This article investigates how scientific truth claims are articulated and disputed by a community of practitioners of a South Asian system of medicine called Ayurveda. I first describe the epistemological criteria of authoritative knowledge in Ayurveda, which I theorize as a disciplinary ideology of truth. Next, I show how the protagonists at a scientific conference designed their truth claims to reference and index this ideological framework for evaluating truth. Ultimately, I argue that disputes over scientific truth constitute a stable and recurrent characteristic of the Ayurveda community because it is through such disputes that the community produces itself by maintaining and transforming its disciplinary boundaries.

[Ayurveda, Kerala, truth claims, scientific debate, medical epistemology, postcolonial science]

The main goal of this essay is to document how truth claims are articulated and disputed by contemporary Ayurveda doctors. Ayurveda is one of India’s indigenous and historically ancient medical sciences that is based on a three-part humor-like pathology called the tridosa. Kerala, the place of my fieldwork on the modernization of the practice, is sometimes said by scholars, patients, and practitioners, to have the most robust and unique tradition of Ayurveda in the subcontinent. Practitioners include both lineage-trained vaidya and college-educated degree-holding Ayurvedic doctors (or some combination of both), and they practice in small private village or urban clinics, public and private hospitals and medical colleges, and tourist resorts. There is also a great deal of research being conducted in Kerala by biotechnologists, botanists, pharmacologists, and biomedical doctors on the scientific efficacy of Ayurveda drugs. Based on classical Sanskrit texts, the scientific validity and social importance of these drugs has been the subject of intense debate since the first British medical officers took up their study in various ways in the late 18th century. This debate over the medical efficacy of Ayurveda drugs intensified in the early 20th century when Ayurveda was taken as a point of pride by the anticolonial nationalist movement. The debate continues today as scientists, doctors, capitalists, environmentalists, and politicians (Marxist, Gandhian, and Hindu right-wing alike) work to modernize the Indian drug industry as part of the nation-state’s biotechnology development program. Thus, epistemological complexity and conflict are the normative situation for postcolonial Ayurveda. It is also clear from other ethnographic and cross-cultural research that the statements of patients and doctors are epistemologically complex, often juxtaposing and contesting different kinds of medical knowledge (Farquhar 1991; Young 1981). By directing critical attention toward the discursive organization of truth claims and disputes in this situation of multiplex epistemologies, it is my hope that this article can serve as
an illustration of a way in which linguistic anthropology can contribute to the social sciences of medicine.

Scientific communities are one type of social organization where we might expect to find conflict and argument about truth claims to be a generative process that is quotidian rather than episodic, central rather than marginal, and systemic rather than epiphenomenal. Although some philosophers such as Thomas Kuhn (1996 [1962]) have emphasized the self-assured, unified, and progressive character of scientific communities, several decades of research in the social studies of science have documented that scientists dispute truth often enough and with zeal, especially at the institutional sites of knowledge production where reputations and livelihoods are at stake. Sociological investigations of scientific controversies (Engelhardt and Caplan 1987) have emphasized that the closure of scientific debate and the unification of the community have to be produced and maintained, based both on the rational merits of scientific truth claims, but no less on the political strategies and economic resources deployed by the protagonists. The work of Bruno Latour (1987, 1999; Latour and Woolgar 1979) has documented many times the strategies of rhetorical and technological practice employed by scientists to produce and warrant their truth claims.

As it turns out, far from being epistemologically cataclysmic or socially divisive, I have found disputes over truth claims to be a normative occurrence at the institutional sites of modern Ayurveda. Given the complexity of interests involved in the debate over the efficacy of Indian drugs, not to mention the economic stakes, it is perhaps not too surprising that controversies in Ayurveda are recurrent around the issue of its scientific authority vis-à-vis cosmopolitan medicine. Charles Leslie, the first anthropologist to comment on the contradictions and ambiguities of Ayurveda’s 20th century revival (1976), has shown how even the movement to purify Ayurveda of Western influence has relied heavily on Western scientific methods, categories, and language to authenticate Ayurveda’s scientific status. At the same time, the authentication of Ayurveda on the basis of Western scientific criteria tends to undercut Ayurveda’s own epistemological authorities. I argue that one important way in which Ayurveda’s boundary with cosmopolitan medicine is maintained and adjusted is through the recurrent contestation of truth claims which crosscut the disciplines.

The sociologist Gregor Simmel (1956 [1908]) was perhaps the first social theorist to recognize that recurrent and low-level social conflict can become normatively regulated and thus serve to integrate a social system. The insight that conflict can be a productive and perhaps integrating phenomenon is surprisingly prescient, especially given how the theorization of conflict has been unfortunately constrained by the teleological focus of Hegel (via Marx, Marx and Engels 1967), as well as by Durkheim’s explicitly negative construal of individual conflict as a social pathology (Durkheim 1997 [1893]). In contrast with these closed teleological frameworks, dynamic and generative conceptions of conflict were developed and centered within anthropology by the work of the Manchester School of social anthropology (Gluckman 1955) and by Gregory Bateson’s cybernetic approach to social communication (Bateson 1972).

The case of Ayurveda debate is presented in this issue as an example of a generative form of conflict involved in the production and maintenance of an historically contingent form of disciplinarity. Unlike the other ethnographic situations described in this issue, however, the case of scientific debate more generally, and Ayurveda debate in particular, foregrounds the role of ideologies of truth in the discourse-level organization of the talk. All truth claims are based on an ideology of what constitutes a truth as such. For example, truth claiming in the context of US courtrooms, as Susan Philips has argued (1992), is constrained by standards of evidence such as the distinction between expert and witness testimony, and the prohibition against hearsay. In this context truth is ideologized as that which is “beyond reasonable doubt.” This ideology of what constitutes truth is related to the ideology of rational empiricism typically involved in evaluations of scientific truth claims. Scientific debates, whatever else they
accomplish, are believed by many scientists to be about objective truths which are characteristics of an empirically observable reality. While the social effects of this ideology in the Western sciences are well documented by the sociologists of science, there has been less investigation of the practice of truth claiming and debating in non-Western scientific traditions. This gap is unfortunate because, in contrast with Western scientific institutions where standards of evidence, debate, and epistemology are relatively codified (note, e.g., the hegemony of Karl Popper’s ideas among practicing scientists, Mulkay and Gilbert 1981), postcolonial scientists in India at times employ a multiplex epistemological repertoire which draws upon an equally multiplex set of linguistic and cultural categories and discourses, including those of Western or international science (Nandi 1980).

