

Ayurveda Tourism and Masculinity in Contemporary Kerala

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Abstract: *This paper aims to understand the self-projection of Kerala through Ayurveda tourism and what this is doing to concepts of masculinity and femininity. The author focuses on actual female and male bodies as producers and consumers of Ayurveda tourism, arguing that the rigidity of what constitutes femininity and masculinity is not questioned, but who possesses it is interchanged. This in turn exposes the constructedness of the binary opposition between femininity and masculinity as there exist multiple combinations of masculinity and femininity at any given time and space. The author also touches upon debates around modernity and tradition in Ayurveda tourism. She argues that the dominant ideas of men as active, and women as passive, are shaped by the discourse of upper caste Hindus and colonial modernity. Ayurveda tourism, in reinventing both tradition and modernity, has changed its form and function. This has led to two main changes: (a) it has become a sphere of the rich, by the rich and for the rich; and (b) it has undergone a process of homogenization and standardization. She also engages with the nature of Ayurveda itself in the paper. The author proposes that the dominance of Allopathy over submissive Ayurveda is symbolic of the authority of husband over wife in a patriarchal society. This paper is based on interactions with Ayurveda practitioners in Kerala. Other sources include interviews with students of tourism courses, politicians, and officials in the Department of Tourism. With a view to study the projection of Ayurveda tourism by the state, the author looks at the Kerala Tourism Development Council's brochures and statistics. Through all of these, she raises political questions in the field of Ayurveda, trying to redefine the political and re-looking at interactions of plural femininity and masculinity. The popularity of Ayurveda tourism in recent times clearly demonstrates that knowledge means control, and control power.*

Keywords: *Ayurveda, Ayurveda tourism, Femininity, Hegemonic masculinity, Masculinity.*

I. Introduction

This paper explores how masculinity is constructed and is being used as a tool for both oppression and empowerment in the arena of Ayurveda tourism in Kerala. This work highlights how Ayurveda tourism has touched every strata of Kerala society either as producers of it or as consumers of it. In the process idea of femininity, masculinity, tradition, modernity is reframed. Kerala is a service based economy wherein tourism is projected as a sunrise industry. Within this Ayurveda tourism forms the core. Tourism is seen as the panacea for all the economic illness of the state of Kerala. The government believes that Kerala is a state meant for tourism with its blessed natural geographic features and literate human resources.

In the past two decades, the department of tourism in the state has aimed to maintain government tourism projects alongside profit-yielding private players (Sankar 2005)^[1]. The trump card for Kerala tourism has been its claim to “authentic Ayurveda”. Kerala’s climate and culture both are shown as ambassadors of Ayurveda.

To understand unequal power relations amongst men in Kerala we need to understand the concept ‘hegemonic masculinity’. R.W. Connell introduced the concept of hegemonic masculinity in 1983 and in so doing firmly placed masculinity within the power politics of gender. Hegemonic masculinity provides a conceptual tool for examining how other relations of power and authority such as racial, colonial, economic, geographic and international may also be expressed in terms of sexual identity, including antagonistic or subordinate versions of masculinity (Dudink et al 2004)^[2].

In Gramsci’s usage ‘hegemony’ is not dominance through a special organization of force. For him hegemony is about creating consent for a certain social order through a web of institutions, social relations and ideas. A fully extended hegemony must rest on active consent, on a collective will in which various groups in society unite. Hegemony provides a more coherent and systematic world view which not only influences the mass of population but serves as a principle of organization of social institutions (Bottomore 1983)^[3]. Hegemony acts as yardstick to measure what is right and proper. It becomes part of conscious thought by which most people in society order their perceptions of reality.

Applied to the sphere of gender relations, hegemony denoted the unequal social relations which empower certain groups of men and their model of masculinity to be the only way of being a man, such that there appears to be no other way of being a man. Hegemonic masculinity thus not only stratifies public life but also private life. The successful maintenance of hegemonic masculinity clearly depends, as Connell puts it, on the ability to impose a definition of the situation, to set the terms in which events are understood and issues discussed, to formulate ideals and define morality (Connell 1995)^[4].

II. Contemporary Ayurveda

Practitioners of Ayurveda today concede that it has severed its ties with divinity. In author's interviews with practitioners, therapists and patients of Ayurveda, she continuously met with the argument that lack of time is the reason why divinity and spiritual life are ignored. One of the doctors she met said that personally he does not believe in divine interventions in treatment but for the solace of patients he recommends special rituals at temple/church/mosque according to the patient's belief system. One of the therapists belonging to a traditional family of Vaidyars said that as a child he has seen his father performing prayers before each treatment at their residence. But now he himself doesn't follow this due to the large number of patients to whom he has to cater

Although divinity as such has no role to play anymore, Ayurveda has become closely linked to a particular religion, Hinduism. It is common to see temples in the premises of resorts and treatment centres. The connection of Ayurveda with Hindu religion makes it unchallengeable. It is believed that something which is created by God cannot go wrong and that will be valid for ever. It negates the need for context based adaptations, research and review. Any effort of critical intervention is not encouraged. One of the ailments of Ayurveda as a medical system is the lack of a critical eye within the system. Ayurveda is seen as a system of treatment given directly by the God Dhanvanthiri, an incarnation of Lord Vishnu. Due to popularization of this view, critical engagement with evolution of Ayurveda is missing. What are the sources of its origin? Why is there a complete absence of discussion about female practitioners of Ayurveda? What are the contributions of different castes and religions to Ayurveda? These questions are not critically engaged with by the course of study of Bachelor of Ayurvedic Medicine and Surgery (BAMS).

Today Ayurveda is seen as a modern medicine limiting itself to the period of disease, and to the body. The practitioners of Ayurveda no longer think of it as a way of daily living addressing mind, body and soul. Ayurveda prescribes in detail one's routine – rising and sleeping patterns, cleaning, eating, exercising, meditation. In Ayurveda tourism, the emphasis on daily care/ lifestyle has been ignored. Majority of the tourists (both domestic and foreign) availing Ayurveda treatment agreed that once out of treatment, sleeping patterns become erratic, food with nutrition is neglected, exercise and meditation finds no place. Even while treatment is going, on some patients/tourists find irksome the restrictions on food, sleeping patterns, importance on exercise and meditation. In Ayurveda tourism, the patient/client has become the centre of treatment. Therefore it is clients who dictate the time and technique of treatment.

