Becoming well in Kerala: marked and unmarked spacetimes of everyday Ayurveda

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‘There is nothing in this universe which is non-medicinal, which cannot be made use of for many purposes, and by many modes.’ – Astangahrdayam 9.10

Eating once a day will make you a yogi
oru thavana thinnunavan yogi

Eating twice a day will make you happy
iruthavana thinnunavan bhogi

Eating three times a day will make you a patient
moonuthavana thinnunavan rogi

Eating four times a day will leave you dead.
naaluthavana thinnunavan dhrohi. – Malayalam proverb

For Michael

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Transliteration

Conversations conducted in Malayalam are translated in English (*with transliteration italicised in brackets following the translation*).

Sanskrit terms used in ayurvedic theory and philosophy are also italicised. For consistency, I have not used diacritical marks in the transliteration of Sanskrit terms (unless a term is used in the original source of a direct quotation). Rather, I spell out sounds as pronounced, for example *doṣa* is written without diacritical mark as *dosha*. Words now commonly used in English, such as Ayurveda, chai and guru are represented without marks or italics.

Names and places

As a collective, the people who participated in this research were not resoundingly opposed to their real names being used herein, but neither were they overwhelmingly for it. Thus, I have chosen to give pseudonyms to most of the people and the places I discuss. However, I use the real names of large ayurvedic institutions and popular tourist destinations. In Chapter 6, I also use the real names of female physicians. I have done so, with their permission and the express intention of acknowledging their textually unrecognised position as pioneering female physicians of Kerala Ayurveda.

Maria is also the real name of my research assistant. Some photographs used in this dissertation were taken by Maria and are included here with her permission.

Abstract

This dissertation concerns the lived experience of wellbeing in Kerala, India. It focuses on the daily lives of local Malayalee women, based on a fieldwork period from January 2016 to January 2017. Often defined as *a state of being comfortable, healthy or happy*, wellbeing is an ontological abstraction, but also, in the practices that produce it, a matter of routine tasks and mundane activity. The routine tasks and activities that fundamentally shape daily lives in Malayalee homes are non-textual ayurvedic daily care routines (*dinacharya*) and seasonal care routines (*rtucharya*). However, in a society that does not easily separate an ayurvedic way of living from a Malayalee one, those routines are largely unrecognised, unmarked as Ayurveda and instead absorbed into the everyday and gendered cultural expectations of being Malayalee.

In these 'unmarked spacetimes of Ayurveda' I ethnographically explore how Malayalee women – as 'physicians of the house' – enact *dinacharya* and *rtucharya* in their shared knowledges and ingestive practices. Women discuss their health on the back steps of houses. From their kitchens, they decoct and consume the medicinal substances that spontaneously grow in the dirt around their homes. Women spend their lifetimes realising and contesting culturally gendered and idealised forms of the 'good woman' and the 'perfect wife' in performativities that are intimately tied to Ayurveda from the first days of postnatal care.

To examine the ways Malayalee women variously engage with everyday Ayurveda and their own wellbeing in unmarked spacetimes, this ethnography is broadly positioned within a new materialist ontology. Therein, I draw specifically on non-representational theory, a body of work that has grown from cultural geographies to emphasise the materiality of bodies, objects and landscapes, their emergent and generative processes, and the spatio-temporal realities they generate in practice.

Ayurveda is also materialised and spatialised in hospitals, clinics, factories and educational institutions — in the 'marked spacetimes of Ayurveda'. Taking pioneering female physicians' own experiences, I explore how women have come to dominate the marked spacetimes of Ayurveda. Although women comprise some 90% of enrolments in the Bachelor of Ayurveda Medicine and Surgery (BAMS) degree in Kerala, many return home after graduation not as practicing doctors, but as 'Dr Housewife' to look after the wellbeing of their families.

An increasing number of scholars have become interested in the turn to 'anthropologies of the good' and thus in ethnographically and theoretically broadening our understanding of what it means to be well in everyday life across cultural contexts. This dissertation takes what Malayalee women value, and what they embody in ayurvedic and prosaic acts of everyday concern, to offer a spatio-temporally situated anthropology of wellbeing.

Thesis declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint-award of this degree.

I give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

Signature of candidate:

Date:

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This dissertation only exists because of my good fortune in being mentored by that rare breed of academic who have hearts as gigantic as their intellects; in being taught by that generous breed of human who willingly take unknown anthropologists into their homes to share how their lives are really lived; and in being bolstered by that special breed of family and friend who stick by you no matter your wild life choices (and let you go to complete them).

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1. Introduction: Ayurveda and wellbeing

In a dark cement clinic, on a noisy national highway junction in central Kerala, India, ayurvedic physician Dr Bala consults patient after patient, every evening, until 9 pm. He has done so for the past decade, ever since his father and mentor passed away and left the medical practice to him. In 2016, during twelve months of fieldwork, I spent many evenings sitting in a corner of his room, observing. Between patients, he would talk with me.

Over the course of those interactions, Dr Bala spoke about the power of the ancient medical system of Ayurveda, it's mighty origins, and its ability to save us from the lifestyle diseases plaguing the modern world. Dr Bala explained how Ayurveda can transform a diseased body-mind from the very roots of its disease to a state of humoral or *doshic* equilibrium and — perhaps most significantly — the way it can cultivate a kind of fertile soil for the unification of the individual soul or *atma*, with the universal consciousness or *brahma*, in tending the correct daily care routine (*dinacharya*) and seasonal care routine (*rtucharya*).

As he lectured me, first in Sanskrit and then in English, Dr Bala would consult a well-thumbed copy of the ancient ayurvedic text, *Astangahrdayam*, elucidating his points by reciting relevant passages or *slokas*. “Those desirous of a long, healthy life,” he quoted during our first meeting, “should practise the teachings of Ayurveda with utmost respect”. Engrossed, I probed: “Can you tell me more about your own practices and daily care routines? Can you tell me about your *dinacharya*?” Suddenly stunned, the doctor paused, then laughed and pointed back toward himself as if to say: Me? You're asking me? “Oh no, I don't do *dinacharya*”, he laughed again. “I'm a doctor. I have no time!”

Dr Bala is not alone: in Kerala, neglecting their own ayurvedic daily care or seasonal routines *because* they are busy ayurvedic doctors is a commonly expressed justification amongst physicians. However, the fact that many physicians do not participate in ayurvedic practices begins well before the reality of a time-poor professional life. During a lunch function at an Ayurveda College, for example, when I commented to a student

on the verge of completing her Bachelor of Ayurveda Medicine and Surgery (BAMS) that it was curious how the students there were eating large dishes of hot *biryani* rice heavy with spices and ghee, followed by sweet, cold ice-cream, she whispered, "And taking meat with curds, which is also contraindicated. The truth is, we study Ayurveda, we don't practise it".[1]

Indeed, from casual encounters on the street to formal interviews conducted in ayurvedic hospitals with patients and doctors, every person to whom I asked the question, "Do you follow Ayurveda in daily life?", not one answered emphatically, "Yes!" If ayurvedic doctors, students and even patients were not following Ayurveda in daily life, I wondered, who was? How could Kerala, India's 'Home of Ayurveda' (a slogan adopted by the State Department of Tourism), be a place where no-one followed Ayurveda's fundamental lifestyle principles? How was a three billion dollar ayurvedic industry (Das et al., 2017, p. 8) in existence without its exponents practicing the daily and seasonal care routines that were uniformly understood to be the cause of good health, the very source of wellbeing?

As I came to know Dr Bala and his family, as well as other doctors, friends and interlocutors, however, I came to appreciate the ways by which Malayalees did, indeed, practise 'Ayurveda' in daily life. They simply did so without attaching the grand term to the mundane practices that filled daily life. Outside institutions, Ayurveda *was* everywhere, but it settled nowhere *as* Ayurveda.

This thesis, thus, explores the everywhere and nowhere-ness of Ayurveda today. Many factors unpacked in this thesis are at play. They concern the distinctive cultural and historical context within which Kerala Ayurveda evolved, and the affective nature of a system of medicine that has long since filtered through cultural life, influencing the daily

[1] To support the body's digestive system, ayurvedic theory espouses detailed advice on the consumption of substances based on: quantity (*aharamatra apeksa*), the order of tastes (*rasa*) and their qualities (*guna*), their potency (*virya*), post-digestive effects (*vipaka*) and actions (*karma vidhana*) (*Astangahrdayam*: AH 8.1–55; AH 9.1–28.5; AH 10.1–44). The quantity and order in which students were consuming their graduation lunch, which was provided by the Ayurveda college, went against these teachings of Ayurveda.

diets, life events, rituals, patterns and practices that constitute 'being Malayalee'. My own contemplation of Ayurveda's spaces and times began with Ayurveda as it was materialised and spatialised in its doctors, 'ready-made' medicines and hospitals. Indeed, I met with Dr Bala and other physicians many times in the materialised and spatialised Ayurveda I will eventually call the 'marked spacetimes of Ayurveda'. Marked spacetimes were distinctive, not only in their visibility on the landscape, but in their focus on treating disease and illness 'since it [Ayurveda] too has been heavily influenced by the epistemological hegemony of the remedial bias that dominates [all forms of] institutionalized medical practice' (Alter, 1999, p.44).

Figure 1: A shop-front consulting room displaying the physician's homemade medicines for sale

Most of my time in the field, however, was not spent in marked spacetimes, but in peoples' homes, amongst what Dalsgaard would frame as the 'dispersed internalisation of knowledge and practices through discipline (Foucault 1977) or through forms of

capital (Bourdieu 1999)' (Dalsgaard, 2016, p.44) that were unrecognised as practices of Ayurveda. Most notably, those practices existed in the kitchens and on the backsteps of homes, but also in the gardens, unkempt blocks of land and roadsides between peoples' homes — spacetimes I came to differentiate as the 'unmarked spacetimes of Ayurveda'.[2] Unmarked spacetimes were distinctive in that they centred around the home. The practices enacted there concerned plucking, decocting and consuming medicinal plants and following routines that guide wellness, or wellbeing. Being home-based and wellbeing-focused, unmarked spacetimes were also highly gendered. It was women who were responsible for many of the practices, the daily and seasonal care routines or *dinacharya* and *rtucharya* undertaken there. This ethnography took me into the lives of those women, onto their backsteps, into their gardens, and into their embodied and performative practices of wellbeing.

Three broad interests — Ayurveda, wellbeing and women — seemed to emerge and merge together in practices *everywhere* in unmarked spacetimes. But still, somehow, they remained nowhere, collectively ungraspable and unmarked as people or practices of Ayurveda. To grasp the ungraspable I had to stop, paradoxically, grasping at it. Instead, I had to step back, to see the direct significances of practices as part of a bigger spatio-temporal push — '*the* push', Thrift (2008, p.113, emphasis added) has called it, 'that keeps the world rolling over; [it is] the energy that fuels change; the work of transformation'. In this thesis, *the push* takes on the humoral language of Ayurveda as the three *doshic* forces of *vata*, *pitta* and *kapha*, themselves comprising five vital or life-affirming elements: earth, water, fire, air and ether. As Cameron describes below, elements matter because they explain how, in an ayurvedic view of the world, the person *is* the push:

> … living entities like humans, animals, and plants are created from the same inherent five essential elements of the physical universe … Living entities are more than created

[2] I borrow the notions of marked and unmarked from Brekhus (1998) who, in his paper *A Sociology of the Unmarked: Redirecting Our Focus*, argues that the politically salient and ontologically uncommon distract our attention from the taken-for-granted (or unmarked) elements of life; Phelan (1993), too, uses the notion of unmarked, in Thrift's (2008, p.110) words, 'as an attempt to find, value and retain what is not marked as "here", yet palpably still reverberates; invisible dust still singing, still dancing'.

> from these elements, though; they are also imbued and continuously interact with them, putting humans in continuous flux as ontologically both microcosm and person-as-world (Robertson 2017, 854—56) … [A person is] not substantially bounded off from her external world. Indeed, she *is* the perceptible phenomenal world …. (Cameron, 2019, p.1)

Recognising the push also pushed me, if you will, in search of theoretical models that might hold onto practice, but also reach beyond it toward a greater emphasis on materiality and ontology. It was not only Ayurveda, wellbeing and women in marked and unmarked spacetimes as discrete sites of thematic interest that I was trying to make sense of, but their relationality, their interplay and interconnectedness in/as the mundane, the material and the metaphysical. My own observations — where local understandings of ancient medicine's humoral or *doshic* forces connected bodies, their physiological processes and the wider cosmos to women's uses of medicinal plants in cultural and gendered practices of everyday wellbeing — needed to remain relational, complex and alive in my analysis.