Certainly Ayurveda debate involves a strand of rational empiricism. For example, the anthropologists Margaret Trawick (1982) and Gananath Obeyesekere (1992) have both demonstrated how empirically focused experimentation, debate, theory change, and other indicators of scientific consciousness are important features of Ayurvedic practice. On the other hand, in the context of Ayurveda epistemology, in addition to this strand of rational empiricism there is also an equal valuing of foundational truths codified in text as well as of the practitioner’s own subjective experience. When speakers make and dispute truth claims they organize their discourse in relation to this repertoire of what can count as truth. The particular way in which evidence is organized and ideologized is largely unique to Ayurveda, and in particular, to the discussions and debates occurring in the postcolonial context of its institutionalized and modernized formations. The transcripts and their translations that I provide illustrate the epistemological clashes which characterize such debates, which I repeatedly observed at similar conferences and which are often published in the postcolonial literature on Ayurveda.

One of the ways that linguistic anthropology can contribute to studies of postcolonial science is by mapping how such epistemological clashes are negotiated on an indexical level, that is, on the level of the relationship between a text and its context. I am particularly interested in the potential of speakers to use language to highlight the specificity of this relationship and, conversely, to generalize and universalize. For example, William Hanks (1984, 1996) has documented how Mayan shamans employ indexical features of language to transform the space of the healing ritual—containing the shaman and his patient at the altar as well as the audience—into a sacred cosmological space, to which the spirits are invited to descend for the purpose of clearing way noxious winds from the patient’s body. Hanks’ analysis is compelling in that it illustrates how, by summoning the spirits, the shaman both particularizes cosmological space in relation to the goals of the event and, conversely, the goal-centered context of the event itself is universalized. A similar use of indexical language is documented by Joel Kuipers (1990), who has shown how the ritual speech genres in the Weyewa speaking region of Sumba differ in that, in the cases of chanting and blessing, performers cite the authoritative and poetic words of the ancestors, whereas in the context of divination they foreground with indexical tokens the authority of the emerging performative context and its human protagonists. Thus, Sumbanese ritual specialists differently texture the authority of their speech, in the first case, by instantiating the power of the cosmological realm in the performance space, and in the second case, by reflexively indexing their own performative virtuosity and the here-and-now contextual specificity of the emerging ritual. In Ayurveda as well, certain truth claims are indexically grounded in particular events, spaces, persons, utterances, and intentions, whereas others are represented as codified, accepted, and universal truths. For example, truth claims based on “experience” are richly textured with locative forms, person and place names, and past tense verb forms. On the other hand, the authorities of scientific rationality and codified Ayurveda text lack this over-determined sense of indexical grounding in place and time, but rather, employ a definite future tense to represent the universal character of the truth. A key point
then for linguistic anthropologists is that ideologies of truth, as historically contingent epistemological repertoires, inform how speakers use language to both construct and evaluate the particular relationship between text and context instantiated by a truth claim and its dispute.

Before examining some specific cases in which truth claims and disputes are employed in boundary maintenance work we must first consider the epistemological basis of truth claims as such in Ayurveda. We shall see that it is on the basis of these epistemological categories and their discursive instantiation that some truth claims are made to succeed and others to fail.

**Ayurveda Epistemology**

Although not framed as such there is actually a fairly well developed medical anthropological literature on the revival, nationalization, and modernization of Ayurveda which addresses how claims of medical efficacy and scientific reality are constructed and deployed. Modern Ayurvedic doctors base their truth claims on the foundation of the authoritative medical texts (śāstra) while at the same time they draw upon the discourses of nationalism and scientific rationality on the one hand, and on the other, the gamut of orientalist and romanticist tropes such as naturalism, holism, positivism, and mysticism. For example, Lawrence Cohen (1995) has analyzed some of the arguments presented at an Ayurveda conference in Bombay, where the effects of rejuvenating tonics called *rasāyana* were interpreted in terms of the most cutting-edge neurochemistry, physics, and systems theory. Francis Zimmermann (1992) has shown how the incorporation of the discourses of new age holism and Gandhian nonviolence into the literature oriented toward Western tourists erases the violence featured in the Ayurveda methods of purgation and emesis. Jean Langford has also provided a close reading of the practices of medical mimesis involved in the authentication and deauthentication of the clinical authority of one cosmopolitan “quack” (1999). She has provided the best ethnographic data to date on how differently positioned Ayurvedic doctors inhabit and modify the hegemonic discourses of Ayurveda revivalism (2002).

Ayurveda truth claims are epistemologically hybrid and socially contested starting with the beginning of the discipline’s encounter with the new Western medicine in the colonial period—that is certainly one key point that can be gleaned from this literature and the medical anthropology of Ayurveda in general. At the same time, however, this anthropology has tended to stay away from a language-sensitive reading of such truth claims. While there are numerous studies of postcolonial Ayurveda based on the critical analysis of literature and ethnographic materials, there has yet to be a sustained attempt to make an accounting of Ayurveda in action. So, unfortunately, in spite of the many valuable studies and critical reinterpretations of “modern Ayurveda” (Wujastyk and Smith 2008), we still know very little about how Ayurveda doctors negotiate their multiplex ideologies of the body in contexts where such matters are open to debate. It is through a close analysis of the more indexical features of language that emerge in the sequence of debate that we can identify the complex microprocesses by which particular truth claims get constructed as authoritative.

Ayurveda doctors in Kerala would commonly employ in their discussions with me three concepts regarding the sources of authoritative knowledge, including śāstra (codified knowledge), *vaidya-anubhava* (medical experience), and *yukti* (reason). These categories constitute what I have termed an ideology of truth. Ayurveda practitioners structure their truth claims and counter truth claims in ways that reference and index this epistemological ideology. First and foremost among the sources of authoritative knowledge is śāstra (codified knowledge or text). The term itself is often used as a translation for the Western concept of “science,” but it is actually quite polyvalent, implying knowledge transmitted through a lineage, a discipline, authoritative or accurate knowledge, and a text containing authoritative knowledge. All
statements about Ayurveda uttered by its practitioners are at least implicitly, often explicitly, based on an authoritative text. The Sanskrit “compendia” (saṃhīta) by Caraka on general medicine and by Suśruta on surgery are considered to be authoritative throughout India. In Kerala the Aṣṭāṅga-hṛdaya (the eight branches of medicine) by Vāgbhaṭa has the status of śaṅstra. In Hindu philosophy, the ultimate epistemological authority is the divinely inspired and transcendent knowledge inscribed in the four Vedas. Ayurveda is considered a “sub-Veda” (upāveda), and like all the traditions of learning in India it claims a Veda-like transcendent authority by tracing an unbroken “lineage” (paramārtha) back to a divine source (Pollock 1985).