Patients/clients have forced Ayurveda to adopt the pharmaceutical form. Now, easy to carry, easy to eat capsules and tablets have replaced traditional oils, tonics and powders (Banerjee 2009)^[5]. Along with this, restrictions on food items have been ignored. Today "Ayurveda" is imitating modern medicines not only in its appearance but also in its application. Most famous Ayurveda product in the Kerala market is "Lavana Tailam". It is oil that claims slimming benefits without any food restriction or exercise. This product conforms to common and prevalent notions of health and well being, and is about display and outward appearance rather than holistic health based on healthy body, mind and soul.

It is agreed across sections of the society, by those supporting and by those opposing Ayurveda tourism that the sudden revival of Ayurveda is due to its popularity amongst foreigners. It is when foreigners recognized the benefits of Ayurveda, that locals reclaimed it. With this sudden revival what has happened is immense demand on limited herbal resources. Now a stage will soon come when only big pharmaceuticals and big resorts can afford Ayurvedic medicines. With Ayurveda tourism Ayurveda has become medicine of the rich. Poor doctors and poor patients cannot afford its medicines.

Madhulika Banerjee has argued that the trend towards homogenization of Ayurveda can be seen broadly at two levels – in the production of its history and in the standardization of its practice (Banerjee 2009)^[6]. This trend can be seen in Kerala quite clearly.

III. Homogenization Of Ayurveda's History In Kerala

Ayurveda in its nature is plural. Darshana, the Sanskrit word for "philosophy", literally means 'seeing'. Philosophy is that which allows you to see things in a certain way. Ayurveda is a philosophy which allows physicians to see patients the way Nature sees them. The sages who created Ayurveda were called "seers" because of their ability to perceive reality clearly. They could see how the world and its parts

operate and described their observations in words which allowed those who came later, to see and perceive in similar ways. Since each seer saw things from different viewpoints there are many systems of Ayurveda, not just one. Following this tradition every Ayurvedic physicians has his or her individual system, derived from the experiences of the great seers and augmented by personal experience (Svoboda 2010)^[7]. These seers were not limited to any religion, any caste or creed.

The history of Ayurveda in Kerala is studied in three stages- pre Sanskrit era, Sanskrit era and the modern period (Varier 2009)^[8]. It is believed that Ayurveda reached Kerala with the advent of Sanskrit. However, some features of Ayurveda in Kerala - medicinal species, methods of treatments and peculiarities of advancement - show certain unique characteristics. There is reason to believe that some indigenous system of healing prevailed here before the advent of Sanskrit and Ayurvedic works.

According to some scholars, the most powerful and widespread upsurge of Sanskrit must have been during the 5th, 6th and the 7th BCE. An examination of the societal structure, family organization, customs, modes of production and other characteristics reveals the inclination of the people of Kerala towards pre-Aryan traditions. Therefore it would be quite reasonable to think that prior to the propagation of Sanskrit Ayurvedic works in Kerala, there had already existed a more or less developed system of treatment and that the Ayurvedic system and Sanskrit literary works that came later only reformed this system and gave it a new form and content. For example the coconut milk and tender coconut water used in many Kerala Ayurvedic formulations is unique to Kerala. The treatment procedures such as dhara, navarakizhi, pizhichil, talam, tala-potical have been widely accepted as methods of treatment systematized in Kerala.

Scholars believe quite reasonable to think that priesthood, sorcery and medicines were intermixed in Kerala in the pre-Sanskrit era. These were not limited to particular castes. The physicians were drawn from different strata of society. Medical practice never remained a monopoly of any class or caste. Along with the Brahmin ashta vaidyasⁱ who were entitled to study the Veda, there were many traditional Ezhava families (Backward caste) who studied Sanskrit works in depth and practiced the science down the generations. There were families that had specialized in particular aspects of treatment like Velan and Mannan castes specialized in midwifery (these are presently placed as scheduled caste, traditionally they have been associated with washing of clothes belonging to upper castes) Panikkan (traditionally one who works on things of wood, iron, gold, etc) and Ganakan (traditional occupation as astrologer/calculator) were specialized in pediatrics and Kuruppans (traditional occupation as barbers) in massage and marmacikitsa. Some families specialized only in one ailment. All these facts indicate that there was a widespread social foundation for medical practice in Kerala prior to the advent of Sanskrit (Varier 2009)^[9].

During Sanskrit era, Hindu temples became centres for popularizing Vedic knowledge. Here the study of Sanskrit, grammar, astrology and medicine were encouraged. Medicine, toxicology, sorcery became the traditional professions of Namboodiri (Brahmin) families. Their professions acquired special status and recognition as they belonged to the upper strata of the society. Simultaneously art forms like Kalaripayattu, Kathakali and marmacikitsa contributed towards special treatments of Ayurveda in Kerala.

In the modern age the traditional gurukula system gave way to institutions. The princely families of Thiruvananthapuram (Travancore) and Kochi took special interest in establishing them. Ayurveda School was started in the palace of Travancore. A course for Diploma in Ayurvedic Medicine was set up in 1857. P.S. Varier started Ayurvedapathasala in 1917. Ayurveda College in Tripunithura was established in 1958. Thus in the modern age, rulers of the state took special care to promote Ayurveda in the face of stiff competition from modern medicine.

