipline or render it insubstantial or easy. The three types of meaning derived from the study and use of texts adumbrated above draw our attention to approaches within philology that require an epistemological mindset that allows one to treat texts as ever-developing knowledge bases meant for technical applications that will necessarily change (for example, with each new patient and illness). This type of philology is not aimed at making critical editions and forming stemmatics. It instead asks how Ayurveda’s past literary cultures contribute to current conversations about self-care, well-being, and the patient experience of disease. The Malayali vaidya-gurus I have observed and write about in this book consciously chose to read the Sanskrit medical classics slowly and to teach their students how to read slowly for the purpose of making sense of Vāgbhaṭa’s *Aṣṭāṅghṛdaya* and its past and present functional contexts. This is not a conscious choice all literate people make when they read. It is a mindful decision about method and objective that involves translation, in the service of interpretation, and ultimately the application of textual knowledge. This philology is also *medical* in that healing concerns motivate the vaidya-guru’s teaching and interpersonal activities within the clinical space of the gurukula. But whereas the vaidya-gurus I know in Kerala are able to cite manuscript disparities in a stemmatic genealogy of a text like the *Aṣṭāṅghṛdaya*—that is, to contribute to scholarly conversations of the Classical Indological sort—their readings with students and conversations with patients are intended to develop humanistic inquiry and understanding in direct ways that textual derivations and conjectural emendations typically do not invite. In doing so, they ensure the idea and practice of medicine in the gurukula reflects the expansive latitude and interests of the classical Indian life science they teach and practice.

The philological toils of teaching, learning, and healing in Kerala’s gurukulas have been honed by Malayali vaidya-gurus over many decades, and the process continues to evolve today. It is a fairly straightforward task to identify how these physician-teachers practice texts by making meaning according to the things that texts say and by understanding the contexts in which these texts were made

and continue to be useful. To unearth the extent to which Kerala's vaidya-gurus engage in self-critical reflection about how, when, and why they bring aspects of their own cultural views, socioeconomic backgrounds, and aspirations to their interpretations of the texts they teach to students and practice with patients is less obvious. This information has emerged over the years in small talk at the end of a day's work, when I got the chance to speak with the teachers and students in unstructured conversations about casual matters that on the surface might appear ancillary to Ayurveda. It is no less important than the first two types of meaning-making, and to an extent this register enters into the discussion in chapter 3 on knowledge exchange between physicians and patients and the values that motivate vaidyas to treat sick people at all. Nevertheless, this introspective type of meaning is the least developed of the three registers of philological meaning-making in the book.

GURUKULAS AND COLLEGES: "PURE" AND "MIXED" AYURVEDA

In his sweeping study of ancient Indian education, Radha K. Mookerji classified the gurukula as part of an oral system of education known on the Indian subcontinent as *gurupāramparya* ("teacher lineage") or *sampradāya* ("tradition"). This didactic institution was primarily established for teaching the Vedas and to ensure "the uninterrupted ideal succession of pupils and teachers, by which knowledge is conserved and transmitted."³⁶ Mookerji marshaled ample data about the teacher's residence as a site of intensive learning that juxtaposed well with British-style colleges that spread across India from the late nineteenth through the mid-twentieth century. Gurukulas, he mused wistfully, were inspirational and conducive to knowledge transmission, while the European colleges were "mechanical, soulless, and oppressive" institutions of education that inherently "crush out the very taste for learning in the students after they leave them."³⁷ Even in large premodern South Asian universities in places like Kashi, Taxila, and Nalanda, where multiple teachers and large student bodies were the norm, M.K. Raina argues that "education was guru-oriented" in the same spirit, even if not the form, of the more intimate residential settings of Mookkamangalam and Shantimana. Integral to the transmission of scientific knowledge throughout Indian history, Raina continues, the guru is "an indispensable link in the process of communication, irrespective of the content of the message involved" or the setting.³⁸