Śaṅstra, authoritative knowledge par excellence, still must be applied in the mundane context of human contingency. Medicine is, after all, “worldly” (laukika) knowledge, and claims to śaṅstric authority are only useful if they can be practically applied to ease a patient’s suffering. It is on account of this contingency that Ayurveda places special importance on the unity of the śaṅstra and a doctor’s “experience” (anubhava) based on “practice” (prayoga) (Pollock 1985). “I have an experience” this utterance is often used by doctors in various contexts to gain a turn at talk to express a truth claim or counter truth claim. All Ayurveda doctors in Kerala, both school and lineage educated practitioners alike, carry notebooks to record their anubhava. These notes include novel or slightly altered prescriptions and accompanying details about pathology, treatment, and so on. I would often observe young doctors, notebooks open with pencils in hand, gathered around a renowned practitioner who would occasionally share a few “experiences,” some of which were collected from his or her teachers and others inscribed in the context of treating patients. The notebooks of the most famous physicians have been edited and published. Thus, as a complement to śaṅstra, the practitioner’s “medical experience” (vaidya-anubhava) is another important source of authoritative knowledge often deployed in debates.

Lastly, Ayurveda privileges the role of “reason” (yukti) as a valid path to truthful knowledge. The concept of yukti includes a myriad of English senses such as analysis, rules (of interpretation, ritual, etc.), skill, and the perception of a connection (the Sanskrit form implies union, junction, and connection, Monier-Williams (1961 [1851]). The Sanskritist Francis Zimmermann (1995) has argued that the “principle of rationality” (i.e., yukti) is the basis of Ayurveda diagnosis in that practitioners assume that physiological and pathological states always have an assignable cause (i.e., they are not erratic). Yukti is the process of logical inference by which realistic, as opposed to “supernatural” (daiva), causation is imputed to empirically observable symptoms. Ultimately, yukti is how practitioners avoid illusion and it is thus considered an important source of authoritative knowledge.

In the colonial and postcolonial periods a bifurcation occurred in the relationship between the complementary authorities of śaṅstra and anubhava on the one hand, and yukti on the other. In contrast with the epistemological pluralism and inclusivism of the classical ideology of truth, the colonial literature on Ayurveda materia medica abounds with references to the purely empirical and non-theoretical quality of Indian medical knowledge. In fact, throughout the colonial period empiricism was employed as a term of derision for the Indian systems of medicine in English-medium medical journals such as the Indian Medical Gazette and Antisepic, as well as in the compendia of materia medica published in British India (e.g., Irvine 1848). In these cases Ayurveda was represented as pure anubhava, experience. Lacking a theory that the British could recognize, India’s rich storehouse of putative medicinal plants became available for development by the colonial state. In response, a number of Ayurveda apologists during the high nationalism of the early 20th-century appropriated this narrative and posited “experience” as an epistemological alternative to scientific “rationality.”

One example of this strategy can be found in the writings of Saraswati and Gananath Sen (1932) who argued that pharmacological and clinical experiments and the chemical analysis of Ayurveda drugs, useful as authentications of Ayurveda
knowledge, could not compare in terms of their scientific validity with the superior knowledge gained via the experience of medical practice encoded in the śāstra. This appropriation of “experience” became part of a compelling narrative of a purely Indian form of modernity. The downside of this strategy, however, is that it implicitly accepted the empiricalized representation of Ayurveda which continues to underlie the asymmetrical relationship between the sciences. In the postcolonial context, yukti, reason, bedrock of classical Ayurveda epistemology, is often taken to have the restricted meaning of Western “scientific rationality” (in opposition to the distinctly Indian “clinical experience”). Yukti, for example, has come to mean the analysis of the cosmopolitan “scientific basis” (śāstra-adhiṣṭhāna) of Ayurveda theories and practices. As we shall see below, this concept of Ayurveda’s “scientific basis” is strongly linked with an evidence-based approach to medicine which privileges scientific strategies of universal knowledge production such as controlled clinical trials and statistical methods. Likewise, the analysis offered in this article and other anthropological and historical analyses are also cases of yukti.

In the transcript below we will see how these categories and their historical bifurcation effect how doctors construct and dispute truth claims in the context of a scientific conference and debate.

The Discursive Organization of Truth Claims and Disputes

The cases of truth claims and disputes presented below occurred at a scientific conference held at the Science and Technology Museum in 2005 in Kerala’s capital city of Thiruvananthapuram. The chief goal of the conference was to investigate the role of Ayurveda and folk knowledge in the development of modern style pharmaceuticals. On a recent visit to Kerala, the president of India, A. P. J. Abdul Kalam, had charged Kerala doctors and scientists with the task of incorporating these traditional drugs into the Indian biotechnology industry, which he claimed had the potential to become a multibillion-dollar sector of the new Indian economy.

By the time I attended the conference I had already spent over a year in Kerala doing multisited ethnography at institutional sites like laboratories, NGOs, clinics, colleges, pharmacies, archives, and so on, and I had been especially keen to track the networks between the key players at these institutions, doctors, scientists, scholars, government administrators, and health, environmental, and political activists. The typically myriad participants of my far-flung ethnographic sites were gathered together in the main room of the conference to address some of the key issues around the development of medicinal plant drugs. These included important questions about the scientific status of Ayurveda and folk knowledge, the role of Ayurveda and cosmopolitan science in the development of new pharmaceuticals, the value of indigenous medicine in the burgeoning Indian economy, and the development of a more just system of bio-prospecting. In addition to the school-educated Ayurveda doctors and the professors and graduate students of Ayurveda college research departments, the audience was further populated by laboratory scientists, organic farmers, Gandhian activists, puranic healers, and lineage-trained “country doctors” (nāṭṭū vaidyar) of various sorts. A few journalists and I were on hand to document the event. Seated around the podium as commentators and honored guests were the administrative heads of some of the key Kerala government institutions involved in the modernization of Ayurveda. The conference was conducted in both English and Malayalam, the vernacular language of Kerala and the official language of the first day of the conference when the featured debate occurred.