One aspect which is ignored is that Ayurveda has both oral and textual historyⁱⁱ. P.S. Varier, founder of Arya Vaidya Sala, Kottakkal, while tracing history of Ayurveda put light on the fact that there were continuous contributions to Ayurveda from wandering tribes. But these oral, practice-based contributions to Ayurveda are not given due credit. It was with the unprecedented growth of the caste system, by 5th-6th centuries BCE against the background of a priest – controlled feudal scheme of authority over land that the gap between thought and action grew larger. Gradually thought and action became hierarchised and stagnant. Those engaging in thought became superior and thought-based professions were demarcated as hereditary. Those engaging in action or practice/labour became lesser beings. The oral tradition of Ayurveda started deteriorating. Even in textual tradition, casteist views gained supremacy. P.S. Varier reveals that although there is no support for ‘purity of blood’ theory in any authoritative Ayurvedic texts, later casteist injunctions can be found. He cites instances like how Shudras were forbidden from studying Ayurveda and if they do, it should be without mantras. P.S. Varier quotes the strange view found in the Kasyapasamhita which appears to suggest a different duration for the menstrual cycle in respect of women of different castes. He also highlighted that samhitas, though known by the names of individuals, are produced by systematizing the heterogeneous practices of many groups elaborating, compressing and refining them (Varier 2009)^[10].

In this researcher's field work one of the therapists emphasised the fact that in recent times we could see attempts to Hinduize Ayurveda with an attempt to reduce it something having its root solely in Sanskrit textsⁱⁱⁱ. The God of Ayurveda is shown as Dhanvanthiri, an incarnation of Lord Vishnu. In fact many practitioners oppose this trend by saying that Dhanvanthiri was only one of the seers of Ayurveda. Due to his healing powers people gave him a status of God but he had nothing to do with Lord Vishnu. In this author's field work many practitioners of Ayurveda also pointed out that simultaneously, emphasis on Sanskrit and vegetarianism in Ayurveda is a part of projects to Hinduize it, to be specific, upper caste Hinduization. As mentioned before Ayurveda has many contributors, it is not limited to written Sanskrit texts and vegetarianism. Different seers have different views. Chicken soups and mutton soups were and are an integral part of increasing immunity of a patient. Likewise many medicines included animal fats. Only for certain treatments in Ayurveda are the intake of non vegetarian food curtailed.

Due to this upper caste Hinduization of Ayurveda we can see many Ayurvedic resorts promoting traditional Kasavu mundu for male and female therapists. This is one of the traditional attires worn by the upper caste women and men of Kerala; it is an unstitched piece of cloth weaved in cream colour and there is golden brocade along the edges known as kasavu. Other features of upper caste Hinduism are also propagated - sandal wood paste on forehead, temples inside the resort and singing of bhajans as part of treatment. Ayurveda had a link with the divine but was not religious. However, now Ayurveda is projected as solely upper caste Hindu.

The second aspect of homogenization is visible in the way Ayurveda is practiced today. In my interaction with Ayurveda doctors who are teaching in a Government Ayurveda medical college it was highlighted that in the name of standardization, the BAMS course is designed by the government for producing Ayurvedic doctors. Only those with this degree are allowed to practice Ayurveda. The course content is limited. Ideally an Ayurvedic doctor has to study beyond it. One of the limitations of this course is that preparation of medicines for particular ailments is not taught. Thus dependency of Ayurvedic doctors on pharmaceuticals is increasing day by day. This in turn is triggering commercialization of Ayurvedic treatment. Once dependence on pharmaceuticals is established, specialized treatment according to nature of constitution of each person ends. The same medicine is given to different patients.

When it comes to resorts, in most cases, it is the managements that decide treatment packages. These packages are applied to all. If a client has a particular need, that is charged extra. For example, a client with mental stress will be subjected to the massage package designed for all. Then to deal with stress, counseling and separate treatments are provided only on extra charges. Client-based particular packages are rare in resorts. In the process, the message of Ayurveda has been reduced to 'massage'. In Ayurveda, Panchakarma (five detoxification processes - medicated emesis, medicated purgation, medicated enema, medication through the route of nose, bloodletting) is a time consuming and very delicate therapy to be used with caution for those fit to take the treatment. But under Ayurveda tourism, Ayurveda has been reduced to Panchakarma. It is done to almost everyone, within a short span of time.

It is not only the producers of Ayurveda who emphasize homogeneity. Consumers demand it too. In my interview with doctors and therapists, it was revealed how clients, both men and women, demand treatments which their friends, relatives or neighbours have got. They are not bothered about their own particular health. For example, massage is demanded by almost all clients. Medicines prepared by a particular doctor are not trusted. Clients/patients demand pharmaceutical medicines which can be obtained in any chemist shop. Now the trend is to rely on Ayurvedic products targeting beauty and wellness. Thus the market is flooded with Ayurvedic beauty care products. Thus in the process the plurality of Ayurvedic traditions has been destroyed and scope of Ayurveda has been reduced to a selected few, as Madhulika Banerjee has argued (Banerjee 2009)^[11].

Having briefly looked at the nature of Ayurveda and its historical development in the state of Kerala, the next section will begin the process of understanding the self projection of Kerala through "Ayurveda tourism" and what is it doing to concepts of masculinity and femininity. There are several other debates around Ayurveda tourism - its impact on the environment and its supposed link to sex rackets in the state but these are not the focus of this study. This study draws attention to "Ayurveda tourism" and its relationship to gender (masculinity and femininity) in the public sphere. The following points may be noted:

- a) the activities and processes involved in "Ayurveda" tourism are constructed out of gendered societies and consequently, the masculine and feminine identities articulated by both host and guest societies come into play in the promotion of tourism.
- b) "Ayurveda tourism" involves power relations between groups of people - both within the host society as well as between host and guest societies. These power relations reflect on class, caste, modernity and tradition - which all are gendered in turn.

IV. Female And Male Bodies As Producers And Consumers Of Ayurveda Tourism

Here in this research the author is focusing on how doctors, therapists and Vaidyars are acting as producers of Ayurveda tourism and how patients and clients of their services consume Ayurveda tourism^{iv}.

To understand the ways in which doctors, therapists and Vaidyars produce Ayurveda tourism, four points are taken into consideration – their appearance, the language they use, their understanding of knowledge and their assessment of the success of Ayurveda tourism.

Appearance: While interacting with various doctors, therapists, swamis and Vaidyars two distinct voices came up – one emphasizing on inner beauty and mental well being and the other on outward beauty.