An institution similar to the gurukula, the *ācāryakula*, is attested in Sanskrit literature, suggesting a potentially different kind of teacher and scholastic center in Indian history: the residence of the *ācārya*. But Sanskrit authors often used "guru" and "*ācārya*" interchangeably to mean, at bottom, a teacher or preceptor, whose expertise might have been involved with spiritual or religious matters, as gurus are characteristically portrayed nowadays in popular media. In the south Indian

historical world we come to know through classical Sanskrit and Tamil literature, a key difference between gurus and *ācāryas* appears to have been their proximity to the people for whom they deployed their knowledge and skills.³⁹ Hartmut Scharfe describes the guru as an extended family member who historically taught the Vedas to a family's children over long periods of time, whereas the *ācārya* was something of a freelancer, an outsider hired to conduct initiation ceremonies on semi-regular contractual bases.⁴⁰ The south Indian vaidya-gurus discussed here viewed and described the knowledge they communicate to students and patients as areligious. They impart technical and therapeutic knowledge that's steeped in an old yet ongoing tradition of oral and written transmission, the integrity and longevity of which rests on the gurukula model of instruction.

The prevalence of gurukulas in India as institutions to study Ayurveda noticeably declined in the 1890s, when developments in ARM redirected the education of vaidyas away from the intimate *guruśiṣyasambandham* (“teacher-student connection”) of gurukulas towards British-style collegiate institutions with large student bodies and multipart faculties of professors. In these colleges, most professors did not teach courses across Ayurveda's eight fields (*aṣṭāṅga*) of healing, but typically specialized in one (or maybe two). As I explain in the next chapter, the college model has been the norm for ayurvedic education in India ever since ARM's earliest advancements at the end of the nineteenth century, and the idea of a gurukula education in Ayurveda today is widely seen as impractical, since it takes considerable time to complete and no credentials are conferred when it's done. For some observers, the choice to take an education in classical Sanskrit literature as professional development, when the education that accredits that profession has been refined and streamlined according to international medical standards over several decades, might be assumed to be guided by identity politics bred by Hindu Nationalism, rather than a strictly professional desire to connect to the “roots” of Ayurveda. Among the gurukula teachers and students I spoke with in south India, these two motivations might be ineluctably connected, especially in the polarized political climate of contemporary India. But on the whole, most of these people kept their political views close to their chests whenever I brought up religion, Hindu Nationalism, and identity politics. I address the potential complications of taking recourse in a Sanskrit-based medium in modern India in the last section of this chapter.

In the central Kerala districts of Palakkad and Thrissur, the practice of training at a guru's residence managed to continue through the twentieth and into twenty-first century, in spite of the college's predominance in ayurvedic education. Bhasakaran and Priyankara worked, and Biju continues to work, out of their houses or in buildings adjoining their family dwellings. Their teaching and clinical work accord with a *śāstric* model of a teacher of classical Indian science. That is, they are products and purveyors of specific lineages (*paramparās*) in which elder gurus educate junior students, who usually come from the immediate or extended family of the

guru, although the closed family-based convention has not been upheld in recent decades. When I first met Bhaskaran, for example, he was simultaneously teaching a young woman from outside his family as well as his grandson, Biju. Priyankara and Biju routinely admitted non-kin as students, and neither Priyankara nor Biju has had a student from their family since I began visiting Mookkamangalam. In general, men have dominated the gurukula as both teachers and students for much of Kerala's history. But this trend has changed in the last half-century; Priyankara has been a pioneer in bringing women to the ayurvedic gurukula, and thanks to her efforts women are regularly students at Mookkamangalam nowadays. Irrespective of kinship, affinity, gender, or sex, vaidya-gurus in central Kerala are usually known in the community as "gurus" rather than one of the many Malayalam words for teacher (or related terms like instructor or tutor)—such as, *ācāryan*, *adhyāpakan*, *aṅṅāvi*, *āśān*, *eḷuttuchan*, and *upādhyāyan*. As a traditional site for learning Ayurveda, the word gurukula has thus endured among many of the Malayalis I met in Kerala, whereas the alternative classical term *ācāryakula* has not.