Thus, I made a curious decision. Rather than turn to theories of practice, to medical anthropology and the extensive literature on ethnomedicine, or to feminist anthropology as I might rightly have done, I looked outside anthropology. I looked to geography and to the ways cultural geographers have developed a 'non-representational ethnographic style' (Vannini, 2015, p.317) widely known in geography as non-representational theory (Thrift, 1996, 2008), or more-than-representational theory (Lorimer, 2005). I made this decision, in short, because:

> Non-representational ethnography seeks to cultivate an affinity for the analysis of events, practices, assemblages, structures of feeling, and the backgrounds of everyday life against which relations unfold in their myriad potentials. Non-representational ethnography emphasizes the fleeting, viscous, lively, embodied, material, more-than-human, precognitive, non-discursive dimensions of spatially and temporally complex lifeworlds. (Vannini, 2015, p.317)

As a non-representational project, therefore, my analysis might capture the relationality of Ayurveda, wellbeing and gender in/as mundane, material and metaphysical phenomena. Indeed, I gravitated toward non-representational theory as part of a larger post-humanist move in the social sciences centred around new materialisms. New materialisms emphasise human-nature relationships, or relationships in the biophysicalsocial world and propose that humans are not placed at its centre, and agency is not only limited to their actions: vitality is, from this view of the world, afforded to human and non-human, the animate and the inanimate, to culture and to nature (Fox & Alldred, 2015). Of course anthropology has a presence in this literature, too, in anthropologies of material culture (DeSilvey, 2006; Hallam & Ingold, 2014; Ingold, 1993, 2000, 2011) and most recently in anthropology's 'plant turn' (Lewis-Jones, 2016). Although I draw on these bodies of knowledge, it was in non-representational theory that I found a foregrounding of 'the entangled materialization of which we are part' (Barad, 2007), and an attempt to theoretically 'capture the "onflow", as Ralph Pred (2005) calls it, of everyday life … [by following] the anti-substantialist ambition of philosophies of becoming and philosophies of vitalist intuition' (Thrift, 2008, p.5) — that spoke directly to my data.

Thus, I have taken my cue from geographers such as Phillip Vannini and Nigel Thrift, but also, reaching out from geography and back to anthropology, I have engaged with the work of people such as Tim Ingold, Alberto Corsín Jiménez and Elizabeth Grosz. These theorists, to varying degrees and on the shoulders of academic giants such as Gilles Deleuze, Maurice Merleau-Ponty and Pierre Bourdieu, pursue ideas on space, time, practice, the body and gender that distend well beyond their own disciplinary zones of comfort. They move (as is characteristic of thinking and researching in non-representational theory and new materialisms more generally) across anthropology, geography, philosophy, physics, biology and biodiversity to understand that,

> … the world is a making (Threadgold 1997): it is processual; it is in action; it is 'all that is present and moving' (R. Williams 1972: 128). There is no last word, only infinite becoming and constant reactivation. (Thrift, 2008, p.113-114)

In the spirit of the new materialist vanguard, I embrace my research as a cross-disciplinary 'non-epistemic ontology-activity' (Newman & Holzman, 1997, p.11) and draw eclectically from the literature. I take this unusual path — often looking outside anthropology to illuminate what Malayalee women valued, what they embodied in prosaic acts of everyday concern — to tread an alternative route into a spatio-temporally situated anthropology of wellbeing.

Overview of methods

In the years prior to my fieldwork, I had regularly travelled to Kerala. Out of interest, together with my friend and ayurvedic physician, Dr Sreejith, I had been working on a translation, from Sanskrit to English, of *slokas* or passages of poetry on the foundational principles (*sutrasthana*) of the ancient Ayurveda treatise *Astangahrdayam* (the translations I use throughout this thesis are ours, unless stated otherwise). Even then, the movement building internationally around Ayurveda as a respected system of traditional medicine was clear to me, as was its reach back to Kerala in the form of visitors as wellness tourists frequenting resorts and spas. Its lessons, presented on the pages of revered ancient texts like *Astangahrdayam*, and its presence in local hospitals and clinics, was also readily evident. What seemed less clear (and more compelling to an outsider interested in people), however, was what Ayurveda meant in the everyday lives of the people I had come to know in and around Dr Sreejith's village. How, I wondered, was Ayurveda *lived* — not visited or taught or clinically practised, but lived? I began learning Malayalam, hoping to engage in more substantive conversations with the people I smiled at in passing in the village each day. On return visits, I began building up a network of connections outside Dr Sreejith's family. Then, in 2014, I met Professor Vineetha Menon, an anthropologist from Kannur University, and my interest in Ayurveda suddenly became the topic of a doctoral application.

Thus, in January 2016, I travelled back to Kerala affiliated to Kannur University, with Professor Menon as my local academic guide. Over the course of twelve months in the field, I conducted ethnographic observations in more than 20 local hospitals, clinics, and factories as well as a number of ashrams and tourist resorts. With my interests still

firmly focused on everyday (and not clinical) Ayurveda, however, I also spent time in homes and kitchens. Increasingly, I spent time with women as the distinctly gendered nature of my encounters emerged. Using the method of free listing, I documented the medicinal plants growing around 30 homes in north, central and southern Kerala. In the central district of Ernakulam, I lived with a family and observed the home-based ayurvedic postnatal care period. I also attended one-day ayurvedic medical camps, volunteered in a local ayurvedic pharmacy and worked on a *thozhilurappu* crew[3] as a way of meeting local women. In total, I conducted 128 formal interviews and 22 follow-up interviews, 97 of which were recorded and transcribed verbatim. Interviews conducted in Malayalam were transcribed and translated by three research assistants. Soon after my arrival in 2016 I had negotiated access to Kerala's government Ayurveda colleges and teaching hospitals, and thus, along with one of my research assistants, Maria, augmented my observations with archival research wherein we collated data from college admissions ledgers and textual sources from library shelves and archives.

Figure 2: Women in a *thozhilurappu* crew clearing land near Trivandrum, Kerala

[3] *Thozhilurappu* is an employment scheme, established by activist Mahatma Gandhi, where people are guaranteed up to 100 days per year of paid physical labour, clearing land in their own communities. I joined a *thozhilurappu* crew in a village outside Trivandrum.

Before discussing, in more detail in Chapter 2, the subjective dimensions of my engagement with the peoples and places of my research (the ethnographic encounters and methodological considerations that came together to structure my study and the methods I chose), I introduce two key concepts. Firstly, I describe Ayurveda, and its distinctive local evolution as Kerala Ayurveda. And secondly, I introduce the notion of wellbeing from both ayurvedic and academic perspectives. A brief consideration of these terms, and their implications for an ethnography concerning the lived experience of ayurvedic wellbeing, is a necessary point of departure.

What is Kerala Ayurveda?

The ancient medical system of Ayurveda has been practised for some five thousand years in India. The Sanskrit term *āyus* is commonly translated in English as 'life' or 'long life' and *veda* as 'knowledge' or 'science'. Thus, *Āyurveda* means the 'science of life'. Today, however, the term Ayurveda has entered the English language and '[i]t can therefore be used, without diacritical mark, as an English word signifying classical Indian medicine' (Wujastyk, 2017, np).

As told in Vedic mythology, Ayurveda is believed to have existed in the universal consciousness or *brahma* before the knowledge was passed down, through a chain of deities — from Lord Brahma to the king of the Gods, Indra — to reach the physical world. Dated to the fourth century BCE, the ancient medical text *Caraka Samhita* details Ayurveda's origin myth and explains its transition to earth. It details how, in desperate need of managing human ill-health, an assembly of physicians held in the Himalayan mountains voted that Sage Bharadvaja be sent on a celestial quest to present the troubles ailing humankind to the king of the Gods, Indra. Indra, in considering Bharavaja's request, and understanding the need to ease the suffering of earthly humans (humans must live in health, he maintained, to fulfil their life's purpose of attaining enlightenment or *moksha*), gave his solution in the form of Ayurveda. That is, when Indra deemed the world ready for ayurvedic wisdom, he let the unseen be seen.

The creation myth describes the origin of Ayurveda as it came to earth. Once on earth, from India's highest peaks, ayurvedic knowledge gradually trickled down from north to south India and farther afield to today's Pakistan, Nepal, Bangladesh, Myanmar and Sri Lanka.[4] Across these locations, with their varying climates and natural resources, Ayurveda took on distinct local guises, perhaps none more distinctive than in Kerala. Ecologically, with its lush tropical coastal climate at the foot of cool mountainous regions, Kerala's range and diversity of plants, and thus plant-based medicines, provided unique conditions for Ayurveda to flourish (Udayan & Balachandran, 2015). The climate that facilitated the development of hundreds of local plant-based medicines and medicinal uses of the most mundane, everyday substances (for example, '[a]ll the parts of the coconut tree — the midrib of leaf blade, fronds, roots, fibres of husk, shell etc. — are used as medicines here' (N. V. K. Varier, 2012, p.308)) also facilitated the development of unique treatment methods: *dhara* (medicinal liquid poured over body parts), *navarakkizhi* (poultice of medicated rice)*, pizhiccil* (technique of applying oil to the whole body) and *chavuttiuzhichil* (massage done with therapists feet, not their hands). Such treatments speak to Kerala Ayurveda (N. V. K. Varier, 2012; Warrier, 2013).

Kerala Ayurveda centres around a number of unique textual sources, too. Of the most revered ancient texts, Vagbhata's *Astangahrdayam* was most popular with the Malayalee physicians I came to know.[5] But, in Kerala, *Sahasrayogam*, a collection of

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[4] According to the World Health Organization's *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review*, between 60–80% of people in these countries still practise Ayurveda today (WHO, 2001).

[5] Although earlier textual evidence of Ayurveda exists in the form of the Bower Manuscript (N. V. K. Varier, 2012; Wujastyk, 1998), between 400 BCE to 600 CE, the body of knowledge, passed orally since it was first taught by Indra to Sage Bharadvaja, was comprehensively etched in Sanskrit on leaves of birch bark in the manuscripts that would later become known as the *brhattrayi* or the three great texts of Ayurveda: *Susruta Samhita*, *Caraka Samhita* and *Astanga Samgraha*, compiled by Susruta, Caraka, and Vagbhata respectively. Written in passages of poetry known as *sloka*, the ancient texts are considered scholarly works of great medical and literary significance. Vagbhata is also attributed to the ancient text *Astangahrdayam* — the text revered in Kerala for its beautifully crafted *sloka* and succinctness in presenting the teachings of the *brhattrayi*, but also because Vagbhata is thought to have lived in Kerala. In Sanskrit, *astanga* means eight and *hrdaya* means heart. Thus, *Astangahrdayam* is the heart of the eight specialist fields of Ayurveda. Although I occasionally draw on *Susruta Samhita* (SS) and *Caraka Samhita* (CS) throughout this dissertation, when I quote theory from ancient texts, I mostly reference *sloka* from *Astangahrdayam* (AH) since this was the text most closely followed by the Malayalee physicians I came to know during my time in Kerala (see also Wujastyk, 1998; Zimmermann, 1978a).

1000 ayurvedic formulations distinctive to Kerala (formulations not found in *Astangahrdayam* or other important ancient texts), has also been 'used by physicians *and families* as a treasure of household remedies' for generations (N. V. K. Varier, 2012, p.308, emphasis added). Indeed, while many Malayalees knew of texts such as *Astangahrdayam*, most of my non-physician participants actually kept copies of *Sahasrayogam* in their kitchens. *Sahasrayogam* is organised by *dravya* or substance — *kashaya* (fermented remedies), *ghrita* (ghee-based remedies), *taila* (oil-based remedies), *choorna* (powder-based remedies) — and not by disease categories. This may indicate that, prior to the book's first publication (circa mid-sixteenth century CE), Ayurveda was already embedded in the social fabric of Kerala and *Sahasrayogam* may have served as a simple reference guide to clarify the detail of formulations that were already well-known to Malayalees for their uses in managing various diseases (and not as a textual source to learn which formulation to prepare for which disease).

Indeed, alongside *Sahasrayogam*, there is further evidence to suggest that ayurvedic medicine has long filtered through everyday life in Kerala. Well-developed indigenous and Dravidian totemistic systems of medicine existed in ancient Kerala before Aryans arrived in the state (circa eighth century CE) and introduced the caste system and Sanskrit language (Menon, 2015). Aryans, Varier (2012, p.307) argues, 'only reformed this [Dravidian] system and gave it new form and content'. From this point of view, an ayurveda or Ayurvedas have existed in Keralan society since time immemorial. Indeed, it's embedded presence in various religious and regional rituals in Kerala probably attests to his fact. Further, as the caste system took hold during the slow Aryanisation of Kerala — the period Varier, below, loosely refers to as the arrival of Sanskrit — ayurvedic physicians who had hailed from many classes in society soon represented many castes (Menon, 2015). In Kerala, the clinical study and practice of Ayurveda was not limited to select groups.[6] In fact, Varier suggests:

[6] However, the arrival of the caste system did see the creation of a select group of upper-caste Brahmin families, known as *Ashtavaidyans*. Following Vagbhata, they became Kerala's most esteemed and learned practitioners in the eight specialist fields of Ayurveda (Namboodiri, 2015).