The traditional practitioners of Ayurveda (Vaidyars) all emphasized on relationship between traditional art forms and physical/mental appearance.

Raghu Vaidyar is 55 and a second generation practitioner of Ayurveda. He is also an expert in Kalari. He learnt Kalari from his father. He says Kalari not only keeps him physically fit but mentally alert. For daily use he wears white dhoti/mundu and shirt.

Similarly Udyan Namboodiri aged 65 is a Kathakali performer. He belongs to a Namboodiri family which for generations has specialized in curing mental ailments. He feels art helps him to relax mentally. Kathakali helps him to find his own balance while dealing with mental patients suffering from depression and phobias. His daily clothing is white dhoti/mundu and Veshti (white unstitched cloth). He has grown a beard also.

Likewise Chandu Vaidyar, an Ezhava by birth, is an expert in Kalari, astrology and palmistry. He can judge health of people just by looking at them. He eats meat but in moderation. He believes regular practice of Kalari and disciplined diet has helped him fight age related diseases. He wears white dhoti/mundu, shirt and walks barefoot. He is above 80 years old but looks like a sixty year old.

It appears that knowledge of traditional and yet still popular art forms and adoption of the widespread local dress dhoti/mundu has helped them to maintain a distinct identity from that of BAMS doctors and Allopathy doctors. This has made them producers of not only Ayurveda, but also of Kerala traditions. They enjoy maintaining this old world charm to add authenticity to their claim to Ayurveda.

BAMS doctors however, follow modern dressing and grooming styles. Male doctors, without exception, have adopted shirt and trousers as their attire and most of them colour their hair black (as I have been told in my interaction with them) and have kept themselves clean-shaven. In their clinics, weighing machines, stethoscopes and blood pressure checking instruments are common. Female BAMS doctors in their appearance have stayed with the traditional saree. This trend reflects the predominant trend of seeing women as carriers of tradition. In my interaction with female BAMS doctors in hospitals and resorts I did not come across a single one wearing trousers or skirts or salwar kameez. They have the opinion that saree is a “decent” and “professional” dress as compared to salwar kameez or any other western outfits.

Therapists working in hospitals generally have fixed uniforms. For women there is a choice between saree or salwar kameez with a coat and for men shirt and trouser with a coat is the norm. Here special care is taken that the body (both of female and male therapists) is not exposed before the patients. Their body is neutralized and asexualized. Their uniforms are of dull colours like grey, dark blue or white. Uniforms are loosely stitched. No emphasis is laid on good grooming. Therapists in Ayurvedic resorts however, dress differently. There, the dress of therapists is the traditional upper caste Hindu kasavu sarees for women and dhotis for men. One can observe that they are extremely soft spoken and maintain a traditional look. The women put jasmine flowers in their hair. Male therapists are advised to keep trimmed hair and clean-shaven face. Good grooming of therapists is emphasized.

Thus we see Ayurveda tourism has kept the image of traditional women intact for both female doctors and therapists. Where the men are concerned, they are expected to look ‘modern’ but then the relatively less powerful male therapists in private resorts are made to look ‘traditional’. In government hospitals both male and female therapists are given uniforms signifying their organized strength and respect. Most of them identified respect for a profession with wearing of a uniform.

Ayurveda tourism has redefined concept of fitness and beauty, emphasized outer grooming, cleanliness, care and softness. One of the questions in my work was whether emphasis on these supposed feminine characteristics has opened up this profession to women. With increasing numbers of male clients/patients for Ayurveda, and with recent restrictions by government on cross-gender treatments, many men have joined this “service based” and “display based” industry.

What Foucault would call ‘disciplining of the body’ is quite evident in this industry. Men and women have been tutored to shave/wax regularly, as the hairy body is seen as a symbol of untidiness. Men have been asked to deal with their clients/patients with utmost care and softness. Some resorts provide pre-service and in-service courses on behaviour and etiquette to their employees. Dr Veena in a five star Ayurvedic resort pointed out how this disciplining is necessary to add a professional touch to Ayurveda tourism. She further stated that the clients in this five star resort are mostly white foreigners. They demand

fluency in English, submissive and soft body language and utmost cleanliness in the services provided. To satisfy them, training – both pre and post service – is necessary.

In the field work, the author realized that men are comfortable with this kind of tutoring of behavior while many women are uncomfortable.

4.1 Verbal and Body Language

Most of the BAMS doctors emphasized the need to learn Sanskrit to practice Ayurveda, as they believe textual basis of Ayurveda lies in Sanskrit. Similarly Vaidyars also showed expertise in Sanskrit. However some alternative voices also came up.

Manoharan, aged 55, therapist in a government Ayurvedic college emphasized Ayurveda's non-Brahmanical roots. He said one could learn beyond Sanskrit texts from Adivasis who actually practice Ayurveda. It is a highly misplaced understanding that Ayurveda begins and ends with Sanskrit. He also emphasized that it is important for practitioners of Ayurveda to bridge the gap between Sanskrit texts and local language of the people.

All of them – doctors, therapists and Vaidyars – agree that language of Ayurveda is that of love and compassion. They believe any medicine and treatment becomes effective only when it is delivered with love and care. Thus a feminized body language is practiced by all of them.

4.2 Understanding of knowledge

Therapist Manoharan stresses the fact that Ayurveda as knowledge originated on the day that life-form took shape on earth. It is the knowledge to preserve life. It is of Pre Sanskrit – Pre Aryan origin. Ayurveda has its roots in various groups of people. It is only a later development to equate Ayurveda with Hindu gods and mythology. Ayurveda is divine, it is not religious. It is divine as it connects visible with invisible, this birth with previous birth. It is the knowledge of daily healthy living.