Gurukula philology presents a unique and little-known segment of Indian textual studies and, apropos of medical education and practice in general, it ironically shares the basic aims of the biomedical frameworks adopted in the nineteenth and twentieth centuries that were institutionalized by the CCIM in the ayurvedic college. This is ironic because the educational model of the gurukula was widely and eventually rejected during ARM. It was held up as the thing against which prevailing voices in ARM proposed the new, forward-looking collegiate system. The move from the gurukula to the college was imagined as creating distance between the old familiar environs of a Sanskrit past and a modern and magisterial system of English biomedicine. Hard-won developments during ARM and systematic re-classifications of the Sanskrit classics in the ayurvedic college curriculum displaced the "old" or "traditional" methods of teaching and studying medical texts for "new" and "modern" ones. The discrediting of gurukula philology in favor of biomedical specializations and testing advanced on an undercurrent of anti-nostalgia among ARM's chief spokesmen and organizations, who promoted the translation and shoehorning of classical Sanskrit-based *āyurveda* into English-based biomedical categories and institutions. The move, ultimately, went from one type of bookish study (slow reading) and routine memorization of texts by physicians-in-training for the explicit purpose of healing patients to another: from the mukhāmukhaṃ pedagogy-qua-residential healing of the gurukula to the lecture hall-qua-hospital of the college. Both models require students to learn how to identify layers of meaning in texts about the human body and to internalize that knowledge so that it can be carried as effortlessly as possible into a doctor-patient meeting and implemented for healing. But the shift was imagined by many in ARM as an essential step to shed the sentimental envisioning and elicitation of an ayurvedic past that did not seem viable or helpful in a twentieth century defined and adjudicated by European biomedical standards.

The incorporation of biomedical disciplines and ways of envisioning bodily structure and performance in ayurvedic education could not have proceeded without rejecting the institutional design of the gurukula and its curriculum. Repudiation of the gurukula was not pointedly aimed at the methods of education that vaidya-gurus employed in the past, however. The gurukula was an obvious point of departure and change for a realpolitik movement wrought by late-nineteenth and early-twentieth-century colonialism on the subcontinent that at once sought the preservation of Ayurveda and the re-presentation of this classical tradition in step with modern biomedicine, both globally and as it was already accepted across most of India. The placement and shifting roles of Sanskrit language learning and literature in ayurvedic education underlined this simultaneous backward- and forward-looking endeavor. In the end, the gurukula was characterized as too backward-facing and not capacious enough structurally or ideologically to embody the overhauled tradition of the Ayurveda of the future.⁴¹

A belief in an ostensible “real Ayurveda,” like Prathik and Ganesh expressed to me at Mookkamangalam in 2011, is not new in India. It has been around for decades, emerging during ARM in discussions about whether or not to integrate biomedicine and Ayurveda. What Prathik imagined as the real or authentic form of Ayurveda is traditionally known as “pure,” or *śuddha* Ayurveda. Pure Ayurveda is associated with medical knowledge crystallized in the Sanskrit classics of Caraka, Suśruta, and Vāgbhaṭa, and its counterpoint is “mixed,” or *miśra* Ayurveda, which refers to the blend of Ayurveda and biomedicine that ayurvedic colleges teach. Both types preserve the name of India’s classical life science. Both types are also affiliated with a specific educational institution in the imaginations of many ayurvedic practitioners: pure Ayurveda is propounded in the gurukula, whereas mixed Ayurveda flourishes in the college. Throughout this book I probe and wrestle with the links between these kinds of ayurvedic knowledge and their sites of production and transmission. In the next chapter, for example, I explore historical events and popular discourses that cultivated the pedagogical bases and cultural demarcations of pure and mixed Ayurvedas. The chapters that follow illustrate how notions of pure and mixed knowledges still inform modern practitioners about the openness of classical *āyurveda* to medical ideas and practices that are not (obviously) articulated in the Sanskrit literature.

In the remaining pages of this introductory chapter, I would like to address a particular outlook about the production of knowledge in the history of Ayurveda that I encountered repeatedly among practitioners in south Indian gurukulas and colleges, an attitude that has been informed by a century or more of scholarship: namely, that ayurvedic gurukulas are upholders of a local or regional memory, where students and gurus tend to hold the view that mastery and transmission of the Sanskrit classics are the most vital tasks to protect and maintain a definable “tradition” of Ayurveda. I work through some of the implications this outlook has in shaping people’s considerations of ayurvedic knowledge as genuine

medical or scientific knowledge. But the discussion does not end with the closure of this introduction. I take up the question of Ayurveda and scholarship again and again in this book. In doing so, I try to problematize what I see as a drift in academic writing on India's medical history that has tended, and at times still tends, to overlook the gurukula as an integral and lasting institution in the production of ayurvedic knowledge and, thereby, to misread (even stereotype) practices of gurukula practitioners and their adherence to Sanskrit-based medicine as nationalistic and anti-cosmopolitan.