> The social nature of the medical profession prior to the arrival of Sanskrit can be gauged from the enormity of depressed classes and families who followed the medical practice as their traditional profession … There were families that followed paediatrics, ophthalmology, toxicology, demonology, etc. as their traditional profession; also, there were families that followed only a particular nostrum useful in peculiar ailments, cuts, fractures, etc. as their inherited ingenuity. All these facts indicated that there was a widespread social foundation for medical practice in Kerala prior to the advent of Sanskrit. (N. V. K. Varier, 2012, p.309)

Lastly, an aspect of sociocultural life in Kerala that has uniquely influenced the development and practice of Kerala Ayurveda (although it has gone largely unrecognised as a vital factor) centres on the social positions and roles of women in the state. Over history, Malayalee women have sustained relatively high social status. Kerala is a state comprising more women than men, and Malayalee women enjoy longer life expectancy, lower birth rates, lower infant mortality, as well as higher rates of employment and education than women in any other state in India (Jeffrey, 1992). They also marry later than women in any other state in India (ibid., 1992). The current social indicators of wellbeing that place all Malayalees (not only women) well ahead of other states in India (often referred to as the 'Kerala Model') exist in the context of a society that has — from at least the early Sangam Age (first to the fifth century CE), and through the system of matriliny[7] — valued its women (Jeffrey, 1992, 2010; Menon, 2015). Women's active participation in society has also meant active involvement in healthcare at home and outside it (Jeffrey, 1992; John & Jacob, 2016; Pillai et al., 2003). Further, high rates of female literacy over generations has allowed women to engage in textual Ayurveda through texts like *Sahasrayogam*, but also to learn Ayurveda in *sloka* and proverb in school, and to take in its lessons from other less formal media such as newspapers and women's magazines that regularly publish articles on topics of Ayurveda. These forms of health seeking and literacy — what Jeffrey identifies as 'the crucial aspect of Kerala's

[7] Matriliny was a system of family inheritance following female lineage that operated in Kerala from the tenth to the early twentieth centuries CE. Although matriliny was formally a system of upper caste Hindus, its widespread influence 'defined old Kerala as effectively as the Malayalam language' (Jeffrey, 1992, p.25). Menon concurs: 'Even Brahmins and Muslims who as a rule follow everywhere the *makkathayam* or patrilineal system of inheritance have *marumakkathayis* [matriliny] among them in Kerala' (2015, p.14).

culture' (2010, p.126), and what Halliburton finds evidenced in the existence of Indian philosophy in everyday discourse, where Malayalees 'popular consumption of elite philosophy may be what makes Kerala unique' (Halliburton, 2002, p.1126) — are also recognised as fundamental to wellbeing the world over (Corsín Jiménez, 2008b).

For Ayurveda, then, Kerala's diverse ecologies, ritual forms, diffuse caste specialities, and gendered social norms valuing literacy and participation have ensured its 'widespread and respected' (Jeffrey, 1992, p.189) integration into Keralan society. But also, for an anthropological thesis concentrated on the lived experience of everyday Ayurveda, it was these distinctive cultural dimensions (medicinal uses of plants that spontaneously grew in the dirt; knowledges spread out amongst generations of women; Ayurveda in everyday ritual and routine) that surfaced again and again in my own observations of wellbeing practices in homes. Kerala Ayurveda and women's everyday practices of wellbeing were intimately (and often confusingly) tangled up in one another: they formed a knot, the loops and twists of which have remained fundamental to the discussion and analysis herein.

Ayurvedic and academic notions of wellbeing

Although my thesis concerns Kerala Ayurveda, as just introduced, I am not attempting to review the traditional medical system in its entirety. Indeed, I am narrowly focused on the topic of wellbeing — a distinct and clearly-defined notion in Ayurveda. By contrast, in academia, wellbeing is a contested notion; and for many anthropologists, an undervalued one. In this section, I address various notions of wellbeing, and introduce some discipline-specific issues.

Wellbeing in Ayurveda

The three great texts or *brhattrayi* of Ayurveda centre on eight specialist fields or clinical branches of ayurvedic medicine[8], but each text also begins with a foundational theory of

[8] The eight specialist fields are: *Kayacikitsa* or Internal Medicine; *Kaumarabhrtya* or Paediatrics; *Grahachikitsa* or Psychiatry; *Urdhvangachikitsa* or Head, Eye, Ear, Nose, Throat and Teeth Specialists;

wellness in a section on Ayurveda's general principles or *sutrasthana.* The *sutrasthana* emphases good health in prescribing a regimen for wellbeing (*svasthavritta*), upon which the eight branches of Ayurveda rely. 'Arguably,' Alters (1999, p.46) writes, 'ayurvedic treatment works effectively only if one abides by a daily regimen that promotes balanced fitness. In some sense, contingently good health is a prerequisite for being cured'. The theoretical tenets of *svasthavritta*, as detailed in Ayurveda's ancient texts, are integral to the ethnographic analysis that follows. Consequently, this section establishes the foundation of basic *tridosha* or humoral theory and outlines two key concepts of *svasthavritta* that were recurring themes in my fieldwork: *dinacharya* or the daily care routine and *rtucharya* or the seasonal care routine.

Figure 3: Cooking an offering for wellbeing at Attukal Pongala in the streets of Trivandrum.

Salyachikitsa or Surgery; *Vishachikitsa* or Toxicology; *Rasayana* or Rejuvenation/Geriatric Health; and *Vajikarana* or Sexual Health.

Svasthavritta: 'Being in one's own natural state'

The literal translation of *svasthavritta* comprises three terms: the root *sva* meaning 'he [or she] acts like himself or his kindred'; *stha* meaning 'standing, staying, abiding, being situated in, existing or being in or among'; and *vritta* meaning 'procedure, practice, action, mode of life, conduct, behaviour' (Monier-Williams, 1872, p1278; p1262; p1009). *Svastha* can be interpreted, Rao suggests, as 'being in one's own natural state' (2014, p.2) and *svasthavritta* as *the practice of being in one's own natural state*. Thus, *svasthavritta*, the practice of being in one's own natural state, is ayurvedic wellbeing.

Critically, *svasthavritta* concerns itself with *what people do* to enact the theoretical principles that inform the whole science of Ayurveda. Those behavioural practices centre around daily and seasonal habits, including cleansing the body of wastes and adapting one's diet, exercise and sleep patterns to suit the climate. *Svasthavritta* concerns practices that encourage health to reign over disease. But, they also extend to advice in personal hygiene and codes of good social conduct or *sadvrtta* pertaining to actions of the body, speech and mind, as well as adopting a set of moral and social values that centre on doing good deeds, showing compassion, as well as worshipping nature, elders and Gods. *Sadvrtta*, writ large, is a call to restraint, piety and upholding social values through conformity (AH 2.19–48). Thus, living within a set of moral values, abiding by social mores and following spiritual guides are understood to prevent disease (and improve wellbeing) with as much efficacy as any drug. Indeed, adherents who adopt *sadvrtta*, we are told in the final *sloka* on *svasthavritta* in *Astangahrdayam*, 'will surely attain long life, health, wealth, reputation and the eternal world' (AH 2.48).

Permutations of *svasthavritta*, especially its moral underpinnings, dominated the social lives of participants in my study. For women, the demure characteristics so powerful in Ayurveda's conceptions of *good conduct for health* also exist as powerful social and cultural boundaries in generating *good women for society,* as I explore in Chapter 5.

The system of tridosha

Ayurveda's foundational theory begins with an understanding that the universe comprises five elements or *panchamahabhuta*: earth, water, fire, air and ether. These five elements determine the composition of all matter in the material universe. In the body they are represented as the fluids and forces which regulate physiological processes, and are known as the system of three humors or the *tridosha* system of *vata dosha* (air and ether), *pitta dosha* (fire and water) and *kapha dosha* (earth and water).[9] The Sanskrit meaning of *tridosha* comprises two parts: *tri*, meaning three; and the verb *dosha*, meaning 'to fault' and 'to vitiate'. Understanding the term helps to understand the inherent behaviour of *dosha*: it describes how the humors rupture and change; it explains their nature towards error, spoiling, impairment and deficiency; and, it communicates the ceaseless jostling or motion between the three, meaning 'the body is a priori in a dynamic state of humoral interaction, with more than one *doṣa* predominating in temporal—diurnal, seasonal, age—rhythms that produce not homeostasis but a natural instability' (Cameron, 2019, p.71) . Based on the inherent qualities of the *panchamahabhuta,* each *dosha* is also understood to possess its own set of qualities that define or explain its presence in the body (see Appendix A). The proportions of the three *dosha* in individuals, known as an individual's constitution or *prakrti,* is set at the time of conception. Every individual, thus, possesses a unique mix of *vata*, *pitta* and *kapha* (Sastri, 2014). Together, alongside an individual's *prakrti*, the three *dosha* operate in constant flux — '[a]s images, they are fluid; as concepts, they are pathogenic factors' (Zimmermann, 1987, p.169) — and control the body's systems.

Outside ayurvedic theory, the terms *vata*, *pitta* and *kapha* are ubiquitous in common Malayalam lexicon and idiom (see also Trawick (1992) and Bode (2008) who find a similar situation in neighbouring Tamil Nadu and in India more generally). As I will

[9] In Samkhya philosophy, matter, or *prakrti* is composed of three qualities or *gunas*: '*sattva* (lightness, brightness, truth, and beauty), *rajas* (force, action, vitality), and *tamas* (dullness, lethargy, inaction)' (Alter, 1999, p.47). The *guna* are inanimate until they contact the animating principle of the universal soul or *purusa*. From that contact, the *panchamahabhuta* or five elements form. Bodily *dosha*, therefore, are said to be less subtle forms of the interaction of *prakrti* with *purusa*; while *dosha* of the mind remain as the subtlest forms of *sattva*, *rajas* and *tamas* (Alter, 1999; Bryant, 2009; Marriott, 1976).

explore in later chapters, their sets of associated qualities, more than mere lists of adjectives or theoretical notions pertaining to change and balance, come together as cultural categories that contextualise and enable everything from Malayalee notions of health and beauty to culturally gendered expectations.

Dinacharya — The daily care routine

Dinacharya, the daily care routine, prescribes a specifically ordered routine to cleanse the body of wastes, and rebalance the body's *dosha*. When followed every day, *dinacharya* works as a preventative health measure to boost immunity, stave-off old age and disease. Specifically, *dinacharya* involves: waking and emptying one's bladder and bowels (*malavisarjana*); brushing one's teeth and scraping one's tongue (*dhatadhavana*); applying medicated eyeliner (*anjana*); inserting medicated ghee or sesame oil nose drops (*nasyam*); gargling an ayurvedic mouthwash decoction (*gandusa*); inhaling medicated smoke or steam (*dhuma)*; and chewing a betel leaf (*tambula sevana*). These processes increase *pitta* to drain the eyes, nose and throat of excess *kapha* (sleep, phlegm and coating on the tongue). Next, cleansing the body of wastes continues from the head down the entire body in a process concentrated on balancing the *dosha*, and most particularly on stimulating the downward energetic direction or flow of *vata* in the body. Oiling the whole head and body (*abhyanga*) increases *kapha*, before exercising (*vyayama*) which is suggested to strengthen muscles and reduce waste from the skin through sweating (this decreases *kapha* and increases *vata*). Next, applying a dry-powered massage with ayurvedic herbs (*udvartana*) over the entire body is said to exfoliate the skin of oil (reduces *kapha*) and stimulate the entire nervous system (increases *vata* and balances *pitta*). Lastly, taking a morning shower (*snana*), before breakfast, only ever using cool water on the head (to reduce *pitta*) and warm water on the body (to nourish the body and balance the three *dosha*) is recommended (AH 2.1–18).[10]

[10] Alter points out, however, that 'it is unlikely that Caraka and Susruta, among others, ever expected people to live up to the stipulated ideals of *svasthavrtta* … [t]here is, however, a tacit assumption which underlies the obsessive concern with hygiene and regimentation in Ayurveda, namely, an assumption that people are inherently unhealthy. What this suggests is that personal hygiene and the daily routine are not

Rtucharya — The seasonal routine

Consideration of the climate — the attributes of each season, how they change and how those changes automatically affect human bodies — is central to an ayurvedic understanding of wellbeing, too. The ancient physicians, in their sensitive observations of the world, identified six seasons in India, each lasting two months in a year, and each with their own corresponding *doshic* influences: *Sisira* (late Winter; *kapha* dominant); *Vasanta* (Spring; *vata* dominant); *Grimsa* (Summer; *vata* dominant); *Varsa* (Rainy Season; *pitta* dominant); *Sarat* (Autumn; *pitta* dominant); and *Hemanta* (early Winter; *kapha* dominant). The season of most interest in this research was *Varsa* or the wet season (known in Malayalam as *karkkidakam*). *Varsa* (or *karkkidakam*) occurs immediately after Summer, so the environment, although wet and dark with heavy cloud-covered skies, is still warm. Endless rain and wind create endless movement, water sources pollute, and all three *dosha* — *vata*, *pitta* and *kapha* — are affected. The wet season is the season in which people are most prone to disease. This season involves constant adjustment in the intake of food as a way of monitoring the body's ever-changing levels of *vata*, *pitta* and *kapha* as they respond to volatile atmospheric *dosha*. For Malayalees, this means adapting a common dish known as rice gruel or *kanyi* using ayurvedic medicinal herbs, to produce the wet season staple *karkkidakanji*.

Beyond the body, therefore, the *tridosha* system is understood to make-up and affect all substances, across all of time, including the broadest seasonal, atmospheric, environmental and even cosmic compositions. Critically, the *dosha* fluctuating outside the body influence a person's state of health as much as their internal *dosha*. The interplay between these coexisting layers of external *dosha* and the state of the *dosha* within the body form one's state of moment-to-moment health (*prakriti*) — the state for which the daily care routine or *dinacharya* helps to pacify and maintain in health. Nonetheless, at any given time, too much or not enough of the three *dosha* creates dis-ease or ill-health, meaning humans are in a constant struggle to counterbalance the

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forms of preventive medicine — there is nothing prophylactic about them — but rather forms of vigorous self-development (Alter, 1999, p.51).

inherent imbalance of the body in a 'radical, often forceful, always struggling mode of metabolic, humoral body-building and cosmic self-improvement' (Alter, 1999, p.45) away from imbalance and towards health and wellbeing.

In short, the three *dosha* — *vata*, *pitta* and *kapha* — abide in the body, both destroying it when they become abnormal and sustaining it when they are normal (AH 1.6). Thus, in ayurvedic terms, wellbeing or *svasthavritta*, 'the practice of being in one's own natural state', is a state of *dosha* in dynamic balance.