Swamy Radhakrishna, non trained Ayurveda practitioner on a beach whose clients include both foreigners and locals, echoes this sentiment. He says that Ayurveda is divine; it is not about limited theory and competitive approach. Ayurveda is a knowledge based on truth, on nature. He explains “Ayurveda is a wife, who is not ready to share her bed for money with anyone. Ayurveda tourism is a prostitute, who is ready to share her bed for money”. This perception of women in the binary – of either a wife or a whore – is deeply rooted in many societies and especially in Kerala. The understanding is that the former has many clients whereas the latter has one master; a wife seeks shelter and security under a single man, it is not a selfless act and is not devoid of desire and pleasure. However, a prostitute too is not only a prostitute. She is also a daughter, a sister, a wife and a mother, as highlighted in the autobiography of Nalini Jameela where she says, “I am against one- dimensional life. I look after my family. I also do social work and when in financial need, as someone in my situation often is, I do sex work. Life is not a narrow, one track path; there are detours one can take and one can also return to old, familiar paths” (Jameela 2005)^[12].

In any case, while the profit making aspect is more visible in Ayurveda tourism, even traditional practitioners seek to make a living of it.

According to Raghu Vaidyar, aged 55, second generation practitioner of Ayurveda and an expert in Kalarippayattu, knowledge is one or unitary but there are many ways to reach it. As a practitioner of Ayurveda what he is doing, he believes, is sharing of that knowledge, not creating a new one.

Raghu Vaidyar believes in unity of all forms of medicines, and that different systems of medicine are different ways to the knowledge.

Many doctors and Vaidyars feel that the training in Ayurveda that is imparted today is taking its students away from practical knowledge, because it is purely theoretical. Dr. Murali, aged 55, teaches in a government Ayurvedic college and belongs to a traditional Vaidyar family, says he has deep knowledge about herbs used in Ayurveda only because he belongs to a family of Vaidyars. But his students who are enrolled in BAMS are at no point given sufficient exposure to various herbs.

V. Assessment of Ayurveda tourism by its producers

Dr. Murali, who has resisted the uncontrolled mushrooming of Ayurvedic resorts for promoting Ayurveda tourism, highlights three points. A) He says that Ayurveda tourism is against the ethics of Ayurveda. Ayurveda involves a strict regimen of prohibited and permitted food, timings of intake of medicines, and specific methods of treatment for different patients – everything is compromised in Ayurveda tourism. He feels that the tourism aspect has led to ‘one size fits all’ thinking. It ignores the particular needs of particular bodies. B) He strongly protests the misuse of valuable and rare medicinal plants for momentary pleasure, when they can be used in life-saving treatments. C) He points out that Ayurveda tourism is in fact a gross misuse of Ayurveda's human resources – Ayurveda doctors are

becoming rubber stamps for the predetermined agenda of the managers of tourist resorts.

Others in the business of Ayurveda tourism do not agree. According to therapist Bindu, aged 35, working in a government Ayurvedic college, it has opened doors of employment to many trained Ayurvedic doctors and therapists. She points out that Ayurveda's human resource is not 'misused' but rather utilized well. She stresses the fact that government hospitals and medical colleges have very few jobs and they prefer their own students. At least with the coming of resorts, many have found jobs to support their family. Dr. Veena feels it is the responsibility of the government to give more herbal gardens to increase the availability of herbs. Dr. Veena feels ethics is a personal matter and that not all doctors in hospitals follow ethics of Ayurveda. She maintained that in her resort there is no pre-fixed treatment package for all clients. Treatment package is charted out according to the needs of each patient.

On the one hand therapists working in resorts are thankful to tourism for their employment but on the other hand, none of them want their children to enter the same profession. They feel society has not given them respect. They have pointed out that people at large believe they are indulging in sex services rather than in health services. Saba, aged 24, is a female therapist in a private hospital from a conservative family in North Kerala, mentioned that her job has given the opportunity to be the bread winner for her family, but many marriage proposals got cancelled because of the presumed lack of respectability of her profession.

This discussion has opened out the ways in which producers of Ayurveda tourism are tied to both 'tradition' and 'modernity' for survival. Ayurveda tourism uses modern marketing in its promotion but its reliance is on highlighting the upper caste Hindu, traditional face of supposed Kerala femininity based on cleanliness, care and tenderness. In the Kerala Ayurveda tourism brochures by Kerala Tourism Development Council (KTDC) we can see women wearing upper caste traditional dress - kasavu mundu, sandalwood paste on the forehead, jasmine flowers in the hair, welcoming the tourists in five star resorts or doing massage on clients in these resorts. The discourse of Ayurveda tourism is silent about the disciplined body and uniform-wearing women working in many of the pharmaceutical companies. It is silent about poor women practicing Ayurveda in small shanty huts in various beaches of Kerala. It is silent about the poor Adivasi women who supply valuable herbs to many practitioners of Ayurveda in the state. Thus the women belonging to economically weaker sections and lower castes have no representation in the promotional images of Ayurveda.

The other significant point that has emerged in field work was that the rigidity of what constitutes 'femininity' and 'masculinity' remains unchanged but who can possess these qualities becomes more fluid. Men can be 'feminine' and women can be 'masculine'.

Although caring and sensitivity are part of their self-presentation at work, male practitioners understood this in different ways. Some argue, for instance Arun, that at home he is the same person, a man who has control over his wife and children; this caring /soft side is reserved for his clients. On the other hand therapist Raju feels he has always been comfortable with his feminine side. At home he shares household chores with his wife and he feels uncomfortable in social gatherings where there is display of material wealth and alcohol consumption. Most of them feel it is not the nature of work but the structure of the wage that is problematic under conditions of ever increasing inflation.

For girls like Saba, a therapist, it has given her the power to be a "man" – educating her siblings, moving freely at any time of day or night. At the same time, this successful emulation of 'masculinity' has hampered her chances of getting married.

Therapist Jayan belongs to a fourth generation of Ayurveda Vaidyar family. He emphasised the fact that effectiveness of Ayurveda treatment depends upon the 'caring' attitude of the practitioner of Ayurveda treatment. Producers of Ayurveda can succeed only if they are ready to empathise with their patients/clients. This caring attitude is similar to that of a mother towards her children. It has the elements of both attachment and detachment. Attachment is necessary to understand one's patients/clients real needs, welfare and situation. At the same time detachment of not expecting anything in return is important. In his years of experience he has seen many therapists successfully internalizing such feminine role for their patients/clients. He pointed out that in Ayurveda caring attitude is equally important as medicines for curing the mind and body of the patients/clients.