The first transcript that I will present illustrates a successfully articulated truth claim and the subsequent transcripts, a successfully rebutted one. The first transcript features Dr. Rajan, one of the officially sanctioned experts at the conference. He was trained in his lineage and also had advanced degrees in both Ayurveda and Western medicine from Indian medical colleges. Dr. Rajan was a professor at a local...
Ayurveda College and thus, he was actively involved in research, treatment, text and pharmaceutical production, and the socialization of novices. These activities involve the continual framing and reframing of the discipline’s relationship to cosmopolitan medicine. The boundary-maintenance work of college-educated Ayurveda doctors like Dr. Rajan requires a kind of dual subjectivity which straddles indigenous and Western epistemologies. Neither pure śāstra nor pure technoscience can serve as a basis for the critical display of this dual subject position. This liminality distinguishes school-educated Ayurveda doctors both from their lineage-trained colleagues and teachers, and from their counterparts in the cosmopolitan sciences (many of whom are their collaborators, workmates, friends, and family relations). The articulation of scientific truth claims in Ayurveda often requires the performance of this dual subjectivity, displaying comparable expertise in both disciplines and in their articulation.

From among Dr. Rajan’s remarks at the conference I have selected an example of a successfully articulated truth claim which analyzes the scientific basis of Ayurveda massage practices in terms of the categories of Western physics. This is an example where the evidence of the text, experience, and reason are discursively organized to nicely complement each other. The case also illustrates how statements about medical and scientific reality are also statements about the relationship between Ayurveda and the Western sciences, especially the science of cosmopolitan medicine.

Transcript 1: Dr. Rajan’s address to the medicinal plants conference (Transcription conventions: All-capitalized text is English in the original; parentheses mark the author’s comments; ellipses mark an approximately half-second pause; underlined text marks the author’s emphasis; interrogatives are marked as usual.)

1 Dr. Rajan: nammute enpatuvum tōnnūruvum vayassulla aṃmāvanmārū entā pratyēkicciy yātoru cikitsayum ceytiṭṭīlā divasavum rāvilē eṃnā teccū kulikkum
our 80 and 90-year-old uncles did not do any special therapy but rather they would apply oil daily in the morning

2 nallā RALEIGH CYCLE-um cavuṭṭi nālpataṇcū KILOMETER SPEED-il pōkunattu kāṇām
they can now be seen going a 45-kilometer speed riding a good Raleigh cycle

3 etra dūraṃ vēnaneṅkīlum
for however long they wish

4 kāryam entā?
what is the reason (for this exceptional health and vigor)?

5 ippōl MELBOURNE UNIVERSITY-il oru STUDY naṭanu
at Melbourne University there is an on going study

6 orē samayam aṇcū sattinum FORMS OF ENERGY oru BODY-il ninnū mārroṇu BODY-il ekkū TRANSFER ceyyān kāliyunna orē sādhana eṃnā tēppāṇū
(the study claims that) oil application is the only thing that can cause the transfer from one body to another body of the five forms of energy at one time

7 ayām eva hasto bhagavan (UNCLEAR) ayām viśvabhaiśakāṃ
(Sanskrit verse)

8 THE MERE TOUCH OF HAND ITSELF IS THE UNIVERSAL REMEDY
enṇāṇu rgyeṇdām paṇaṇnātu
the mere touch of the hand itself is the universal remedy, that is what the Rgyēda says

9 atāyatū
that is

10 oru kaiyyilū ELECTRICAL ENERGY
in the hand there is electrical energy

11 atāyatū BODY-κkū INHERENT ELECTRICAL ACTIVITY unṭu
that is . . . in the body there is an inherent electrical activity
Dr. Rajan continued by describing the remaining four types of energy transmitted during massage.

Dr. Rajan starts out his argument with a description of the rather remarkable effects of the daily application of oils. Citing a Melbourne University study, he argues that the exceptionally vigorous health of certain members of the older generation relates to the energy transduction effects of the practice of daily massage with oils, a nonclinical folk practice in Kerala which is also used clinically to great effect in Ayurveda. Then, as Ayurveda doctors typically do, he cites a canonical text (śāstra) in support of his argument using a distinctive style and meter. In this case he recites a verse from the Rgveda (but note Endnote 4), the oldest and thus most authoritative text in the Sanskrit literature, which he immediately after translates into English (Line 8). Note the discourse marker “atāyatū” (Line 9), which I have translated as “that is” but it can be rendered more literally as “that which was that.” The form is a metalinguistic marker which frames the subsequent talk as a “commentary” (vyākhyāna) about the preceding discourse (i.e., the Rgveda verse). Also note that Dr. Rajan’s commentary embeds jargon from English technoscientific terminology.

We can see how the epistemological domains of Dr. Rajan’s argument are regimented by a series of hermeneutical code switches. First, folk knowledge (i.e., anubhava) is communicated in the Malayalam vernacular (Lines 1–4). This knowledge is linked to text, first to a Melbourne University study (Lines 5–6) and then to the codified knowledge of śāstra rendered in the original Sanskrit (Line 7). The verse is translated into English (Line 8) and subsequently interpreted in terms of an English technoscientific typology of energies (yukti), which is embedded within a Malayalam matrix language (Lines 9–12). By knitting together these different kinds of authoritative evidence the argument makes a strong claim for the scientific status of ancient Indian knowledge based on its correlation with Western science.

The scientific validation of Indian knowledge accomplished by arguments like Dr. Rajan’s has been the ideological platform for a variety of prominent nationalist movements (Prakash 1999). On the other hand, in the postcolonial context the nationalist credentials of individuals who too eagerly employ the methods and values of Western science as the criteria by which to evaluate Indian knowledge have often been called into question. Ayurveda purists in particular have been vociferous in their criticism that the two systems have to be kept separate, and that it is largely inappropriate to evaluate the claims of Ayurveda based on Western criteria (although they have sometimes done so when it benefits their apologetics). In the second example, which I discuss below, Dr. Rajan uses a criterion of Western science to invalidate an Ayurveda authority. As we shall see, this negative truth claim posits an asymmetrical alignment between the disciplines and occasions a dispute over the claim’s ontological basis.

The second example (Transcripts 2–4) details a dispute that followed Dr. Rajan’s utterance of a truth claim about the nonefficacy of an Ayurveda preparation called a nasya (nasal drip) to treat Hepatitis A. In contrast with the first example in which Dr. Rajan used Western science to support the value of Ayurveda knowledge, in this second case the truth claim employs the criteria of Western science to make a negative and devaluing proposition. In the context of the rapid expansion and liberalization of India’s economy the debate over the development of indigenous medicines such as the nasya has a particularly weighty significance for the protagonists. Dr. Rajan’s negative truth claim occasioned a counter truth claim by his colleague Dr. Vishnu. Dr. Vishnu’s critique took the form of a compelling narrative of clinical experience which ultimately forced Dr. Rajan, a respected, renowned, and institutionally sanctioned expert, to publicly retract his negative statement.