'Soukhyam' — Malayalee svasthavritta

Svsatha is the Sanskrit term to describe ayurvedic wellbeing. In Malayalam, the term for wellbeing is *soukhyam*. Locally, people did not refer to their *svastha*, but rather to their *soukhyam*. The Sanskrit terms *dinacharya* and *rtucharya* meaning daily and seasonal care routines, however, are the same terms in Malayalam. Thus, although they were not articulated as such, nor followed 'by the book', in their collection and preparation of herbs as they moved though their house plots, gardens and kitchens, Malayalee women lived-out *dinacharya* and *rtucharya* in versions of wellbeing (or *soukhyam*, in Malayalam) akin to but far from exacting the ancient textual routines of wellbeing (or *svastha*, in Sanskrit) as just outlined. I might ask, therefore, as Zimmerman did in his study on the role of ayurvedic regimens and seasonal cycles in disease prognosis and treatment: 'what is the connection relating what the texts say to what one can observe in India today?' (1980, pp.104-105; see also Leslie, 1976, 1992; Nichter & Nichter, 1996). Whilst textual accounts are undeniably important, understanding Ayurveda's sophisticated textual *sloka* and theoretical intricacies pertaining to wellbeing or *svasthavritta* still tells us little about how it is actually lived. It does not explain why home spaces were not recognised as sites of Ayurveda, or why ayurvedic doctors themselves did not practise *dinacharya*. This thesis, therefore, concerns itself with Ayurveda at the juncture where the science meets the people. It is not a review of Ayurveda's textual or canonical form, nor the traditional medical system in its clinical entirety. Rather, my intention is to explore, to suture, perhaps, the nuanced ways Malayalees themselves practised their (mostly non-textual) versions of *svasthavritta* with their conceptualisations of what it

means to be well. I am, one might say, engaged in an exploration of *svastha* as practiced and lived in/as *soukhyam*.

Academic notions of wellbeing

The notion of wellbeing in Western systems of knowledge and institutions that govern and produce knowledge, in contrast to Ayurveda's classical texts, bears within it much conceptual uncertainty. As a notion, its appeal stretches so widely (from psychologists, philosophers, economists, social scientists and beyond to politicians, educators, health workers and marketers) that it is ultimately watered-down to 'a typical catchall term without a precise meaning' (Veenhoven, 2004). Although defining the word itself is unproblematic — dictionary definitions and scholars ultimately concur that wellbeing, most broadly, concerns *the state of being comfortable, healthy or happy* — attempting to understand wellbeing as a concept, or to observe it as a lived experience, quickly problematises its definition. That is, succinct universals lose footing when we ask of them, how, exactly, wellbeing comes into being (and into beings).

Notions of comfort, health and happiness are themselves loaded concepts in conflicting cultural contexts. My own notion of happiness, for example, hovers around a sense of personal, eternal bliss; for the Malayalee women in my study, however, happiness was unavoidably linked to a utilitarian plight defined, in part, by suffering (see Chapter 5, this thesis; also Throop, 2015). As Thin notes, '[s]ome individuals and cultures may see lifelong daily happiness as the desired norm. Others put much more emphasis on working, suffering, and deferring pleasures now in order to achieve happiness later in life or in an afterlife' (2014, p.32). If happiness is a universal component of wellbeing, but happiness itself can mean bliss to one person and suffering to another, what then of wellbeing? The very definition appears predicated on shaky grounds. And once shaken, further questions stir: How do you reach a state of wellbeing? Is it only a state of being, or can it be *more* than that? Could it also be the *process* of reaching that state; or, could it be something else entirely — an object, a site, a belief, an action? How do we ascertain the meaning of comfort? Who defines health? What constitutes happiness? How, precisely, do comfort, health and happiness come together to create wellbeing?

What, Mathews and Izquierdo (2009) ask, might we make of their implied interconnection across cultural contexts?

Wellbeing and academic disciplines other than anthropology

Although variously defined, our collective interest in the notion of wellbeing is not new. In Western philosophy, Aristotle, in his *Nicomachean Ethics*, probably written around 350 BCE, contemplated *eudaimonia* (often translated as 'wellbeing', but also 'flourishing' or 'happiness'). For Aristotle, virtue, rationality and action come together to create good in one's life, and good decision-making drives their execution (Lannstrom, 2006, p.9). Indeed, *Nicomachean Ethics* opens thus: 'Every art and every inquiry, and similarly every action and pursuit, is thought to aim at some good; and for this reason, the good has rightly been declared to be that at which all things aim' (1094a p.l–3). *Eudaimonia*, as the highest human ideal, occurs with the union of good reason and good desire. Particular to the Indian context, too, the notion of wellbeing is not only detailed in Ayurveda's *svasthavritta*, but also considered life's highest ideal or purpose, where, at least two hundred years before Aristotle's *eudaimonia*, it was first expressed in the genre of Sanskrit texts known as *Dharmasastra* (dated from 600 BCE) as the 'goals of man' or *purusharthas* (Hiltebeitel, 2002, p.17). Indeed, Vagbhata opens *Astangahrdayam* by presenting *purusharthas*, and linking their attainment to Ayurveda. Vagbhata explains that our goals in life are to act with virtue and morality (*dharma*), to find purpose and earn wealth (*artha*) and, ultimately, to live life in comfort and happiness (*sukha*); for Vagbhata, *sukha* includes two aspects: desire (*kama*) and liberation (*moksa*). He goes on to argue that we need a long, healthy life to act out and achieve these aims, and that Ayurveda can show us the way. As Dr Bala, in his concrete clinic on the side of the national highway had quoted, 'those desirous of a long, healthy life [a life of wellbeing] … should practise the teachings of Ayurveda with utmost respect' (AH 1.2).

Both Aristotle and Vagbhata present a metaphysical wellbeing grounded in virtue ethics, the kind of ethic which has, today, been reintroduced to political philosophy and human development notions of wellbeing via economist Amartya Sen's (1999) basic capabilities.

But the disciplines of geography, sociology, psychology, public health, philosophy and development studies, too, have also presented substantial and varied histories of concern with the subject of wellbeing (see, for example, Conradson, 2012; Eid & Larsen, 2008; Haworth & Hart, 2012). Across these disciplines, wellbeing is considered both a subjectively experienced state and an objectively definable notion. The term can relate to individuals or to societies at large, but with the distinction between the two 'often left implicit and used for suggesting that what is good for society is also good for citizens' (Veenhoven, 2004). Wellbeing encompasses attributes that are generally considered good or positive, such as the notions of comfort, health and happiness introduced earlier, but, as something *more than* health, it also carries an existentiality not generally associated with the definition of health.[11]

[11] An exception to this is the World Health Organization's (WHO) 1948 constitutional definition which includes wellbeing as a dimension of health. Therein, the WHO identifies health as 'a state of complete physical, mental, and social well-being — and not merely the absence of disease or infirmity' (World Health World Health Organization, 2006). In this dissertation, however, I use the term 'health' in the narrow sense of being free from disease. Interestingly, in Kerala, the WHO definition of health was popular amongst ayurvedic physicians who drew parallels to Ayurveda's holistic understanding of what it means to be well. Physicians often cited the 1948 definition as a way of highlighting Ayurveda as a much older authority on holistic health, but also, antithetically, to defend Ayurveda's relevance in the modern, biomedically dominated health landscape in Kerala. Langford writes: 'Since the early part of this century, the proponents of Ayurveda have defended it from the encroachments of biomedicine on many platforms. On one platform they defend it as an embodiment of certain eternal truths. On another they defend it as a symbol of national identity. On another they defend it as a useful addendum to biomedicine. On yet another they defend it as a solution to the atomistic excesses of modern science' (Langford, 1995, p.359).

Figure 4: Medical manuscripts etched on birch bark in an old Malayalam script

While particular disciplinary focuses mean that economists, led by Sen, might focus on wellbeing as *capabilities* and *freedom* (Sen, 1980, 1993, 1999, 2002, 2009) or more generally as *utility* and *quality of life* (Dasgupta, 1993, 2001; Dowling & Yap, 2013), and sociologists might concentrate on *standards of living* as indicators of social inequality (Veenhoven, 1991), a pivotal theme of wellbeing research across disciplines concerns the ways in which wellbeing can be universally measured and compared. Gross National Happiness measures and cross-cultural scales of comparison, such as the United Nations Development Programme's Human Development Index (UNDP, 2018) and World Health Organization's quality- and disability-adjusted life year metrics (WHO, 2008), determine how wellbeing might, at a population-level, best be measured. Against such metrics, wellbeing has been pursued in everything from developing models of health promotion to identifying resilience factors that might improve psychological wellness (Knight &

McNaught, 2011; Raphael, Brown, Renwick, & Rootman, 1997; Walker & Kavedzija, 2015).

Outside academia, too, the popularity of a universal wellbeing persists in the way governments show increased policy support for national wellbeing initiatives (Allin & Hand, 2014). As an industry, the World Health Organization predicts that 'health and wellbeing' will become the largest global industry within the next five to ten years, with some scholars citing the field of holistic health and wellness tourism as driving the market (Voigt & Pforr, 2014). Indeed, popular 'self-help' literature already thrives on the term. Products and services (especially in the field of complementary health and beauty), are freely marketed for their potential to create or improve wellbeing — none, perhaps, more visibly than in yogic and ayurvedic discourses internationally and within India. Baba Ramdev, the face of India's largest FMCG (fast-moving consumer goods) company, Patanjali Ayurved Ltd, for example, offers consumers hundreds of 'ready-made' ayurvedic products to enhance wellbeing at his online 'Health and Wellness Store'.[12] Thus, we might conclude, that across times and continents, from Vagbhata and Aristotle to Baba Ramdev, wellbeing remains the highest of human ideals. And in Kerala — critically, given the context of this dissertation — Ayurveda is centrally implicated in its attainment.

[12] www.patanjaliayurved.net/category/health-and-wellness

Figure 5: Entry to Global Ayurveda Festival, Calicut, 2016

Exploring anthropology's 'institutional aversion' to wellbeing

Unlike the academic interest generated by researchers in other disciplines, however, anthropologists have remained largely uninterested in the discrete topic of wellbeing (Walker & Kavedzija, 2015). Indeed, in the decade since two pioneering edited volumes were published — Alberto Corsín Jiménez (2008b) with *Culture and Wellbeing: Anthropological Approaches to Freedom and Political Ethics*, and Gordon Mathews and Carolina Izquierdo (2009) in *Pursuits of Happiness: Well-being in Anthropological Perspective* — anthropological publications on wellbeing remain relatively scant (the HAU Journal of Ethnographic Theory's (2015) special issue *Happiness: Horizons of Purpose*, and the writing of Edward Fischer (2014), Joel Robbins (2013) and Michael Jackson (2011) are notable exceptions). But why, Thin (2014) asks, does our institutional aversion persist?

Neil Thin (2008, 2012, 2014) has been, perhaps, the most vocal advocate for anthropological research on wellbeing 'in the positive, constructive sense that the term implies' (2014, p.39), and not simply 'in a residualist way' (2012, p.37). In his contribution to *Pursuits of Happiness*, Thin outlines four sets of factors that he suggests stunt a robust anthropological study of wellbeing. They are: relativist/adaptivist factors (which have limited our capacity to engage in cross-cultural comparisons); pathological/clinical factors (since suffering and illness have taken academic attention over wellness, anthropologists are well poised to comment on what makes us unwell, but not on what keeps us well); cognitivist/social constructionist factors (which limit our contemplation of emotions, and the interplay of culture and biology in generating feelings); and antiutilitarian/antihedonistic factors (which concern the lack of disciplinary attention on motives and pleasures and the consequences for multi-disciplinary collaboration) (Thin, 2014, pp.27–30).

I will briefly single out Thrift's point on pathological/clinical factors, given the fact that I have not positioned my own research on an ancient medical system squarely within medical anthropology or an ethnomedicinal frame. Although predominately illness focused (Bhasin, 2007), the body of important literature on Asian medical systems in general (C. M. Leslie, 1976; Leslie & Young, 1992), and Ayurveda specifically (Alter, 2015; Bode, 2008; Cameron, 2009; Langford, 2002; Leslie, 1976; Nichter, 1981b; Wujastyk, 1998; Zimmermann, 1978a; Zysk, 1996) is still often relevant in my analysis. Nonetheless, the fact that the study of illness and people's somatic experiences of ill-health within the broader cultural and political situatedness of their bodies has historically been the focus of medical anthropologists has meant that,

> Much of this literature is concerned primarily with the relationship between specific kinds of somatic experience and the broader social, cultural and political context within which bodies are situated. When, from this vantage point, the body is viewed as symbolically, emotionally, or phenomenologically implicated in a broad spectrum of cultural constructs — and when sickness or distress is not explicitly an issue — then its health is not usually in question. In other words, when medical problems are not an issue, the question of health is not really a question at all. (Alter, 1999, p.44)

In my own study, however, the question of health when medical problems were not an issue *was* the main question. I set out to deepen our anthropological understanding of the notions of wellbeing and, in doing so, to contribute to newly emerging research on the cultural production and embodiment of wellness.