CONTEMPORARY CLASSICISM: COSMOPOLITANISM AND THE INVENTION OF TRADITIONS

Despite its central position in the long history of Indian medical education, little research has been done on the gurukula. Apart from minor studies of hospitals and asylums in British India, precious little research has been done on medical institutions in India's past, especially those explicitly utilized for educating physicians of indigenous medicines.⁴² When scholars have considered the gurukula, most have written it off as one of the many traditional elements of Indian culture erased by colonialism. The turn from local or regional styles and institutions of education to European ones deeply influenced the subsequent history of Indian education, and discernibly reduced interest in gurukula learning. The far-reaching changeover across the region did not completely expunge gurukulas as places of learning and healing from the south Indian medical landscape, however.

Vaidya-gurus and students in Kerala's working gurukulas today consider their roles in the production and transmission of ayurvedic knowledge to be part of a lineage originating in an ideology of healing and curative techniques described in the oldest extant Sanskrit medical classic, the *Carakasamhitā*. The scope of healing concerns in Caraka's collection is vast, reaching across predictable areas like pathology, therapeutics, and dietetics, adumbrating matters of ethical or religious import such as *dharma* and *karma*, and expounding on the human condition vis-à-vis grander cosmological inquiries and expositions. The work also describes the mukhāmukhaṃ pedagogy deployed at Mookkamangalam and Shantimana. Because of the text's antiquity, it is common for Biju and his students to describe what they do as "traditional," and by keeping education and doctor-patient visits as close as possible to the letter of the *Carakasamhitā*, students like Ganesh and Prathik see the gurukula's activities as a counter to biomedical influence that is unmistakable in the ayurvedic college system. "What we're doing at Mookkamangalam with Biju," Ganesh told me in 2011, "is *śuddha* Ayurveda. The college syllabus is—" He stopped and looked at Prathik. "It's *miśra* Ayurveda," Prathik quickly added. "It is modern. It combines ideas and techniques of Ayurveda and allopathy. But still, we call it Ayurveda!"⁴³

There are historical reasons for the development of such polar understandings of Ayurveda, and I examine them in detail in chapter 1. It suffices to say now that when views express notions of a tradition that is either/or, such as pure Ayurveda or mixed Ayurveda, those views are frequently informed by politics and historical rivalries. Purveyors of this type of black and white thinking might not be fully cognizant that their views advance certain political histories and/or present idealized visions of the past. In south India, I met students and professors who expressed unwavering support of the ayurvedic college syllabus. Yet, their support for the college did not necessarily translate into disdain for the gurukula. Indeed most supporters of the college model I met recognized the historical significance of the gurukula to Ayurveda's history, and most practicing physicians I know who were educated in ayurvedic colleges before the present century know someone (or someone's relative) who has had some gurukula training. But among those who are content with the college curriculum, the gurukula is also regularly seen as a bygone institution. Conversely, over the years I also met firm opponents of the infusion of biomedical knowledge and methods in Ayurveda. For them, the gurukula might be an antidote to the supposed mixing of medicines. But it is also usually clear to these people that the future of Ayurveda is not going to be shaped in gurukulas, even if the gurukula represents something that is, in their minds, uniquely Indian, long celebrated, and worthy of preservation. To what extent are these differing views based on questions and concerns of politics, cosmopolitanism, and nationalism? The answer is not always obvious, and students like Prathik and Ganesh, and the others I introduce in this book, embody and express a perspectival pluralism that simultaneously gestures towards both extremes on the *śuddha-miśra* continuum. They complicate dichotomous thinking along the lines of tradition and modernity in the college and gurukula and in Ayurveda in general in the twenty-first century.