As a sanctioned expert at the conference Dr. Rajan was responsible for answering questions from the audience, which were written on index cards and placed at the
podium. Turn assignment, length, and topic were controlled by Dr. Rajan himself and
the other authorized participants at the podium. Thus, unlike the conversational
arguments and verbal duels seen elsewhere in this issue, the turn-taking structure of
this scientific conference was both highly constrained and asymmetrically organized.
The style of talk employed at the conference and at similarly official events is catego-
rized as a “speech” or “podium talk” (prabhāṣana), which is characterized by a highly
stylized intonation pattern and an increase of literary morphology and Sanskrit-
derived lexicon. The only audience members able to secure a turn at talk were the
friends and colleagues of the moderator and the other officials on the dais. Audience
feedback was generally limited to applause and laughter. Sanctioned participants
were allowed to speak as long as they needed to make their point (as long as they
stayed on topic and were not too redundant). So, Dr. Rajan was able to choose which
handwritten questions he would answer and he controlled the duration and content
of his answers. One such question (read aloud on Line 1) asked about the medical
efficacy of nasya (nasal drip) in the treatment of maññappitta (literally “yellow bile,”
translated into English both as “jaundice” and here as “Hepatitis A”).

Transcript 2: Dr. Rajan comments on the nasya treatment

1 Dr. Rajan: aṭuttū cōdyam... kāttū tēkkila koṇṭu nasyaṁ ceytāl
maññappittaṁ māṛrān sādhikkumō?
next question... will maññappitta change if you do nasya with tek leaves from
the forest?
2 atappōḷāṇū karāline bādhikkunna asukhattinū nasyapravacanāṁ ceyyatāt
this is prescribing nasal drip for a sickness that affects the liver
3 ī paraṇāṭāt pōle tanne vēroru sādhanaṁāṇū
this is another thing like (I) just said before
4 ī nammute āyurvedaśāstra prakāraṁ allēṅkīl MODERN MEDICINE
prakāraṁ HEPATITIS A, HEPATITIS B, HEPATITIS C, HEPATITIS D
pala taram GRADES-ukal unţū
whether on the basis of our Ayurveda śāstra or on the basis of modern medicine,
there are several grades (of the disease), Hepatitis A, Hepatitis B, Hepatitis C, and
Hepatitis D
5 pakśēṅ tuṇṭi parāyunāntū ī HEPATITIS A ennū parāyunna sādhanam yātoru
cikitsayum vēṇţa
but if the patient’s file says Hepatitis A, if it says that thing, no other treatment is
required
6 tannīye aṅṅū māṛum ennāṅū
that will change on its own
7 ītū nasyaṁ ceytāl ēḷu divasam koṇṭum naysaṁ ceytilleṅkīl orāḷcakoṇṭum
māṛum
if you do nasya it will change in seven days, and without doing nasya it will change
in a week
8 Audience: (laughter)
9 atukoṇṭā ī praṇaṁ sambhāvikkunāntū entū ennū vaccāl... ī palaruṁ
nasyaṁ ceytavarū vērute aṅṅū māriyatāṅū
that is because for this problem what is happening for all those who do nasya is that
it changed on its own

In Line 3 Dr. Rajan refers to his previous truth claim, in which he argued against
the common folk practice in Kerala of bathing in water treated with the seed of a
particular plant to treat allergic reactions. Referring to śāstra, the scientific theory of
allergies, and his personal experience, he argued that the allergic reaction goes away
on its own without treatment. His “experience” detailed how he suffered as an adult
from an allergic reaction to a tree he used to climb as a child, and how he rejected the
folk treatment in order to determine how long it would take to heal untreated (only
a few days). The truth claim and supporting narrative of experience were evaluated
favorably by a fellow expert on the dais who called him an “experience guru” (anubhava-guru). Deploying the canons of authoritative evidence in Ayurveda, this truth claim was a successful negative interpretation of a non-śāstraic folk practice. While Dr. Rajan draws a parallel between this past and the present truth claims we will see how they were differently constructed and interpreted.

After constructing a parallelism between Hepatitis A and maññappitta (Line 4), Dr. Rajan minimized the treatment’s scientific status because Hepatitis A, “That will change on its own” (Line 6). He continued the point with the cleverly phrased couplet “If you do nasya it will change in seven days, and without doing nasya it will change in a week” (Line 7). This couplet form is an example of a kind of scientific rationalization (i.e., yuktī). The rationalization is based on the iconicity of the couplet form to the structure of a double-blind clinical trial, playing humorously on the temporal parallelism between the test and control groups, “seven days” and “a week.” While the effect of the joke may seem like common sense, it is an historically recent form of common sense linked to the introduction of evidence-based medicine in India. Furthermore, for some of the scientists and doctors at this conference it is the lack of such procedures that vexes the process of developing Indian drugs for the international pharmaceutical market. One botanist, for example, took up Dr. Rajan’s couplet form as a counterexample to how he believes folk knowledge is typically propagated in Kerala, where a lack of such clinical controls encourages superstitious and otherwise incorrect and unscientific thinking.

Śāstra and experience indicate nasya in cases of Hepatitis A, but these sources of knowledge are contrasted by Dr. Rajan to the disease’s universal “scientific basis” (śāstra-adhishāna) produced by the tools of technoscience. I have underlined the verb “to change” (māruka), which is the main verb for the three utterances where Dr. Rajan contrasts scientific and nonscientific forms of reasoning (Lines 6, 7, and 9). On Lines 6 and 7, where a scientific rationalization is articulated, he employs the definite future form (-um) which confers a sense of a truth which is decoupled from space and time. On Line 9, however, this is contrasted with “all those who do nasya,” who are themselves confused by the particular contingency of the event, that “it changed (past tense form mār) on its own.” I will highlight in some of the transcripts below this contrast between indexically grounded and universalized truth claims.

Unlike his previous comment on the inefficacy of the folk treatment for allergic reactions, Dr. Rajan’s analysis of the nasya treatment for Hepatitis A suggests an asymmetry between Ayurveda (based on the authorities of text and experience) and cosmopolitan medicine (based on the historically bifurcated and reified authority of reason). Thus, technoscientific tools and knowledge have the power to both authenticate and to deauthenticate truth claims about Ayurveda. The undercutting of Ayurveda on the basis of Western criteria is not often accepted uncritically.