Adding to Thrift's list, in *Dark Anthropology and its Others*, Sherry Ortner takes wider economic and political contexts into account to suggest that, since the 1980s and under conditions of neoliberalism among 'all sorts of other axes of inequality, conflict and violence' (2016, p.65), a theoretical and ethnographic emphasis on 'dark anthropology' has also sidelined matters of wellbeing in anthropological research. For Ortner:

> Questions of power and inequality have come to dominate the theoretical landscape [of anthropology], both at the level of theoretical 'ancestors' (Marx, Weber, etc.), and at the level of the most prominent subjects of contemporary research (colonialism, neoliberalism, patriarchy, racial inequality, etc.). I call this the rise of 'dark anthropology': that is, anthropology that emphasizes the harsh and brutal dimensions of human experience, and the structural and historical conditions that produce them. (Ortner, 2016, p.49)

And, for anthropologists in general, this ethnographic and theoretical landscape has brought with it 'a certain suspicion of happiness as an essentially bourgeois preoccupation, increasingly associated with a neoliberal agenda, and potentially at odds with emancipatory politics' (Walker & Kavedzija, 2015, p.4). However, while dark anthropology's prominence may have stunted our collective interest in wellness, Ortner goes on to argue that it is now also the site of a wellness resistance. Our pervasive interest in 'the suffering subject' (Robbins, 2013) is slowly turning to consider subjects' wellbeing and happiness; to analytically contemplate, not power and inequality, but morality and ethics in 'anthropologies of the good' (Ortner, 2016, p.58) or 'positive anthropology' (Fischer, 2014, p.18). Ortner cautions, however, that we must keep the dark and the good 'in active interaction with, rather than opposition to, one another' given the ways 'the violence of power and inequality … limits and deforms projects of … the good life' (Ortner, 2016, p.65).

Exploring the lived experience of wellbeing, examining what makes life worth living, understanding how and why wellness matters in people's lives, Ortner agrees, are questions 'anthropologists are most certainly better suited to ask … and to think deeply about the answers [to], than the survey researchers who seem to control much of the happiness research today' (Ortner, 2016, p.59; see also Appadurai, 2013). The result of that control can be observed in the way wellbeing has been accepted as a bounded, single and static state, fully constituted in definitions such *as the state of being comfortable, healthy or happy*. 'In the literature, well-being often evokes an image of (basic) closure, a *minima moralia* represented by roundness or completeness' (Corsín Jiménez, 2008b, p.10).

All too often, that roundness or completeness is then also held still in the distance (future) as something to be sought (we talk of *seeking* wellbeing), but for which attainment remains an elusive goal, perpetually just out of reach — what Ahmed (2010) calls the 'promise of happiness' (see also Gardner, 2015; Vigh, 2015). Alternately, it is presented atemporally, considered without relation to time (or space) (James, 2008; Walker & Kavedzija, 2015). This closed, stilled, completed and detached conception of wellbeing (decidedly moribund for a term that sets out to explain the ways human lives are lived in wellness) dominates wellbeing discourse. It does not, however, explain the ways the Malayalee women I observed in Kerala practised being well; and it does not, I argue, capture the diversity in dynamic and fluctuating senses of wellbeing that a handful of ethnographers across diverse contexts have begun to take seriously (Corsín Jiménez, 2008b; Fischer, 2014; Jackson, 2011; Mathews & Izquierdo, 2009; Robbins, 2015). Nigel Rapport, in his study on porters in a Scottish hospital and their senses of wellbeing as they move about hospital corridors, says:

> Wellbeing has come to appear as a kind of balance, a proportionality. This is not a kind of stasis, however; it is a balance of movements — which can be difficult to achieve and maintain, and fleeting. (Rapport, 2008, p.110)

Michael Jackson opens his ethnographic narrative exploring wellbeing in Sierra Leone thus:

> This book is an essay in understanding human wellbeing, not as a settled state but as a field of struggle. As with goodness and reasonableness, our difficulty of achieving wellness does not diminish its hold over our imaginations, for it signifies a hope without which existence would be untenable — that life, for ourselves and those we care about, holds more in store for us than less. (Jackson, 2011, p.ix)

Corsín Jiménez suggests that there may be:

> … a sense in which well-being is still today a matter of appropriate illuminations, a matter of finding the right balance between the visible and the invisible elements of social life … It may turn out that proportionality, the image of the rightful balance, may work too as an analytic of sociological righteousness. (Corsín Jiménez, 2008a, p.180)

And Michael Lambek succinctly reminds us that:

> Well-being is no more stable than society. (Lambek, 2008, p.123)

Indeed, our anthropological analyses and contributions to the literature have already shown all the potential to push, to move, to unsettle the most enduring of human conditions from a universally defined static and often atemporal state to being understood as something else entirely: a culturally or locally cultivated and dynamic state in which spatio-temporalities are brought to the fore (Robbins, 2015; Walker & Kavedzija, 2015). Perhaps, with more concerted disciplinary interest, just as Kleinman's 'social suffering' (1981, 1997) and Good's 'semiotic networks' (1977, 1994) dislodged disease from the grip of biomedicine and gave it back to culture as a conception of illness, so too anthropological studies on wellbeing may take wellness from big data discourse and reposition it back to daily lives.

But, to do this, Thin argues, and 'to be relevant and respectable, anthropology must (not just could or should but must) do much more than it has so far done to theorize and collate our contributions to the understanding of well-being (and of its pursuit and moral valuation) in diverse cultural contexts' (2014, p. 26). That is, we must engage, not only with our own interesting ethnographic explorations of a dynamic wellbeing, but with what they mean for wellbeing's theoretical expansion toward its basis in a more

open, fluid conceptualisation in the literature. Thin's call to action challenges us to imagine what wellbeing *can be* (rather than what it *is*) and thus emphasises wellbeing's unfixed potential in *becoming*; wellbeing 'reflects a sense of discontinuity between who we are and what we might become' (Jackson, 2011, p.ix). Indeed, Rapport argues, 'there is a tension between well-being and becoming. An argument may be made that human experience is a trajectory: a continuous movement between moments of being, an experience of betweenness, of transition and becoming' (2008, p.96). In this thesis, I pursue such an argument. And, following Thrift's call to action, I do so via non-representational theory as an approach within which wellbeing, as a matter of *becoming well*, might develop.

In the end, Lambek asks, '[w]hat could be more important for the human sciences than the subject of well-being? It is not always at least the implicit subject of our work? And yet what could be a more problematic topic?' (2008, p.115). In the home gardens and kitchens of Kerala, I take on the important (and problematic) topic of wellbeing. I have, however, not set out to define wellbeing. Rather, following Walker and Kavedzija's (2015) ethnographic approach to happiness, I have ethnographically approached wellbeing as it 'figures as an idea, mood, or motive in everyday life'; I have tried to remain less concerned with what it 'is' and more with how it 'works' and what it 'does' (Walker & Kavedzija, 2015, pp.1-7).

In the field, although it depended on the season and the exact location, long pepper vines crawled up coconut tree trunks, overripe nutmeg fruits and tamarind pods littered the ground beneath giant tree limbs, *tinospora* climbers and *brahmi* creepers tangled their way from one end of Kerala to the other. In every household I visited, plants like these were collected and processed by women, and consumed by families, not only to enhance the flavour of their food, but medicinally, to enhance and maintain their health and wellbeing. It was the medicinal plants — those *threads of green* — that wove their way in and out of roadsides and house plots, into homes, and eventually through bodies, that metaphorically and quite literally stitched Ayurveda's unmarked spacetimes together, connecting them with their deeper cultural relevance to everyday wellbeing. For the women in my study who disappeared outside their homes when a child had a

slight cough or superficial wound, or when something was missing from the curry they were cooking, and returned with handfuls of *green*, the spaces around and between their homes were better than any Sunday market or ayurvedic pharmacy.

Figure 6: Collecting medicinal plants in the *parambu*

Thus, in turning to the field, I borrow Mary Cameron's use of ayurvedic imagery to describe wellbeing in action:

> Like the fluids of the ayurvedic humoral system well-being is in a state of dynamic balance. We experience our lives as complex and dynamically interacting layers of

> physical, emotional, mental, social, familial, economic, and spiritual realities. Well-being is also a dynamic state of attention to all of these layers, as some retreat and some advance, calling for our attention like a child with a hurt finger. (Cameron, 2004, np)

However, in a society that does not easily distinguish an 'ayurvedic' way of living from a 'Malayalee' one, I find myself in the writing that follows (as I did in the field), repeatedly dissecting two deeply embedded concerns from culture: What, exactly, is Ayurveda today? And what, specifically, is wellbeing in Kerala? That is, to contemplate wellbeing together with Ayurveda anthropologically, I first needed to consider them culturally. Thus, I begin by asking, how is '…the *lived* experience of individuals connected to the virtual realities of tradition…?' (Jackson, 1998). And, how might a shift from the 'book view' to the 'field view' (Srinivas, 1998, p.200) expand our understanding of ayurvedic pursuits in wellbeing?

Next, after providing a brief overview of the chapters in this dissertation, I turn my attention to the field view.

Overview of chapters

This thesis is divided into six chapters. In Chapter 2 I orientate myself methodologically, drawing attention to the spatio-temporal emphasis of my field beginning at Mary's House. I explore the ways space and time held significance ethnographically and methodologically in my fieldwork, and conclude with some brief theoretical thoughts developing 'everywhere and nowhere' as the central concept-percept of my dissertation.

In Chapter 3, I theoretically develop space and time, and take up the unmarked spaces of Ayurveda as spaces that *become* (find significance) though or in daily practices (the lived, corporeal experience of Ayurveda in the doing of daily and seasonal care routines, of *dinacharya* and *rtucharya*), and not as locations/sites/areas of the house that pre-exist externally to the practices that play out there. Those practices centre around the landscapes of the home, the medicinal plants that grow in the dirt there, and the way those plants are processed and consumed by the bodies that live there. There is, in

other words, an innate temporality to the spaces of Ayurveda. I emphasise my own anthropological contemplation of space and time as one spacetime, and thus, reimagine the marked and unmarked as *spacetimes* of Ayurveda.

Chapters 4 and 5 concern everyday life and a turn to practice, where the body assumes a position of centrality as it is understood, alongside spacetime, to be in play with three themes of a non-representational approach: sensations, affect, and performance. These three themes are not developed as discrete topics, but woven throughout the chapters as a way of 'thinking with the entire body … valoris[ing] all the senses, and not just the visual' (Thrift, 1996, p.7). In these chapters, then, multi-sensuous engagements implicate the whole body and mind ethnographically and theoretically. For the most part, the practices that take place in unmarked spacetimes are ayurvedically informed, but not identified as such by women themselves. For them, their practices are a matter of 'being Malayalee', not 'practising Ayurveda'.

The practices I focus on in Chapter 4 concern the way bodies ingest substances for their medicinal significance. In Kerala, Ayurveda is tangled up in diets but also in religious and cultural ritual and practice. In unmarked spacetimes, where women are 'the physicians of the house' preparing 'grandma's medicine', food, medicine and God collapse together in acts of everyday wellbeing. This process happens by engaging all the senses and with the entire body. In this chapter, I borrow Scheper-Hughes and Lock's (1987) influential conceptual analytic of 'the mindful body', extended here as a 'body-mouth', to explore this process. In the preparation and consumption of substances, promiscuous bodily processes (the hand chews, the skin swallows, the heart tastes) allow the body-mouth to be understood not as a complete and stagnant whole, or a container, but itself a substance generating and emergent.

Chapter 5 keeps the body in focus, but in its gendered, culturally idealised form over the lifespan. Beginning with an extended ethnographic vignette of the ayurvedic postnatal care routine, and then looking at one-day ayurvedic medical camps, this chapter explores how female bodies are moulded in utero and postpartum in the ayurvedic postnatal care period and then later performed in adulthood. Thus, while Chapter 3

concerned subject-object relations, Chapter 4 concerns subject-positions. Women are 'the physicians of the house' and they manage the wellbeing of their families (by administering food as medicine, decocting medicinal plants into 'grandma's medicine', and following daily and seasonal care routines) in a role that is intimately (although unknowingly) linked to Ayurveda, but also, to future social and cultural expectations. Wellbeing practices cross over as performances that constitute cultural notions of the 'good woman' (*nalla sthree*) and the 'perfect wife' (*utthama bhaarya*), and, therefore, they also speak to politics, they reveal history and they spatially locate the gendered norms of wellbeing. I draw upon Deleuze & Guattari's (1987) notion of the 'spacing' or the gaps in spacetime, developed non-representationally by Crouch (Crouch, 2003, 2010a), to explore these issues.

In Chapter 6, I step back to look at the gendered history of Kerala Ayurveda. Here, I consider Ayurveda's marked spacetimes and its textual history before engaging with the lives of six pioneering female physician collocutors. I retell the stories of their own lives and experiences in the marked and unmarked spacetimes, as a way of exploring a gendered history of Kerala Ayurveda. de Certeau's (1988) notion of 'spatial stories' allows for a final reflection on Ayurveda's marked and unmarked spaces over time.

I conclude this dissertation, in Chapter 7, with some final reflections on the spatio-temporalities of wellbeing.

2. Mary's house: time and the field

Finding Ayurveda and finding my feet in Kerala

In this chapter, I present a descriptive account of my research methodology, and how it changed over time. But, in reflecting on my 'methods-in-action', I also offer an analytical contribution to the current methodological debates in anthropology concerning the field as a temporal, not only spatial, phenomena. This extended methodological discussion leads me to a short theoretical introduction, where I use a non-representational lens to develop 'everywhere and nowhere' as the central concept-percept of my dissertation.