Therapist Raju agrees with this view. He says when treatment is going on, the therapist whether male or female acts as a primary care giver to the patient/client. Patient's/client's well-being is of utmost importance. Here gender of the therapist is immaterial.

In this context it is relevant to consider the arguments of Partha Chatterjee about the division between 'home' and the 'world' in nationalist movement in India. The Indian nationalists equated material with the world and spiritual with the home. The world is external. The home represents one's inner spiritual self, one's true identity. The world is a treacherous terrain of the pursuit of material interest where practical considerations reign supreme. It is the domain of the male. The home is the domain of the female. The

Indian nationalists took upon themselves the task to protect, preserve and strengthen the inner/spiritual domain. In this voice of women got lost. The story of nationalist emancipation was a story of betrayal of women's question (Chatterjee 1994)^[13].

The practitioners of Ayurveda interestingly, locate the practice of Ayurveda entirely in the 'inner domain' of spirituality. Thus, whether male or female, the practitioners of Ayurveda are "feminized" in terms of how Indian modernity has produced masculinity and femininity.

All these voices reflect the fact that Ayurveda tourism has enabled many men to explore their feminine side and empowered women to 'feel like men' through employment. It has made it possible for many to accept the co-existence of varying degrees of femininity and masculinity within themselves. But an acceptance of these feminine-men and masculine-women in the larger Kerala society is not evident.

VI. Consumers of Ayurveda Tourism

Ayurveda tourism takes shape not only through its producers, consumers' demand also impacts on it. Consumers of Ayurveda tourism are diverse, but the demand to see the 'traditional' face of Kerala cuts across consumer categories.

Maria from Germany has a fair degree of knowledge about Ayurveda. She has made many visits to Kerala and interacted with various practitioners of Ayurveda. Over the past two decades she has noticed the growth of Ayurveda tourism in the state. What she feels is that in the race to be commercially successful, the quality of medicines has deteriorated. She is concerned too about the ever decreasing herbal resources in the state. This is also leading to rising price of Ayurvedic products and medicines, making it more and more inaccessible to common people. She is also concerned about the number of untrained and unskilled doctors and therapists entering the field in the rising industry of Ayurveda tourism. She predicts that in the long run, with further development in electronics "do-it-yourself" demonstrations will be available thus taking Ayurveda even further away from its roots and social context. However, Maria feels that Ayurveda tourism has undoubtedly revived traditional art forms like Kathakali, Kalarippayattu, Panchavadyam, palmistry and astrology, as tourists of Ayurveda treatment simultaneously demand different kinds of entertainments to add to their experience of Kerala.

Michael, a carpenter from Sweden, feels Ayurveda tourism has definitely helped people outside India to realize its potential. He says it is a misconception that only rich foreigners come for Ayurveda tourism, and that he himself finds prices for goods and services to be highly inflated. He mentioned that it is out of his life-time savings he has come to Kerala. His aim is to regain his health. He feels Ayurveda tourism offered in Kerala is cheaper and yet more effective than other treatments in his own country. Michael points out that promotion of traditional art forms with Ayurveda are a win-win situation for both; it provides livelihood and popularity to practitioners of both art and Ayurveda. For clients it makes the whole experience more pleasurable. He pointed out that he has enjoyed performance of Kathakali in the Ayurveda resort and he personally prefers traditional attire of therapists rather than a uniform. He asks what is the harm in promoting one's own culture on a business model? Here it is to be noted that there is nothing wrong in promoting culture but it is problematic when a particular culture of a dominant section of the society, (here it is upper caste-upper class culture), is projected as the culture of the entire state.

We have seen how consumers demand masculinity and femininity rooted in traditional art forms and upper caste attires. This demand has created a homogenized portrayal of men and women in the Ayurveda tourism. Again we can see fewer restrictions on Ayurveda beauty products as imports in western countries has increased and Indian Ayurveda pharmaceutical companies are investing more on such products. It has a spill-over effect in Kerala as Ayurveda is associated by men and women with beauty products rather than with medicines. Another aspect is that better purchasing power of foreign and domestic tourists have inflated the prices of Ayurveda products. This is distancing local women and men from using Ayurveda products and treatments.

Sheela, a local resident of Kerala belonging to economically weaker section of society, recollected her faith in Ayurveda got established in 2007 when she tried but failed to cure "Chikanguniya" fever through Allopathy. Even after weeks of treatment her feet were swollen and she had unbearable knee and back pain. It was Ayurveda which came to her rescue. She feels more support from government and media for benefits of Ayurvedic treatment (not Ayurveda tourism) will help the public at large. She highlights the fact that Ayurveda tourism has adversely increased cost of medicines, making it difficult for poor people to access it. She looks forward to simple, affordable and traditional treatments of Ayurveda.

Manu, a local resident of Kerala belonging to upper middle class, also feels that government has to promote cheap and effective Ayurveda in a better way. Its target should be to meet people's need rather than profit. He is not negating Ayurveda tourism based on five star resorts but calls for a more balanced growth of Ayurveda.

VII. Feminine as Passive: A Brahmanical-Western Concept

The production of Ayurveda in an upper caste Hindu sanskritized mould must be seen in the context of the general transformation of the heterogeneous cultures of Kerala along the lines of the values of the dominant upper castes and middle classes. The dominant idea of men as active and women as passive is shaped by the discourse of upper caste Hindus and colonial modernity.

Upper caste Hindu mythology is presented as 'Hindu' mythology. Here we can see that all the main goddesses like Lakshmi, Saraswati, Sita, and Parvati are subjugated as consorts to male gods like Vishnu, Ram, Shiva (Ilaiah 1996)^[14]. Only in times of crisis do some of the female deities take the shape of active figures like Kali, but active/violent form of female energy is seen as a deviation rather than the norm. Even in day-to-day references people want their daughters to be Sita or Parvati but not Kali.