Dr. Rajan was reminded of this complicated situation by his colleague Dr. Vishnu. Although not an officially sanctioned expert, he was a well-known authority on both Ayurveda and cosmopolitan medicine. He was able to secure a turn and voice his criticisms during the question-and-answer session because of his connections with the moderator (Dr. Rajan himself). Dr. Vishnu starts off:

Transcript 3: Dr. Vishnu’s experience

1 Dr. Vishnu: enre WIFE pūjappurayilu PROFESSOR anṭu
    my wife is a professor (in the Ayurveda college) at pūjapura
2 entināṭu enre bhārayute pēru inviṭe paraṇṇatū ennu cōdiccēkkām
    you may ask why am I saying my wife’s name here
3 ī CASE nānum enre bhārayuṃ kūṭeyāṭu TAKE ceytātu atuκoṭanṭu ŋan
    atu paraṇṇatū
    I said her name because my wife and I took this case together
4 enre oru UNCLE āyurvedaṃ pathica āluṇṭū
    I have an uncle who studied Ayurveda
5 enne āyurvedām pathippiccu
he also taught me Āyurveda

6 pulikkārān maññappītam pīpēttū
this man taught maññappītam (Hepatitis A)

7 pulikkārān svantamāyyittū kašāyamokke kuticcū paksē kṣiṇam mārunnilla
he drank his own decoctions but the weakness didn’t change

8 ennāl aśupatiyil pōkām ennū parānṇittū HOSPITAL-il pōyi BEDSIDE-il
then he said let’s go to the hospital, so we went to the HOSPITAL (and I sat) by the bedside

9 ADMIT ceyta samayattū BILIRUBIN-ē patinaṅcū šatamānaṁ unṭayirunnullū
at the time of his admission (to the hospital) his bilirubin test was only 15%

10 atū varddhiccū varddhiccū irupattimānaṁy irupattiyaṅcū ākumpōḷū COMA
unṭkān sādyata unṭū ennū maṇassilākkikkoṇtu
that number continued to increase to 23, which is when I became concerned, since when when the number reaches 25 there is a possibility of a coma

Dr. Vishnu then described the trouble he went through to locate the needed medicinal plant, and the procedures for preparing and administering the nasya drug. Finally he concluded:

16 oru araṅnikkūr kaliṅappoḷu mūkkil ninnū inṇane vellam varān tutaṅñī
a half an hour (after administering the nasya) water began to flow out of the nose

17 i nasyām ceytāl āyurvedāsāstraṁ parayunnaṭū kulippikkaruntu ennāṅū
it says in the Āyurveda sāstra that after administering nasya (the doctor) shouldn’t cause (the patient) to bathe

18 paksē itinrre oru ācāryan unṭū . . . nasyaṁ ceyyunna oru ācāryan mānnār
unṭū
but there is an ācāryan (sage) on the subject . . . a nasya practicing ācāryan in (the place called) mānnār

19 i vaiḍyanumāyyittokke alōcicciṭṭanū itū ceytāṭū
I inquired about this medicine and all (the procedures for preparing and administering the nasya)

20 utanē i araṅnikkūr kaliṅṇu kulippiccu
exactly half an hour after (giving the nasya) I had the patient bathe

21 atū kaliṅṇu irupattināḷa manikkūr mūkkil ninnū oru maṇṇa drāvakaṁ
inṇane vannu koṭṭirunnu
after that was finished for the next 24 hours yellow fluid flowed from the nose

22 pirrettinre pirreṇṇū BLOOD nōkkīappōḷekkū paṭraṇṭāyī BILIRUBIN
the day after the next as soon as I looked at the blood his bilirubin level had decreased
to 12

23 atū kaliṅṇu kureṣṣeyayiṭṭū orālcca kaliṅṇappōḷ NORMAL āyi
after that, gradually, after about a week it became normal

24 inṇane oru anubhavam unṭū
this was my experience

25 kāṭṭu piccaṁ nasyaṁ ceyṭū
I did nasya with forest piccaṁ (a medicinal plant term)

26 HEPATITIS A-yaṅullū atū nān sammatikkunnu
I believe that it was only Hepatitis A (and not Hepatitis B or C)

27 paksē i parayunna ṁpole miṅṭāṭirunnāl śariyāvattilla ennāṭu koṭṭanū nān koṭṭanū nān paṛaṇṇāṭu
what I have said today I said because it will not be okay to sit without speaking (on this important topic)

The Āyurveda Director followed Dr. Vishnu’s turn by addressing Dr. Rajan who was standing beside the podium next to him on the dais.

28 Ay. Dir.: doctorē
dear doctor (to Dr. Rajan)
Dr. Rajan read out loud and answered the next question from the audience.

Dr. Vishnu articulates a narrative of “experience,” anubhava (referenced as such on Line 24), which he positions in direct opposition to Dr. Rajan’s negative rationalization. In contrast with Dr. Rajan’s use of Western science to produce universalized truth claims, Dr. Vishnu’s experiential narrative is grounded in his social relations with his wife and uncle; the events of the story emerge in time and place, and the narrator reports his thinking about them as they occurred. For example, among an Ayurvedic doctor’s social relations it is the relationship with one’s own traditional teacher (guru) which is the most consequential to one’s identity as a physician. Dr. Vishnu foregrounds this important relationship in Lines 4–5 by stating that his patient was also his uncle and guru. By including consequential details such as these, Dr. Vishnu’s narrative particularizes the treatment of Hepatitis A in a way that undercuts Dr. Rajan’s universal rationalization.

On Lines 7–9 the narrative is represented by all main verbs as a specific event located in a past time and place (underlined in the text). The indexical anchoring is also reinforced by the locative case endings (-il) on Line 8. The specific and experiential nature of the truth claim being communicated continues until it shifts momentarily on Line 17, where Dr. Vishnu communicates a sāstric truth claim using an authoritative negative command form (underlined). Also note how Dr. Vishnu legitimated his own deviation from sāstra by referencing the advice of an expert on such matters; a nasya practicing ācāryan (sage) (Lines 18–19) (on authoritative testimony in Ayurveda see Endnote 2). Dr. Vishnu continues to challenge Dr. Rajan’s negative rationalization within the more indexically grounded and particularizing mode until, in Line 26, he heads off a potentially serious challenge to his counternarrative. He claims that his uncle’s illness was only Hepatitis A, and by implication that it was not actually a more severe form of Hepatitis (Hepatitis B or C), which would explain the severity and persistence of the symptoms. In Line 27, before taking his seat, he describes his feeling of moral obligation to stand up and speak as he did.