Where: multiple sites

From India's southernmost tip, Kerala borders Tamil Nadu and Karnataka to its east, with some 600 km of Arabian Sea shoreline to its west. Kerala Ayurveda, in its many guises, covers the same amount of ground. Indeed, the state's tourism slogan 'Home of Ayurveda' captures both the omnipresent nature of Ayurveda throughout the state, and the claim that Ayurveda 'naturally' belongs to her people — it proclaims Malayalees as the nation's autochthonous practitioners of Ayurveda. In fact, Ayurveda's presence dominates Kerala's landscape to the extent that I could, conceivably, have stayed anywhere in the state to conduct my fieldwork; in the gigantic state-wide sized metaphorical 'home' of Ayurveda, I could have put my bag down in any 'room' and observed Ayurveda just the same. How, then, could I limit my ethnographic focus somewhere when everywhere seemed relevant and anywhere could do?

In January 2016, beginning at my affiliated university in the northern district of Kannur, I spent my first months of fieldwork travelling from Kannur to the southern-most district of Trivandrum, employing the approach Marcus (1995) identifies as 'following the thing' (which was Ayurveda) and 'following the people' (who were Malayalees). I became, what Coleman and von Hellermann refer to as, one of those '"lone" ethnographers literally "following" themes or topics across space' (2011, p.2). Scoping the fields of Ayurveda in such a manner allowed me to orientate myself to Kerala Ayurveda, but also

to forge the networks and connections that I anticipated would, over the next twelve months, and in the fullness of time, structure a multi-sited ethnography.

Map: Kerala's districts and research fieldsites

Reflecting on multi-sited ethnography

In 1980s anthropology, the practice of multi-sited ethnography, as pioneered by Marcus (1986, 1995), developed in response to a world system in which new capitalist political economies had shaken the boundaries between local and global, between 'the West' and 'the Rest'. In this new world — 'a world where the most enlightened are only part-time citizens of part-time communities of imagination' (Trouillot, 2003, p.12) — anthropologists had to make sense of the forces of globalisation, of what it meant for the bounded stability of notions such as 'culture' and 'society', and of their own position within it all. The level of intense reflexivity so emblematic of the postmodernist critique of anthropology of the time (Sluka & Robben, 2012; Trouillot, 2003) extended beyond researchers themselves to their research designs. Research methodology, it became clear, now needed to 'examine the circulation of cultural meanings, objects, and identities in diffuse time-space' (Marcus, 1995, p.96), and not, as had been done since Malinowski's boat left him on the shores of the Trobriand Islands, in bounded single-sited locations.

It was time, Marcus and others (Appadurai, 1996; Clifford, 1997; Coleman & Collins, 2006; Coleman & von Hellermann, 2011; A. Gupta & Ferguson, 1997; Hannerz, 2003) argued, for anthropologists to lose the *Malinowskian complex* and instead design ethnographies:

> … around chains, paths, threads, conjunctions, or juxtapositions of locations in which the ethnographer establishes some form of literal, physical presence, with an explicit, posited logic of association or connection among sites that in fact defines the argument of the ethnography. (Marcus, 1995, p.105)

Multi-sited ethnographers put forward the notion that 'the field' itself, mirroring the movements and habit patterns of contemporary citizens, could (should) concern a dynamic processes and networking of multiple locations. That is, multi-sited ethnography conceptually and physically unfixed the field from its traditional (if only romanticised, and not ever strictly actualised) single site (Trouillot, 2003).

Following the thing and following the people

In Kerala, although I was not concerned with clinical aspects of Ayurveda, I decided early in my fieldwork that hospitals might be logical places in which to find people who practised Ayurveda in daily life: if they sought ayurvedic treatment when they were sick, I reasoned, the same people might also follow Ayurveda when they were well. Thus, 'the thing' I began following narrowed to clinical Ayurveda, and 'the people' to ayurvedic patients. As I moved from Ayurveda hospital to Ayurveda hospital, however, I was repeatedly told that Malayalees *did not* follow Ayurveda in daily life outside clinical contexts. From their hospital beds, patients assured me that treating illness with Ayurveda did not translate into managing wellness with Ayurveda.

There were, however, two distinct exceptions to this fact. The first exception they identified was during the wet season's Malayalam month of *karkkidakam*, when heavy, sour rains vitiate *dosha* of both the landscape and the people who inhabit it. During *karkkidakam* the people, as mentioned in the Introduction, consumed medicated rice gruel or *karkkidakanji*. The second exception, for both mother and child, was during the postnatal care period (*prasavaananthara susrusha*) when an intensive 28-day routine is carried out in homes across Kerala under the direction of a knowledgeable grandmother or midwife (*aya*). *Prasavaananthara susrusha* involves the consumption of oral ayurvedic medicines and a restricted diet for the mother, as well as daily medicated oil massages and medicinal baths for the mother and the baby (see Chapter 5). Thus, I had 'followed the thing' toward two specific 'events' (Gell, 1992; Munn, 1992): the wet season and the postnatal care period. But it was only the end of March when my focus narrowed in on these two events, and since the destructive monsoon rains were still some four months away, there was little I could have done to observe people's lifestyles during *karkkidakam* at that time. As fortune would have it, however, a friend of mine invited me to live with her extended family who had welcomed, only ten days earlier, a new baby and thus they had just begun the ayurvedic postnatal care routine.

Mary's House

Developing ethnography is a matter of method, but also a matter of fortuitous circumstance, what anthropologists in the field refer to as 'serendipity' (Dalsgaard & Nielsen, 2016; Hazan & Hertzog, 2012). Two months after I arrived in the field, my own brush with serendipity took me to Kerala's central Ernakulam district and a village I will name Gramam. I based myself in Gramam for the remaining ten months of my fieldwork, and for large periods of time, one house — the house I came to think of as *Mary's House* — became the focus of my ethnographic inquiry. As my main residence and a primary site of ethnographic observation, I did not 'emerge at fixed hours only to "do the village"' (Malinowski, 1998 [1928], p.6), but rather immersed myself in daily life there. Although 'following the thing' and 'following the people' had taken me between multiple sites and across multiple spaces, these modes of construction quickly led me to two events (the wet season and the postnatal care period) and a single site, Mary's House. This is what Gupta and Ferguson(1997) might conceptualise as 'situated interventions', or Marcus (1998), as a reshaping of my project to a 'strategically situated ethnography' based at a single site, but, to borrow Marcus' own turn of phrase, 'calibrated with its implication for what goes on in another related locale, or other locales' (Marcus, 1998, p.95) outside it. Situated as I was, Mary's House quickly became the bole from which my fieldwork ultimately branched.

Mary's House stood impressively among mature coconut and nutmeg trees. Its royal blue trim and lacework eaves extended up to an ornamental steeple atop the second story. When I first arrived in Kerala, my local academic guide, Professor Menon, had explained how the colour of people's homes is a marker of their religion: Muslims paint their homes green; Hindus paint their homes pink; and Christians paint their homes blue and white, she had said. Introduced by phone, I didn't know anything about the family who owned the big blue-and-white home that would come to be my own, except they were extended family of a friend of mine, and they had a room I could rent. But before I'd even said hello to them, standing at their front gate, their home spoke for them: it told me they had a degree of wealth, and they believed in Jesus.

Figure 7: A blue and white 'Christian house'

A man walked out of the front door, across the large front porch and over a pile of shoes (known in Malayalam as *chappal*), to greet me. He was dressed in a traditional Keralan white-and-gold cotton lungi, a *kasavu mundu*, knotted around his waist. A younger man followed him, wearing jeans and stretching a t-shirt over his head as he walked towards me. They both said "hello" in English. The older man offered me his hand and with a huge smile, introduced himself as Ethan, my friend's uncle, and the man of the house.

The younger man, having already disappeared around the corner and out of view with my bags, was his twenty-year-old son, Evan. After haggling with the auto-driver for a few minutes to secure me a better rate for my trip from the railway station, Ethan motioned for me to move inside to meet his wife, Mary, and his daughters, Eva and Esther. Through a wide grin, he referred to Mary as “the boss of the house”.

I kicked off my *chappal*, adding two more shoes to the large pile on the front step, and followed Ethan through an empty front sitting-room into a large lounge area alive with the owners of all those *chappal*. First, I met Esther, Ethan’s youngest daughter and aunty to the 10-day old baby in her arms. In less than two weeks’ time, the baby would be christened as Rose, but for now, she was referred to as *mol* (darling) or *chakkarakutty* (sweet baby). Eva, the mother of the newborn *mol*, had just finished breast feeding. She smiled shyly and pushed her milk-heavy breast inside her cotton nightgown as she slid past me towards the bathroom. There were other women in the room, too. Some sat on daybeds dressed in elaborate saris, but one, wrapped in a worn nylon sari, was crouched on the floor. I was introduced to Agnes, the next-door neighbour, who told me to sit as Mary appeared from the kitchen with a single glass of sweet milk tea or chai on a plastic tray. In a room full of people, I drank alone.

Mary spoke perfect English. With her degree in English literature, and as the owner of a successful beauty parlour, she was, I quietly suspected, more than the boss of this house only. Mary turned to the woman on the floor and instructed her back into the kitchen. Her name, Mary later explained, was Lakshmi, and she was there as domestic help for the next few months to assist with the additional household chores a newborn baby brings. After I finished my chai, Mary and Ethan showed me up to my room on the second floor. It was late in the afternoon, and since I had arrived after a long day of travel, they encouraged me to “take bath” and “take rest”.

The next morning, around 7 am, I woke and went downstairs. Four people were still sleeping in the lounge room. They were spread out over daybeds and grass mats on the floor. I walked past seven bedrooms to reach the lounge area, but as far as I could tell, the whole family had slept together in the lounge room the night before. Mary and Eva

were awake, sitting together and chatting softly about Mary's recurring leg and elbow pain. Mary told me to ask Lakshmi for chai. The kitchen adjoined the lounge, but Laskshmi was not there, so I walked out the back door, down the back step, and across an outdoor paved area to the *aduppu* or second kitchen. I said good morning to another woman who was washing dirty nappies against a rock outside. Her name was Aya. Like Lakshmi, Aya was at the house because of the baby. She was the ayurvedic midwife employed to administer the 28-day postnatal care routine.

It was early morning, but when I finally found her, Lakshmi already had pots of curries and rice bubbling over the open fire in the *aduppu*. Given her namesake — the Goddess of Prosperity — I had immediately assumed she was Hindu. But, when she leant forward to pound spices for my tea, a plastic holy cross necklace that had been tucked behind her sari fell into view. There was, I suddenly understood, going to be much more to Lakshmi's story.

Beyond the house and village

At the end of my first week there, after the visitors were gone and the baby was sleeping, Mary and I collapsed on the backstep late in the afternoon. There had been so many visitors to the house that Lakshmi had needed Mary and I to help her prepare hundreds of cups of chai. But, exhausting as it was, the cultural expectation that family and neighbours visit a newborn baby also proved useful for my research. Preparing chai for so many visitors meant that I soon met with other village women from Gramam, some of whom participated in my research. 'Following the people' had taken me from following Malayalees in general, to focusing on ayurvedic patients, and now Marcus' method had brought me to these women. Both men and women visited newborn babies, but while the men paid their respects then congregated outside, the women stayed inside, keeping a close eye on the mother and the baby, endlessly advising Mary and Eva on what to do during the postnatal care period. Later, I used strategies for engaging women outside Mary's network such as attending large Ayurveda medical camps, where teams of ayurvedic physicians would set up 'camp' for a day in a public hall and give free consultations and medicines to thousands of (mostly female) patients

(see Chapter 5).[13] I also volunteered on a *thozhilurappu* crew. From these meeting points, women would often invite me to their homes. Spending time in other homes across the state allowed me to contemplate the lived experience of Ayurveda beyond Mary's House. And, whether I was in any one of the other small or large, poor or wealthy, urban or rural, blue-and-white, pink or green homes I came to know, there were commonalities in the ways home spaces facilitated inhabitant's relationship to their lived experience of Ayurveda and wellbeing.

Although my arrival in Gramam was serendipitous, my decision to stay was strategic. Everyday Ayurveda remained my primary research interest but understanding how Ayurveda existed outside the home was important, too. I had obtained an Order from the state government's Director of Ayurveda Education in Trivandrum, which gave me clearance to access government Ayurveda colleges and their adjoining teaching hospitals in Trivandrum, Kannur and Tripunitra, as well as the prestigious partly-government funded colleges and hospitals of Vaidyaratnam and Kottakkal Arya Vaidya Sala. With my state government Order in hand, I approached principals of colleges and superintendents of hospitals to obtain the necessary local approvals. In hospitals, I was teamed up with a physician or house surgeon and shadowed them on their morning rounds where the doctor would introduce me to patients and explain my research. Then, when it was mutually convenient, I would return the same afternoon to interview the patients as participants in my study.

From Gramam, I could access Tripunitra Government Ayurveda Hospital and College (a large, five-hundred bed hospital), as well as local factories and pharmacies. In and around Gramam there were a large number of small-scale hospitals (most with six to twelve beds) as well as out-patient clinics run by local ayurvedic physicians from small shop fronts, such as Dr Bala's on the highway junction, or simply from the front room of their homes. As Eva's postnatal routine became less demanding, I volunteered behind the counter in an Ayurveda pharmacy, and regularly shadowed Dr Shreya, a house

[13] I attended medical camps in Thrissur, Calicut and Trivandrum.

surgeon at Tripunitra Government Ayurveda Hospital. When we met, in April 2016, Dr Shreya was in her final semester of her Bachelor of ayurvedic Medicine and Surgery (BAMS) degree. Despite our age difference (I was 39; she was 24), we became professional allies and personal confidants. Alongside her family, I watched her graduate at her 'convocation ceremony' in July, participated in her marriage ceremonies in September and celebrated the news of her pregnancy in December 2016. Dr Shreya exemplified what I go on to explore in Chapters 5 and 6 as the culturally idealised life-trajectory of Malayalee women as the 'good woman' (*nalla sthree*) and the 'perfect wife' (*uttama bharya*).