Tradition in Asian medicines, Waltraud Ernst and Vivienne Lo observed, was never univocal nor uniform, but rather “intrinsically ‘plural’—both in terms of the variety of ways in which any one tradition has been interpreted and codified by different learned authorities, and in terms of the variety of their practical applications.”⁴⁴ Scholars sometimes speak of hybridities in the history of Indian medicine, casting about binaries of colonizer/colonized, biomedicine/indigenous medicine, west/east, and modernity/tradition. Naturally, the full history and complexity of Ayurveda since the time of Caraka's collection is not captured with such neat dyads. Yet the last pair—modernity/tradition—and its adjectival associate—modern/traditional—nevertheless underlies many ideas about the state of Ayurveda today among many people actively practicing the medicine in south India. Students and practitioners in colleges and gurukulas alike often use these English terms to make sense of this medicine's history. Consideration of the nature and construction of tradition can thus be helpful to study the ayurvedic gurukula and college.

Traditions of all sorts are constructed, communicated, enforced, and revised through education. Schools and other centers of learning, Eric Hobsbawm remarked, deploy rule-governed practices meant “to inculcate certain values and norms of behaviour” in such a way that makes those practices, norms, and values appear continuous with “a suitable historic past.”⁴⁵ Reflecting on the history and long-established practices of Ayurveda in India, and running that past through belief systems of modern-day practitioners, it is tempting to apply the labels that Hobsbawm and Terence Ranger called “genuine” and “invented” traditions to the gurukula and the ayurvedic college, respectively. If a tradition is invented to manage or come to terms with sociopolitical change, as many of the essays contend in *The Invention of Tradition*, then ARM and the construction of the modern ayurvedic college curriculum neatly fit the bill of a neo-tradition that was “invented” by physicians and supported by government officials to compete with the spread and popular acceptance of biomedicine in India at the turn of the twentieth century. Likewise, if, as Hobsbawm suggested, “the strength and adaptability of genuine traditions is . . . where the old ways are alive,” neither in need of renewal nor reinvention, then the gurukula might appear to be a place for learning classical life science, sans biomedical influence, and giving safe harbor to the “genuine” tradition of Sanskrit healing in India.⁴⁶

The historical record and my fieldwork suggest the situation is not so tidy. If a central element of so-called genuine traditions is adaptability (à la Hobsbawm) or flexibility (à la Ranger) and strength to persist over time, then one could just as convincingly argue that both traditions transmitted via the curricula of the gurukula and the college are genuine. Moreover, we would do well to ask, along with Peter Burke: “given that all traditions change, is it possible or useful to attempt to discriminate the ‘genuine’ antiques from the fakes?”⁴⁷ In this study, I opt not to further this line of inquiry, which unhelpfully misdirects our attention to questions of origins and authenticity. Instead, the key point I return to in the following chapters is that all acknowledged traditions—genuine, invented, or otherwise—are human creations.⁴⁸ While people and groups peddle different opinions about historical beginnings and development in pursuit of different aims, it is usually the case that “official” points of investiture are actually unknown or misunderstood, thus historical fabrications, and circulate couched in myth.

I approach the matter of tradition in Ayurveda by taking recourse in the plural—ayurvedic traditions—and by probing important discourses and social events in Indian history that have called for continuity and change. I am interested in how these forces have concretized and/or dismantled competing notions of Ayurveda’s past, attempting to hold in tension the presence and interplay of multiple modernities and cosmopolitanisms on the Indian subcontinent among ayurvedic educators and practitioners alongside, since the mid-nineteenth century, a growing concern for acceptance in a global sphere of medical science. The problem of how to interpret medical history and its practice in the present day lies

at the heart of this tension. My interpretation of the history and the opinions of vaidya-gurus and students in south India suggests that the ideological frameworks organizing the multitude of views about medical history at gurukulas and colleges have never been straightforward or indisputable, nor are they today. These views are not merely slavish extensions of intellectual commitments to enshrine—for the historical record, posterity, or recognition in the marketplace of global science—either immemorial or new ideas about medicine in South Asia. The next chapter demonstrates this point: the construction of an ayurvedic tradition in modern India has been anything but singular. The process has unfolded across several coterminous modernities inhabited by many people, and these people have addressed and negotiated multiple cosmopolitanisms. These realities are not satisfactorily understood according to globalization discourses that posit an unambiguous synthesis (or hybridization) of indigenous medicine within a superstructure of colonial or global medicine. To understand the complexities and multidimensional agencies motivating all people who have established their positions in, and perspectives about, the pasts and presents of Ayurveda, we need to move beyond notions of hybridity and syncretism.