We see in this dispute between Drs. Rajan and Vishnu that the mediation of Ayurveda’s disciplinary boundaries takes the form of scientific truth claims. Dr. Rajan’s truth claim privileged Western knowledge by highlighting a contradictory and asymmetrical relationship between the disciplines. Dr. Vishnu’s narrative maintained the contradiction between the claims of the disciplines but inverted the asymmetry, situating Ayurveda therapeutics as the more effective healing practice. The State Director of Ayurveda was on hand to suggest a way out of the conundrum posed by the apparent contradiction between Dr. Rajan’s rationalization (or yukti) and Dr. Vishnu’s experience (or anubhava): simply accept the institutional imperatives of medical pluralism. Allopathic and Ayurvedic drugs are both effective and can be administered together (Lines 28–31). The prescription of Ayurveda drugs along with cosmopolitan medicines is often argued by Ayurveda practitioners to speed recovery from treatable conditions. Next, on Line 32 Dr. Rajan accepted the Ayurveda Director’s contribution as true but he did not elaborate and, in fact, he abruptly changed the topic.

Shortly after, however, Dr. Rajan read a question from the audience which again questioned the effectiveness of another Ayurveda preparation called a kāśāya (decocction) to treat Hepatitis A. He took the opportunity to realign himself with sāstra.
Transcript 4: Dr. Rajan retracts his earlier position

1 Dr. Rajan: atû mûrunna prakrîyaye tvaritappeṭuttukayânąṭi cikitsârîti 
that treatment hastens the healing process

2 āyurveda šâstra prakâraṇa virâcana pradhânamâya oru rûgamâṇu 
maññappittam 
according to the Ayurveda šâstra maññappittam (Hepatitis A) is the most important 
disease to treat with vomiting

3 srotarôdham uṇṭâkkunna rûgam 
this is a disease that blocks the flow (of fluid through the bodily channels)

4 rôtarôdham mûrunna ētu cikitsayûm maññappittattine mûrrikkitum 
whatever treatment changes these blocked channels will cause a change in 
maññappittam (lit. “yellow bile”)

5 appûl nasyam ceytû kontûlā cikitsayil atânû sambhâvikkunnatû 
now this also happens with nasya

6 i parañña sâhacaryatilû svantamâya mûrunna oru rûgam 
(I) previously said how this disease is a condition which will change on its own

7 atinû kûte oru ceriya cikitsa kûti akumpôl rûgam mûrunnatanû pettannakum 
in addition to the disease (changing on its own) by doing a little extra treatment the 
disease will change very quickly

8 HEPATITIS A i parañña ella cikitsakoṇṭum nîssësam mûrrikkitum 
with all of the treatments we have talked about (nasya, decoction, and vomiting) you 
will get complete relief

9 orâłcakonṭû mûrunnatañênkil itû kûti ceytāl mûnnû divasam koṇṭû 
mûtum 
if (untreated) it changes in a week, if you do treatment it will change in three days

Dr. Rajan aligns himself with śâstra by directly referencing the classical theory that 
maññappitta (literally “yellow bile”) results from the blocked flow of the bodily chan-
nels (Line 3–4). In spite of his backtracking, Dr. Rajan does not concede the major 
warrant of his original truth claim, that Hepatitis A will change on its own (Line 6–7). 
Ayurveda treatments, following the lead of the Ayurveda Director, “hastens the 
healing process” (Line 2) and cause “the disease to change very quickly” (Line 7). 
Note how, again, on Lines 7–9, when Dr. Rajan explains the action of the drug, the 
nature of śâstric truth is decoupled from place and time through the use of the definite 
future tense (underlined in the text). Dr. Rajan concludes in Line 9 with a reformu-
lation of the couplet he originally employed to downplay the effectiveness of nasya. 
The couplet still has a resemblance to the temporal structure of a clinical trial. This 
time, by contrast, whereas the control group took a week to heal on its own the 
treatment group only took 3 days. The universal knowledge of śâstra and techno-
science are brought back into a complementary relationship.

School-educated Ayurveda doctors straddle a dual disciplinary formation which 
is the result of the historic project to modernize traditional Indian medicine. Dr. 
Rajan’s expert testimony had to negotiate the contradiction between the power of 
technoscience to both legitimate and undercut Ayurveda’s scientific authority. In 
Transcript 1 Dr. Rajan legitimated the scientific value of Ayurvedic massage prac-
tices on the basis of the different types of energy known to Western physics— 
electrical, thermal, kinetic, etc.—which are transferred to the body of the patient and 
confer health benefits. The contribution was recognized by his fellow participants as 
an interesting, thoughtful, and above all, gratifying use of technoscience to establish 
the importance of an ubiquitous Ayurvedic practice. In Transcript 2, however, Dr. 
Rajan made a negative rationalization of Ayurveda on the basis of a technoscientific 
criterion. This violation of the boundary between the disciplines occasioned his peer 
Dr. Vishnu to construct a compelling counternarrative of “clinical experience” 
(vaidya-anubhava) which ultimately forced this senior and respected doctor to pub-
licly retract his negative truth claim. Ultimately, Dr. Rajan was forced to accept the
face-saving compromise suggested by the Kerala Director of Ayurveda. However, Dr. Vishnu’s counternarrative, while resolving the particular argument about the use of nasya to treat Hepatitis A, actually maintains the role of truth claiming and disputing in both challenging and maintaining Ayurveda’s disciplinary alignments.

The asymmetrical organization of turn-taking at the conference limited audience participation and feedback. However, the metacommentary provided to me by my associates was rather diversified. There was a group of biotechnologists at the conference who worked at a government research institute on the anticancer effects of phytochemicals (i.e., the internal constituents of medicinal plant drugs). Their task was to identify the “active ingredients” of known efficacious drugs, alkaloids, sugars, steroids, and so on, and to analyze their chemical structure. This research, however, was expensive and time-consuming, especially considering the large number of folk and Ayurveda drugs documented in the materia medica literature compiled in India by colonial and postcolonial scientists. They explained to me that such debates about the clinical effects of herbal drugs are essential to their work because they help to establish a separation between efficacious and nonefficacious remedies. They deferred their consensus, however, on the resolution to the debate offered by the Ayurveda Director and taken up by Dr. Rajan. As the director of the laboratory noted, “The effect of the nasya needs to be studied scientifically.”