Figure 8: A female ward in a Government Ayurveda Hospital

Located in the middle of the state, Gramam presented other logistical advantages, too. I could easily travel north to fulfil responsibilities as required by my affiliated university, and south to access the popular wellness tourist site of Kovalam Beach during peak season. Marcus & Fischer note that 'the fieldworker must be mobile, covering a network

of sites that encompass a *process* which is, in fact, the object of study' (1986, p.94, italics added). That process — how one site links, connects or leads to another — unfurls between sites. My own process of movements within, to and from Gramam eventually established a network of sites surrounding Mary's House. By the end of twelve months in the field I had regularly conducted ethnographic observation in 20 local hospitals and clinics across the state. Over the course of twelve months in the field I also conducted 150 semi-structured interviews, in English and Malayalam, in hospitals and people's homes. Of them, 22 were follow-up interviews. A total of 97 interviews were recorded and transcribed verbatim. Before leaving Australia I had studied Malayalam in daily lessons for six months, and was proficient enough to engage in general conversation, to ask my research questions, and to follow *most* of what participants said in reply. Thus, to be certain I was capturing all, not only most, of what participants had said, when recorded interviews had been conducted in Malayalam, they were translated to English with the help of a number of research assistants. Data from those interviews — alongside causal conversations, ethnographic observation documented in field-notes, and other archival research methods I detail later in this chapter — formed the basis of this thesis.[14]

As the year progressed I became increasingly mobile between the many sites of my field. I spent days, and sometimes weeks, away from Gramam, but I always returned.[15] Perhaps my most pressing reason for basing myself in Gramam, however, was that Gramam was not a village full of people thinking of themselves as practising Ayurveda. As I got to know more local women, serving them chai when they visited Eva and baby Rose in those early days, just as the patients' I had first met in ayurvedic hospitals had done, these women also told me they only practised Ayurveda at home during the wet

[14] Since my participants were rarely alone, a number of interviews might more accurately be defined methodologically as focus groups. Interviewing a woman at home meant one or two family members or neighbours might also be present. In hospitals and clinics, a doctor and even other patients often migrated into the room and joined in the conversation, answering with (and sometimes for) the participant. It was not uncommon for up to six people, including myself and a research assistant, to be present in an interview.

[15] See Whyte (2016) for an interesting discussion on 'the practice of returning' and 'the process of being brought up to date'.

season and postnatal care periods. The people of Gramam thus represented a 'typical' Malayalee relationship to everyday Ayurveda — the very relationship I wanted to explore.

Explicit everyday practices of Ayurveda

In Kerala, beyond the first 28 days of intensive ayurvedic postnatal care, many new mothers (as Eva did), continue to rest and consume ayurvedic medicines for a further two months. Medicinal substances, however, change from ayurvedic decoctions or *kashyams* and jams or *leyhams* bought in pharmacies, to the consumption of, among other things, home-made soups infused with ayurvedic medicines (such as medicated goat meat soup or *mamsa rasa*), a restricted diet, and daily self-massage with ayurvedic oils such as *dhanvantarithailum*. Critically, however, during that period, the new mothers I came to know no longer thought of their daily routine as predominated by Ayurveda. The explicit practice of Ayurveda, they maintained, ended on the 28th day postpartum. Living with one family afforded me the opportunity to closely observe the intensive ayurvedic postnatal care period, but also to continue to observe the ways Ayurveda extended for Eva and the whole family outside of that single event. Beyond those 28 days, against what I'd be told by patients in hospitals across the state and repeatedly by women in Gramam, Ayurveda existed *everywhere*. It existed in the unremarkable, passing comments between Mary and Eva as they oiled their hair on the backstep. It existed in the way an extra pinch of ginger was automatically added to chai when a cold or flu was passing through the family. It was in the way Agnes' daughter, Rose, came wandering over from next door one morning, looking for Eva to express a few drops of breast milk into her eye to calm an inflamed sty. It was the way Esther stood in the garden, cleaning her teeth with the pulp of a mango leaf. All this knowledge existed, and all these activities took place, however, without so much as a thought toward wellbeing or *svasthavritta* and the practice of Ayurveda. Thus, some of my most important ethnographic observations concerning Ayurveda occurred outside known ayurvedic events (i.e. postnatal care), and outside of known ayurvedic sites (i.e. hospitals), in seemingly irrelevant times of 'unfocused presence' (Sjorslev, 2016, p. 102) at home.

Without exception, as they had done for the first 28-days of the postnatal period or *prasavaananthara susrusha*, people had also told me they followed Ayurveda during the wet season, known locally by the Malayalam month of *karkkidakam,* which falls between June and July of the Gregorian calendar. The most common trope I heard was that "all Malayalees surely follow Ayurveda in the wet season" (*karkkidaka masathil ella malayalikalum Ayurveda jeevithareethi adhyasikkarund*) because, as one participant expressed in English, "it is a custom old thing".

Thus, once the wet season arrived, I was keen to observe peoples' practising of Ayurveda. Apart from ready-made packets of medicated rice gruel or *karkkidakanji* on supermarket shelves, however, I saw no real evidence of people adjusting their lifestyle. Still, based on people's consistent and strong assertions that Ayurveda was overtly practised at that time of year, I decided to book into a local ayurvedic hospital, hoping to experience purification treatments with the masses. Apart from one other woman (who was there to be treated for arthritis, not because it was *karkkidakam*), I was the only patient in the hospital. At first, I felt defeated and compromised. I felt like I was suddenly wasting precious fieldwork time; by this stage, having already navigated the ceaseless, chaotic sprawl of life in India for six-months, the speed of my modus operandi had accelerated into *vata*-overdrive. Eventually, however, I succumbed to the rhythmic lull of treatments and the quietude they evoke. I embraced the opportunity, as participant observer, to balance my own unbalanced *dosha* and reflect on the complex relationship between Malayalees and this thing called Ayurveda.

That unexpected experience, which, by rights, was the opposite of what I was looking to observe, in fact drove me further to the heart of my project. When Malayalees said they practised Ayurveda (as in the wet season), they did not; when they said it had nothing to do with their everyday lives (as in the postnatal period beyond its first 28-days), all I observed — *everywhere* — was people living ayurvedically; and, when ayurvedic doctors, who spent their lives on figurative soapboxes orating Ayurveda's text-oriented wisdom were pressed, they downplayed its relevance in their own time-poor lives. Peoples' relationship to the 'science of life', it had become clear, was not as straight

forward as simply *doing* or *not doing* 'Ayurveda'. Rather, Ayurveda in Kerala seemed lost in a complex network of cultural practices that, like the tangled *tinospora* vines that crept under and over everything between Malayalee homes, did not appear to discriminate in its path.

Figure 9: *Tinospora* vines and dense foliage growing between homes

Confronting anthropology's spatial bias

My attention, both ethnographically and methodologically, diverted to the question: what happens *between* known events and sites? This question helpfully pushed me more deeply into what I call the 'unmarked spaces of Ayurveda' and the unrecognised relationships Malayalees have with Ayurveda in these spaces. It also (unhelpfully, at the time) threw my methodology, and my taken-for-granted understanding of 'the field' as wholly spatially defined, into doubt. Where, I wondered, does *between* exist? Where is *between* located? Suddenly, my fieldsite, to use Dalsgaard and Nielson's turn of phrase, seemed to 'consistently resist being pinned down by spatial scales' (Dalsgaard & Nielsen,

2016, p.1). To my mind, the *between* I was observing seemed as relevant temporally as it was spatially, but the only language and anchorage I possessed with which to define my field was spatial.

Indeed, the spatial bias is deeply set in anthropological fieldwork. Trouillot argues that our uncritical acceptance of the spatial has left anthropology in an 'ambiguous relation with space and place'. He explains his point:

> A naïve conception made spaces into places — or more exactly, into locales and localities: things that existed out there, the reality of which, although central to anthropological practice, was not to be questioned or analyzed. Spurred by an empiricist epistemology that often equated the object of observation with the object of study, anthropology's overemphasis on localities preceded the rise of fieldwork as a marker of the discipline. Fieldwork reinforced both the influence of that epistemology and the centrality of localities in anthropological practice. (Trouillot, 2003, p.122) [16]

Marcus and his multi-sited colleagues, to be clear, set out to challenge the naïve acceptance of spatiality Trouillot articulates above. Indeed, Marcus, in Trouillot's words, launched a 'relentless assault' on the notion of space in fieldwork, pushing our view away from the traditional conceptualisations of locality, and forcing the very foundations of 'the field' to be reassessed. 'The problem [it turns out,] is not fieldwork per se, but the taking for granted of localities upon which the fetishization of a certain kind of fieldwork was built and the relationship between such supposedly isolated localities and supposedly distinct cultures' (Trouillot, 2003, p.125). Multi-sited ethnographers of the 1990s gave us, for the first time, a method for thinking outside our bounded spatial disciplinary fetish.

[16] Trouillot defines *locales* as venues ('a temple is the locale for a ritual, a stadium as the venue for a game'), and localities as sites defined by their populations (he gives the example of a fishing locality populated by fishermen, for example). He also differentiates *locations* as situated places that require a map to find. 'Both locale and locality, therefore, are places where something or someone can be located even if their own situatedness as locations remains vague. Anthropology's weak treatment of the field as a site for our work has to do with the fact that it always tended to conceive places at best as locales, and at worst as localities, rather than as locations' (Trouillot, 2003, p.123).

What they did not do, however, was take us *beyond* spatialities. With multi-sited ethnography, social life remains located in identifiable *sites*, *territories* or, in Gupta & Ferguson's (1997) preferred terminology, *locations*, thereby maintaining 'the primacy of spatiality … [in] space-oriented tropes' (Dalsgaard & Nielsen, 2016, p.5). And, back in Kerala, this was the very issue I'd come up against in the process of 'following the thing/people'. I was focused on locations (and locales and localities), but also witnessing the locus of my own field shifting from a materialised and spatialised Ayurveda, to specific, temporally conceived events of Ayurveda (and, critically, occurrences in the times and spaces between those events). Although the process of multi-sited ethnography itself occurs 'in diffuse time-space' (Marcus, 1995, p.96), multi-sited ethnography, Trouillot cautions, 'if it does not address head-on the role of localities as objects of observation…does not solve the problem of their construction as given entities "out there"' (Trouillot, 2003, pp. 125-126). It may not, in other words, re-evaluate, but only serve to multiply our notion of localities, bringing all their bounded spatial attributes with them.

In the light of my own ethnography, then, what I took to be the localities of my field ruptured, making the notion of localities not only clearer as objects of my observation, but, rather more disconcertingly, as *events* that suddenly had no definitive *place* outside ayurvedic institutions. Ayurveda in Kerala was *everywhere*, but it settled *nowhere* as Ayurveda. Although I did not fully appreciate it then (or know exactly what to do methodologically with a field that seemed to be dissipating and suddenly far less tangible), 'time' — and the morphing of a new methodological footing — had already become as relevant as 'space' in contemplating my own field.

When: temporal sites

In 2016, the year of my fieldwork, Dalsgaard & Nielsen published their pioneering book, *Time and the Field.* In it, they argue that the disciplinary spatial bias of anthropology has closed off anthropologists to the temporalities of their fields. They explain, however, that:

> … by opening space to time (*pace* Corsín Jiménez 2003), it becomes impossible to privilege either one as a priori stable ground upon which to explore social processes, since space and time are each other's ontological condition (cf. Massey 1992). The paradoxical joining of time and field in a conceptual assemblage thus guides our attention toward the diverse ways that sites and times may come together without attaining the fixity and/or directionality that is often ascribed to each individually. A temporal field emerges, we argue, precisely by identifying certain sites, which derive their spatial (i.e., locatable) properties by actualizing particular temporalities across different settings — and not only through sequencing built on simultaneous spatial convergences. (Dalsgaard & Nielsen, 2016, p.11)

That is, when 'the field' is understood as temporal phenomena, 'time' (as much as 'space'), determines the location(s) of the field. Indeed, as suggested by Dalsgaard & Nielsen, above, it can be the times in which things happen that lead the researcher to the spatiality of their project.

In my own experience, as I outline next, six distinct temporalities were generative of my field in Kerala.

Temporalities generative of my field in Kerala

Firstly, as identified in the previous section, in the process of 'following the thing' the locus of my field shifted from the materialised and spatialised sites of Ayurveda (namely, hospitals), to two temporally conceived events of Ayurveda: the wet season (*karkkidakam*) and the postnatal care period (*prasavaananthara susrusha*), both of which occur in spaces of the home.[17] After the ayurvedic postnatal care period at Mary's House ended, however, ayurvedic practices, although unacknowledged as such, continued in daily life. This is the second temporality that shaped my field: the time between identified ayurvedic events, what anthropologists often term 'typological time'

[17] Although rejuvenation treatments are offered in hospitals during the rainy season of *karkkidakam,* and ayurvedic hospitals are also beginning to offer postnatal in-patient care or *prasavaananthara susrusha*, these two ayurvedic events — identified by Malayalees as the only times they practise Ayurveda in daily life — overwhelmingly occur in homes, not institutions.

(James & Mills, 2005; Munn, 1992). As a matter of methodological significance, it was *in actualising this particular temporality* that my field stayed spatially focused on the home.