Like Ilaiah, Kerala's Adivasi leader CK Janu also speaks about how tribal deities were ordinary in their character. Their stories reflected deities doing normal everyday tasks like fighting wild animals or healing wounds. Goddesses were symbolized in rocks or trees. Speaking to them never needed special rituals or language (Janu 2002)^[15].

Ayurveda tourism has adopted upper caste Hindu language in producing Ayurveda as 'Hindu' – as based on vegetarianism, Sanskrit, and as originating from an incarnation of Vishnu. This trend has moulded Ayurveda in the style of upper caste femininity as Ayurveda tourism producers are regularly portrayed as passive, homely, traditional and tender.

Together with upper caste discourse of femininity as passive, western influence in the form of colonial modernity has strengthened this understanding. As Ashis Nandy points out, British arrival in India not only led to colonialism of the nation but also colonialism of mind. British colonialism led to production of and control of non West by the West. Even the interpretation of West by the non West is coloured by western standards. Nandy highlights how as a result a monolithic picture of West emerged as masculine, active, aggressive, progressive and civilized whereas a monolithic non West came to be counted as feminine, passive, submissive, savage and uncivilized. Modernity through colonialism not only compartmentalized femininity and masculinity into binary oppositions but also hierarchised the relation between the two, putting masculine above feminine. Masculine was projected as superior on the basis of competitive individual achievements, courage, militarism, efficiency and technologically sound mind. British justified rule of masculine West over feminine non West (Nandy 1984)^[16].

Emily Martin has pointed out that western culture shapes how even biological scientists describe what they discover about the natural world. Dominant modern science reiterates the fact that sperm (male) is active and egg (female) is passive. For example, textbook descriptions stress that all of the ovarian follicles containing ova are already present at birth. Far from being produced, as sperm are, they merely sit on the shelf, slowly degenerating and aging "like an over stocked inventory". Here male is portrayed as active as he is continuously producing sperm while female is passive as eggs are already produced at the time of birth. Thus we could see how the dominant language of western modernity shapes even the language of science (Martin 1991)^[17].

Fatima Mernissi has spoken about the Muslim concept of active female sexuality as opposed to western concept of passive female sexuality. She explains how the veil is not an indicator of weakness of female sexuality. Rather, the veil is used to control men, not women, as the assumption is that power of beauty of women can make men crazy, this will lead to chaos and that is why the veil is needed. Women on the other hand, can control their sexual desires better even when seeing unveiled men. She quotes Imam Ghazali's interpretation of the Koran which casts the woman as the hunter and the man as the passive victim in the whole process of procreation. Thus we can see how Islam treats female sexuality as active and male sexuality as passive as opposed to the dominant Western notions (Mernissi 2002)^[18].

Like other non-western knowledge systems, Ayurveda has for centuries had a distinct understanding of male/female that is not compatible with modern, western understanding of male being active and female passive. It is believed that the source of all existence is cosmic consciousness, which manifests as male and female energy, Shiva and Shakti.

Purusha is the male, while Prakruti is the female energy. Purusha is formless, colourless and beyond attributes and takes no active part in the manifestation of the universe. This energy is choiceless, passive awareness.

Prakruti has form, colour and attributes: it is awareness with choice. It is Divine Will, the One who desires to become many. The universe is the child born out of the womb of Prakruti, the Divine Mother.

Prakruti creates all forms in the universe, while Purusha is the witness to this creation. It is primordial physical energy containing the three attributes found in all nature, the evolving cosmos. The three attributes are Satva (essence), rajas (movement) and tamas (inertia). These three are the foundations

for all existence. They are contained in balance in Prakruti. When this balance is disturbed there is an interaction of the attributes which thus engenders the evolution of the universe (Lad 2005)^[19].

VIII. 'Feminine' Ayurveda versus 'Masculine' Allopathy?

Through the engagement with Ayurveda practices in Kerala^v, the author has reflected on nature of Ayurveda itself. One question which was raised for author during the process is – Is Ayurveda 'feminine'? The author assumes masculinity to be equated in the contemporary world with:

- having access to public policy matters
- having control of finance
- having access to power centres: Government – Corporate – Media.
- Devoid of emotion, being rational.

In binary opposition to masculinity – femininity under contemporary conditions means

- being dependent
- being submissive
- being denied access to finance
- being denied access to power.

Let us consider these aspects in detail.

8.1 Access to finance

In my interviews with Ayurveda professors in a Government college it was highlighted that the access to funds is systematically denied to Ayurveda doctors. For example, in National Rural Health Mission, funds are controlled by Allopathy doctors. They spend it in their own sphere. As controllers of funds Allopathy doctors influence policies and the appointments to important health sectors. Today about 80% of the funds allotted to health sector is spent on Allopathy, thus curtailing growth and development of Ayurveda and other systems like Unani, Siddha and Homeopathy. Under this situation Ayurveda is in a state of dependency and submissiveness in relation to Allopathy.

8.2 Access to policy matters

Again in my field work Ayurveda doctors and professors pointed out that as all relevant appointments are controlled by Allopathy doctors all policy matters are in favour of them. For example, the hierarchy is established at the entrance examination to medical education itself. It is the system that top rankers would be allotted Allopathy courses and others would be allotted other forms of medical practices. It is assumed that better students should study Allopathy. Similarly, branches like gynecology in Ayurveda have been systematically ignored. Even when one opts for specialization in it, there is no hospital allowing practical exposure to Ayurvedic gynecology treatment. The students are made to observe how gynecology is dealt in Allopathy. Thus further research and development in Ayurveda is curtailed.

8.3 Access to media

Allopathy has superior control not only over funds, appointments and other policy matters but it also controls soft power through media. Successful treatments in Ayurveda like for Chikanguniya fever and skin diseases are under-reported in both print and visual media.