An allopathic doctor whom I spoke with after the conference had a rather different opinion than the laboratory scientists. “There is some truth to what Dr. Vishnu said. The treatments used in Ayurveda are very powerful, often more so than the English medicines that I prescribe. The ancient sages understood many things that we scientists are only now discovering. They had an intuition (avarkku oru INTUITION untājirunnu).” This allopathic doctor was collaborating with an Ayurveda doctor to develop an Ayurveda drug as a modern allopathic treatment for rheumatoid arthritis, about which he had presented a talk at the conference and received a top prize. Although he himself could only wonder at the insights of the sages he believed that Ayurveda treatments such as nasya and the remedy for rheumatoid arthritis were both effective and based on scientific “intuitions.”

Perhaps the most interesting response to this dispute that I collected was from a young Ayurveda doctor I knew from the Government Ayurveda College. She had recently graduated and started work as a lecturer at a private Ayurveda college. The work of the laboratory scientists and allopathic doctor mentioned above basically involved the technoscientific extraction and development of indigenous medicines (that is, an asymmetrical disciplinary alignment). In contrast, the work of this young physician and teacher involved the socialization of novice doctors in the delicate balance that they must maintain between Ayurveda and cosmopolitan science. She was very impressed by Dr. Vishnu’s narrative of “experience.” She planned to report on the debate to her students at the college and to advise them to prescribe the nasya to speed recovery in cases of Hepatitis A. However, she also acknowledged that Dr. Rajan, with his equal training in both disciplines, was a topmost expert on the relationship between Ayurveda and Western science. “The study of this relationship is very interesting,” she explained “because it can show us the scientific basis of our Ayurveda treatments.” At the same time, she was frustrated that there was not a more effective way in which this scientific basis could be established on Ayurveda’s own principles and represented in its own language.

The scientific status of Ayurveda was confirmed by its complementary alignment with cosmopolitan medicine. This disciplinary alignment was produced, adjusted, and maintained in the context of truth claims and disputes at the scientific conference. At the same time, however, the dispute and the use of technoscience to authenticate Ayurveda also entailed something of the disciplinary ambivalence associated with modern institutional Ayurveda. Technoscience can both authenticate and undercut Ayurveda truth claims, and ultimately, the use of technoscience as a privileged authority undermines Ayurveda’s own epistemological canons. This ambivalent rela-
tionship with technoscience provides Ayurveda doctors with a major motivation for both maintaining and challenging their science’s disciplinary boundaries.

**Conclusion**

The labor of school-educated Ayurveda practitioners involves the mediation between Indian classical and cosmopolitan theories of the corporeal body and its pathology and treatment. I have argued that one of the roles of truth claims and disputes at the institutional sites of modern Ayurveda is to produce and mediate disciplinary boundaries. I have also argued, following Simmel (1956 [1908]), that this boundary maintenance process is one historical manifestation of a productive form of social conflict. Another role of Ayurveda debate in its contemporary postcolonial context, which I will address in future publications, is to produce and authenticate pharmaceutical value and to create local and global markets for the sale of Ayurveda commodities. Debates like the one featured in this article are ongoing in Kerala in medical journals and at similar scientific conferences. Recent controversies I have documented include the translation of Ayurveda disease categories, plant terms, and its anatomy and physiology vis-à-vis Western science. Ayurveda’s boundary with cosmopolitan medicine was successfully defended and redefined in these cases and, as these boundary debates continue, similar discursive tools and epistemological ideologies can be used to incorporate new knowledge and to continue transforming the discipline. It is through the practice of scientific debate that Ayurveda doctors are constantly pushing at and defending—and thus transforming—their science’s boundary with the cosmopolitan sciences. In this way the historical routinization of truth claims and disputes as a form of boundary maintenance and transformation is also the routinization of a mechanism of disciplinary production. A close analysis of the types of evidence deployed in truth claims and disputes reveals how the protagonists organized their contributions to index the epistemological categories of authoritative knowledge in Ayurveda. Ordered in this way, the truth claims of Ayurveda doctors navigate the complex set of epistemologies through which the ontological basis of Ayurvedic knowledge is in large part negotiated between the authority of śāstra and that of technoscience. Thus, the activity of truth claiming and disputing is organized on a discursive level by the ideologies of what constitutes a truth as such. In fact, the disagreement over truth claims among Ayurveda doctors itself assumes a common epistemological ideology. Linguistic anthropologists and other social scientists who make truth claims and metatruth claims could benefit from a critical attention to such ideologies of truth and to how they organize their own and others’ discourse.

It is my hope that by focusing critical attention on the styles and social effects of scientific argumentation that the analysis offered in this article has helped to clarify both the social and linguistic ontology of truth claims and, vice versa, the role of such claims and disputes in the ontology of the social.

**Notes**

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1. The classical-period medical literature references a different tripartite categorization of “correct knowledge” (pramāṇa in Indian epistemology), “received knowledge” (āptoupaḍeśa), “direct observation” (pratyakṣa), and “inference” (anumāṇi) (Jaggi 1973:124–126). The categories that I describe and analyze in this article, although clearly parallel to the classical typology, are based on my discussions with doctors in Kerala and my interpretation of post-colonial Ayurvedic literature, in which contexts the concepts of śāstra, anubhava, and yuktī feature more prominently than does the classical construal.
2. Not all experience is equally authoritative, however. Ācārya vākku˘ (referenced as āptoupades´a in the classical texts), the testimony of sages, while not always codified as śāstra, is another source of knowledge which Ayurveda doctors in Kerala considered to be highly authoritative. The experience of such individuals is not tainted by “delusion” (tamas). As such, sages are considered to be hard to come by in the degraded “dark ages” (kaliyuga), and there is always the danger of encountering charlatans (i.e., inauthentic sages).

3. In my transliteration of Malayalam speech I have taken a middle road between a strict adherence to the sound quality of the speech and a representation of the text in a way that would be coherent to a native speaker of Malayalam. My use of diacritics is adapted from the Malayalam Lexicon (Kunjan Pillai, ed. 1965) using the Gandhari Unicode developed by the University of Washington’s Early Buddhist Manuscripts Project.

4. Although a part of this verse is difficult to make out, the language and the meter are more typical of classical Sanskrit than Vedic. I have no way of knowing if Dr. Rajan’s improper citation was intentional or accidental, but for the purpose of this analysis, it is clear that he was claiming the Rīgvēda as an authority.

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