What can cosmopolitanism theory add to our understanding of Ayurveda and the impact of biomedicine on it? This concept has gone through numerous changes and been subject to both approval and stern critique, to be sure. When I use the term, I do not intend to invoke Kwame Anthony Appiah's moral-philosophical cosmopolitanism, denoting a society where people in different life stations and situations (national, economic, political, religious, etc.) peacefully enter into social agreements despite their differing belief systems.⁴⁹ I am not interested in moralizing the interplay of peoples and ideas. For me, at its etymological level of *cosmo polis*, "world state," cosmopolitanism in Ayurveda helps us acknowledge and visualize that sources of classical healing knowledge and therapies comprise a far-reaching life science that has always been composite, never fully formed or complete, with many regional byproducts created by many hands, untethered to borders, nationalities, or singular cultures. This view is most apparent in chapter 1, where I discuss ARM and set up the historical context for the contemporary narratives from the field that follow. Episodes from Shantimana and Mookkamangalam, each in their own way, show us how students and teachers in south Indian gurukulas have carried forward Ayurveda's multifaceted cultural and scientific history. They convey details about their clinical and educational practices that have never been described before. These particular case studies on pedagogy, knowledge, and ritual illustrate how the men and women teaching and studying in a so-called traditional setting negotiate sometimes contesting ideas about their profession's past and present practice and how they create their own views about these matters. In the end, the ethnographic illustrations show that the several cohorts of students I have met and observed in Kerala, who have come from across south India and as far away as Haryana and Himachal Pradesh, exemplify a contemporary

commitment to the classicism of Ayurveda, advocating the principles of ayurvedic healing put forth in the classics and the learning of these principles through what's described by vaidya-gurus as classical ayurvedic scholarship. The diversity of people and ideas implicit in cosmopolitan theory is present every step of the way, from the events of ARM to the anecdotes drawn from the field.

Twenty years ago, Sheldon Pollock, Homi Bhabha, Carol Breckenridge, and Dipesh Chakrabarty suggested that cosmopolitanism “is infinite ways of being.”⁵⁰ It is not only an analytic or speculative idea. It elucidates a process by which the local exists and cultivates space for itself in a global community. We can speak about *cosmopolitan practices* and *discourses* to explain this, for instance, by exploring multilayered and multidimensional power relations. As we shall see, ARM had many disparate voices. While some called for the mixing of biomedicine and Ayurveda during revitalization of the 1890s and through Independence, others rejected integration out of hand. Still others sought to bridge the two positions. This conversation continues today, though the stakes have changed. The ayurvedic college is not going away and the gurukula will not likely again become the gold standard for training vaidyas. Much like late-colonial deliberations about pure and mixed forms of Ayurveda, nowadays proponents of integration are generally seen as the power brokers, in step historically with colonial physicians and today with suppliers of an education and medical treatment that Indian society demands. As a counterpoint, the didactic model of the south Indian gurukula presents an instance of creative local agency, of “the slow and shrewd” practice of medicine in what has become “global space and time.”⁵¹ Although they represent a space that gave voice to a position that was hesitant to embrace European medicine, gurukulas are locations of changing ayurvedic practice and dialogue. Mookkamangalam is testament to this. It is changing slowly and shrewdly, reversing the notion of incorporation so that the local emerges as a productive agent of cultural delineation. Vaidya-gurus at Mookkamangalam exercise a surprising amount of autonomy and subtle tact in their healing practice, for example, given the heated politics of indigenous medical education over the past two centuries to move away from—in content, not in name—the *āyurveda* propounded in texts. Sanskrit literature remains the primary subject of education in Kerala's ayurvedic gurukulas, and yet today vaidya-gurus are adjusting their training methods and imbibing a body of knowledge that had not been present in gurukulas of earlier generations. If the gurukula stands as the final location in which to learn so-called pure Ayurveda according to the ways the Sanskrit medical classics say it should be learned, and the college BAMS degree is thoroughly mixed Ayurveda, then a modern ayurvedic site like Mookkamangalam ushers in an entirely new shade of Ayurveda on the pure-mixed spectrum.