Likewise, effectiveness of Allopathy medicines, and publicity of Allopathy hospitals is inflated in the media. The media-saturated Kerala society highly influences public opinion in favour of Allopathy. The dominance of Allopathy over submissive Ayurveda appears to reflect the authority of husband over wife in a patriarchal society. Aggressiveness of Allopathy and submissiveness of Ayurveda might change in future with change in equations of power structures. But until then it is not incorrect to think of Allopathy as masculine and Ayurveda as feminine.

IX. Conclusion: Ayurveda and multiple masculinities

Ayurveda tourism captures the contradictory forces in contemporary Kerala society. Ayurveda tourism stands for, on the one hand, consumerism, homogenization and limited vision and on the other for re-inventing one's lost multiple traditions.

The sudden revival of Ayurveda in the form of 'Ayurveda tourism' has led to mushrooming of Ayurvedic health resorts throughout the state, from thattu kadas (small make-shift operations) to five-star arrangements. It has touched every strata of society. Girls and boys belonging to poor families serve as therapists and servants in this business. Rich people become customers and consumers of Ayurveda tourism. The middle class has been playing both roles of service providers and receivers. The idea of beauty and well being as something both 'traditional' and 'instant' has been propagated, 'traditional' in the sense of something

going back for centuries and 'instant' meaning something that can be attained within 15 to 30 days of Ayurveda package treatment.

"Being a man" in Kerala is based on the hegemonic masculinity based on consumerism, materialism and disrespect towards women as well as towards men who are different from this dominant masculinity. A man is one who is able to provide his family with all the material comforts. Being a man means to have control over female members of the family. In binary opposition to this "Being a woman" in Kerala is about being educated and well earning but never freed from the role of wife and mother. Taking care of husband and children are her divine duties. Any woman who declares freedom from family or any other patriarchal norms of the society has only two identities in Kerala – one that she is "mad" and the other is that she is a prostitute or "lesbian". This is witnessed in the way politically active women KR Gowri, CK Janu, writers Kamala Das, and defiant nun Sister Jesme are seen in Kerala.

In the final analysis, the development of Ayurveda tourism reveals complex and multiple interconnectedness between notions of modernity and tradition, as well as the emergence of multiple masculinities. In Ayurveda tourism the emphasis on being scientific reflects influence of modernity. Ayurveda tourism has made Ayurveda this -worldly, based on 'scientific' quantification. Ayurveda tourism has reinforced the importance of body centric and quick treatments as done in Allopathy. Influence of modernity is reflected in the way the Ayurveda pharmaceutical industry is working. Its emphasis is on imitating production quality of Allopathy pharmaceuticals. The way neutrality of technology is promoted, the ways workers in these industries are dressed, disciplined - all reflect admiration for efficiency, cleanliness and impersonal touch.

But at the same time we have seen revival of art forms like Kathakali and Kalarippayattu as complementary to Ayurveda tourism. It is re-inventing traditions to capture more tourists. In this Malayalis are drawn to restore their cultural identity. Many in the process have rediscovered plurality in origin of traditions. In my field work professors who are teaching BAMS students expressed their unhappiness over the homogenized, limited vision of Ayurveda included in the syllabus. They are asking their students to go beyond this syllabus. They are also asking government to fund research focusing on diverse contributions to Ayurveda. One of the therapists brought to light his experience with Adivasis in Wayanad district of Kerala. He said he learnt from them their traditional ways of treating slipped discs using herbal pastes and unique massages. He said that these Adivasis claim an oral history of Ayurveda.

The idea of masculinity being aggressive has been replaced with soft, submissive masculinity in Ayurveda tourism. The idea of masculinity as always in binary opposition to femininity has been challenged in the way men are comfortable doing supposed feminine roles.

Thus Ayurveda tourism has succeeded in bringing out multiple masculinities in the post liberalization era of Kerala. The co-existence of hegemonic masculinity based on upper caste Hinduism, textual knowledge and consumerism, and subaltern masculinities based on lower caste Hindu and non Hindu communities, oral traditions and submissiveness. The hegemonic masculinity of upper caste Hindu men has established unequal social relations in the field of Ayurveda. It has monopolized claims over defining what is Ayurveda and in utilizing resources of Ayurveda. This hegemony operates in Ayurveda colleges, hospitals and resorts. This hegemonic masculinity has influenced government policies like non inclusion of Ayurvedic gynecology in government hospitals and funding. However, non hegemonic masculinities are circulating in the peripheries of Ayurveda practices in the forests inhabited by Adivasis, on roadsides, beaches by non BAMS practitioners of Ayurveda.

Endnotes

ⁱ Ashta Vaidyas are called so because it is believed that they have studied all eight branches of Ayurveda-general medicine, pediatrics, toxicology, surgery, medico-surgery, promotive therapy, aphrodisiacs and ailments caused by invisible agents. But over the years for different reasons they have concentrated only on one or two branches. The roots of ashta Vaidya families are traced to following places- Aalyittur, Kannur, Kuttancheri, Taikkad, Vayaskara, Vellod, Chirattaman, Pulamanthole, Olassa and Walajapet.

ⁱⁱ Interaction with the therapist Manoharan.

ⁱⁱⁱ There is a whole debate in Kerala on what constitutes Ayurveda. Some limit it to written Sanskrit texts; some relate it to all treatments derived from nature. "Locating the indigenous", an International conference on local, national and global forms of Indian medical practices held by University of Calicut from 21-23 October 2010 discussed in depth about this issue. My stand is that Ayurveda is plural. There is no single Ayurveda. Traditions can be plural both in its theory and practice. Ayurveda has both written and oral traditions. Simultaneously within each of these exists many voices. Ayurveda of Kerala is a mixture of written Sanskrit texts and local oral and unwritten practices.

^{iv} Interaction with therapists at various Ayurvedic resorts in Kerala. It included five star resorts, particular caste-based medium level resorts, big pharmaceutical industry supported resorts, even temporary make-shift

resorts in the beaches of Kerala. This plural nature of Ayurveda resorts is important to highlight multiple nature of producers and consumers of Ayurveda in the state of Kerala and how it is affecting all strata of it.

^v Interview with Allopathy doctors on Ayurveda brought out many voices but predominantly they saw Ayurveda as inferior to Allopathy.

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