Thirdly, the fact that practices were not recognised as ayurvedic, in what I have termed the 'unmarked spaces of Ayurveda' (they include the kitchen, the backstep, the house-plot and the roadside), are also relevant temporally. Malayalees' engagements with the 'marked spaces of Ayurveda' (clinical, educational, commercial, industrial, and spiritual spaces) were intermittent and occurred mostly in cases of illness. This intermittent temporal relationship with hospitals, clinics and the like, meant that people intentionally engaged with these spaces, and that intentionality, I believe, allowed them to conceptualise such spaces as separate sites of Ayurveda. The 'unmarked spaces of Ayurveda', by contrast, centred on the home where medicinal plants spontaneously grew in house-plots, and people engaged in decocting home remedies and wellness practices through their daily routines of consumption. Critically, Malayalees temporal relationship with practices in these spaces was continuous, and thus undertaken without conscious effort. As habit patterns absorbed in daily life, in a process akin to Young's 'law of the disappearing cycle' where recurrent events cease to register in the conscious mind (cited in Otto, 2016, p.68), the omnipresence, the *all-the-timeness* of practising Ayurveda in the kitchen and on the roadside (as opposed to the hospital or clinic) rendered it invisible, unremarkable and unrecognised as Ayurveda.

Figure 10: Woman walking down a roadside with medicinal plants growing along its edge

I identify unmarked spaces as unmarked, therefore, because Malayalees themselves did not associate such spaces as sites of ayurvedic practice. That is, temporalities (owing to intermittent engagement in marked spaces and continuous engagement in unmarked space) informed people's understanding of what constituted Ayurveda and where it existed. Therefore, alongside *karkkidakam*, *prasavaananthara susrusha* and the typological time between those events, the temporalities informing people's relationships with wellbeing and the unmarked spaces of Ayurveda positioned me, as fieldworker, cooking in the kitchens, resting and gossiping on the backsteps of houses, and picking medicinal plants from the house-plots and roadsides that comprised my spatial field locations.

As explained in the previous section, I became increasingly mobile between the sites of my field as my fieldwork unfolded. But I was not the only one coming and going from Mary's House. Indeed, all members of the family constantly shifted between Gramam

and their second family home in the next state, where Ethan, Evan and Esther worked. As Amit notes:

> Anthropologists have rarely been the only ones arriving and leaving their fieldsites. But today, the people whom they are trying to study are increasingly likely to be as mobile if not more so than the ethnographers trying to keep up with them. (Amit, 2000, p.12)

As the whole family (including she) came and went, Mary told me she "lived between", in her efforts at keeping two houses running. To stay connected amidst all this movement, hundreds of messages might pass through the family's online social media WhatsApp, Viber or Facebook group every week. Indeed, almost every interlocutor I met was connected to their immediate and extended family — and soon to me — on a virtual network, or at least by mobile phone.

My own movement between the marked and unmarked spaces of Ayurveda, which saw me come and go from Gramam but stay connected via virtual modes, did not separate me, but rather allowed me to meld with the ebb and flow of modern Malayalee life.[18] Once organised in closed joint-family compounds, Malayalee families are now just as likely to include extended family scattered in nuclear family units, with family members based at their own nuclear family's home(s), but moving freely between. If we needed dinner and were nearby at a cousin's house, for example, Mary and I would simply stop, unannounced, to eat there. If it was late, we would stay the night. Scattered though they often were, human and virtual networks between homes were still strong. In that sense, their extended family's homes became extensions of one's own — the joint-family compound, once spatially bounded or closed, was now spread out physically and temporally across villages, states, and even other countries (see also Busby, 2000).

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[18] The virtual networks I established in Kerala, most particularly with Mary's family but with many others, too, have continued since I left India and returned 'home'. That is, the spatial boundaries of what constitutes 'home' and 'field' — the notion that fieldwork neatly ends when the fieldworker leaves the field — are challenged by such temporalities. Indeed, D'Amico-Samuels wonders 'where does the field begin and end, if ever?' since today, 'the field is everywhere' (D'Amico-Samuels, 1991, p.83). The ways in which the once separate notions of 'home' and 'field' have collapsed, specifically via technology, and more generally in the volume of movement a globalised world stimulates, are matters also taken up by many of the contributors to Amit's (2000) edited volume *Constructing the Field*, and Dalsgaard & Nielson's (2016) *Time and the Field*.

Chatting casually about her husband living overseas as we walked between meetings at Amrita Vishwa Vidyapeetham University, I commented to a young female physician I'd only just met how difficult it must be not to have her husband at home. Unfussed, she said:

> The house itself is not only the house structure. It is also the invisible networks of relationships that exist between the joint family, even when they live in different places. Malayalees are like that. That's the real structure of the house — the connection.

For this wife, in that connected temporal sense, her husband *was* still at home. Or, as Corsin Jimenez suggests in his ontological rethinking of space, where space is generated not as the territory in which social relationships unfold, but as the relationships themselves (a notion of space I will take up and develop in the following chapter): 'Families do indeed live in houses, but they also hold themselves together outside the house' (Corsín Jiménez, 2003, p.150).

The fourth temporality that delineated my field, therefore, was this: the modern Malayalee home itself is not only understood by Malayalees to be spatially bound, but also temporally conceived. In Mary's conception of 'living between' and the doctor's articulation of 'the real structure of the house' being the connection between family members (often, today, sustained via virtual modes as much as face-to-face relationships), temporalities bind the notion of 'home', as much as it is a physical structure in space.

The fifth and sixth temporalities generative of my field were significant by consequence of my research topic and location in Kerala, India. They concerned the field of Ayurveda itself, as well as Malayalee cultural conceptions of time. Time (*kala*, in Sanskrit; *kalam* in Malayalam), is an important dimension of ayurvedic theory. The practice of Ayurveda relies on exponents adhering to ayurvedic notions of time including: seasonal and daily routines; the influence of *dosha* at various periods of day; the importance of waking and eating times; the knowledge of how diseases progress through stages and how the processing of medicines affects their therapeutic qualities; the centrality of the stages of

digestion in maintaining health; the order of what is known as the six tastes or *rasa* (sweet, sour, salty, bitter, pungent and astringent) and their associated medicinal benefits when consumed in order; and finally, in the techniques, defined by their motion and rhythm, of self-massage in daily life and clinical massage on the treatment table. That is, in Ayurveda, notions of time (routine, period, stages, processes, order, motion and rhythm) are fundamental to the maintenance of health. Although not understood as practicing or following Ayurveda, patterns of daily life and broader cultural conceptions of time in Kerala show striking resemblance to the principles of time espoused in Ayurveda. Thus, ayurvedic and/or cultural notions of time were generative of my field in that they constituted the time context within which any anthropologist in Kerala researches.

Research participants as coeval collocutors

With all these temporalities making good ethnographic sense as they 'surfaced' (Lutz, 2018) in the making of my field, a related but troubling temporal abstraction arose: that, expressed by Fabian (1983) as anthropology's 'denial of covealness' between anthropologists and their subjects. If, I wondered, anthropologists and 'the Other' did not share time, if the Malayalee women I had come to know in Gramam were somehow not my contemporaries, but, as Fabian (1983) had argued, considered by anthropological distancing conventions as people *from another time,* how could it stand that my field, just described, was generated as it was by my observations and experiences of present temporalities? And even if, for arguments sake, I determined that Malayalee women *were* my non-coevals, how could 'the creation of another, non-coeval time…[be] based on the actual sharing of real time' (Otto, 2016, p.64)?

Fabian (1983) wrote his iconic book *Time and the Other* some thirty-five years ago. Although, by then, we no longer spoke about our participants as 'savages'[19], we had not

[19] Fabian (1983, pp. 73-75) analyses the term and social origins of 'savage' and argues that its use bears witness to anthropology's distancing conventions and long-standing rejection of *them* in *our* time. I use the term here following Fabian in making his point, but I do so with caution, recognising that the anthropology of South Asia in general, and India in particular, is one of the major centres of discussion

yet widely conceived of them as empowered 'interlocutors', 'collocutors' or 'friends', either. Published at the height of postmodernism, the climate was hot for 'reflexive research' (Aull-Davies, 2008), but the climate for 'collaborative research' or 'engaged fieldwork' (Sluka & Robben, 2012) — fieldwork frameworks that have since fully embraced research participants as coequal — had not yet warmed. Fabian argued at the time:

> On the one hand, we dogmatically insist that anthropology rests on ethnographic research involving personal, prolonged interaction with the Other. But then we pronounce upon the knowledge gained from such research a discourse which construes the Other in terms of distance, spatial and temporal. (Fabian, 1983, p. xi)

Post-Fabian, however, our current tropes for 'the Other' are often held up as linguistically demonstrative of anthropology's fading sense of allochronism in the production of anthropological knowledge and a positive collective shift away from viewing 'them' as invalidated producers of knowledge (Robbins, 2013; Trouillot, 2003).[20] But also, by pushing Fabian's agenda into the methodological realm, the issue of temporality becomes relevant in the generation of anthropological knowledge *and also* in the production of anthropological fieldsites. That is, extending our fading sense of allochronism methodologically also highlights the implicit logic of exploring present-day research fields as temporal phenomena.

In 2006, the pioneer of multi-sited fieldwork, George Marcus, set out to support other new methodological innovations in ethnography. He established the Centre for Ethnography at the University of California, Irvine, as a centre 'based on two assumptions: that the fieldsite is no longer the only place for data gathering and the fieldworker is no more the single producer of knowledge' (Sluka & Robben, 2012, p.23).

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from 'the subaltern' — the point of view of the colonised, rather than the colonisers (Guha, 1983; Mayaram, 2015; Spivak, 1988; see also Robbins, 2013).

[20] Although, Robbins has argued, ethnographic writing is still often set in the 'thick temporal middle ground' where, he says, 'time recedes into the analytic background, and it rarely appears as an important aspect of the motives that ethnographers demonstrate or imply drive the actions of those they are studying' (Robbins, 2015, p.217).

In this research climate of collaborating research partners and co-producers of knowledge, it is the fieldworker, her interlocutors and her anthropological colleagues who (ideally) work together to develop anthropological insights. Thus, with the walls of the 'temporal fortress' (Fabian, 1983, p.35) collapsed, it seems that the modern research climate, with its understanding of bounded field spatialities reconceived and its view of knowledge as being produced in dialogue, may, in fact, have already 'enforced a form of "coevalness" … onto the relationship between anthropology and the Other' (Dalsgaard & Nielsen, 2016, p.2). That is, once interlocutors have been established as sharing 'our time' — as coeval collocutors — temporality must appear not only as a distinguishing marker of the contemporary researcher's relationship with 'them', but with the very field itself.

If it is nonsensical, as Otto (2016) suggests, to temporally demarcate a field and simultaneously position interlocutors in another time, then the reverse must also hold true: that it is not possible to see interlocutors as coeval and for time to have no methodological relevance in demarcating a field. We share space, and space constitutes our fields: if we also share time, then why should time not be equally salient in constituting our fields? My point, expressed another way, is that once we have acknowledged coeval relationships with our collocutors, temporalities can no longer be sidelined to spatialities in delineating our fieldsites. Time was, to borrow Strathern's imagery, a 'crucial axis' (1999, p.1) around which my own field revolved. And it is, perhaps, a crucial axis around which all anthropological fieldsites necessarily revolve.

In recognising this point, although I have variously referred to the people I came to know in Kerala as participants and interlocutors thus far, I will, for the remainder of this dissertation, refer to my research collocutors.

Who: researcher positionality

Asking the right questions

In the field, over hours of plucking, planting, and collecting herbs with women around their homes, I would become immersed in their relaxed and conversational banter about

their family's home remedies and their grandmother's awe-inspiring degree of medicinal knowledge. Women would show me dozens of species of plants and explain their medicinal properties, when and how to use them. Conversation about one plant would lead onto the next plant, until our hands were full of 'specimens' the women would insist I, the researcher, take away and examine. Often, however, we could not locate the specific plant we were discussing. Neighbours in their own gardens would overhear us fossicking and yell out across the *parambu*, initiating animated debate with their version of the best method of preparation for the plant in question. Then, if the neighbour located said plant, they might pluck it from their own *parambu* and walk over, adding it to my haul, and joining in our conversation.

These scenes were always noisy, alive with bodies and knowledges. But then, all of a sudden, if I asked about the plant they'd just placed in my hand and its connection with Ayurveda, the women would freeze and fall silent. The women would abruptly stop talking about their own family wisdom, and refer me instead to the local ayurvedic doctor who "knows all these things" (*ayurvedathe kurich ellam ariyunna doctorodu samsarikkoo*), or even back to myself — "you foreigners know more about Ayurveda than us Malayalees" (*njangal malayaalikalekkal nannayi, ningal videshikalkk ayurvedathe kurich ariyaam*). Indeed, many early ethnographic encounters ended prematurely in this way.

In hospitals shadowing doctors on their morning rounds, too, a related issue with 'everyday knowledges' and Ayurveda often arose. In that context, although I wasn't wearing a white coat and always introduced myself as a student of anthropology, patients would often find it difficult to grasp my role and the point of my line of enquiry. In front of the patient, despite my repeated requests no to do so, doctors would often hand me the patent's x-rays or files, or ask them to lift their gown and show me their wounds. It was easy to see why, in the afternoons when I would return to their bedsides, patients would ask me for medical advice, and then look quite perplexed to find I was more interested in seemingly insignificant things like the time they regularly woke up, or what plants grew in their garden at home — things they would dismiss with an outward,

upward flick of their wrist in the Malayalee hand gesture of dismissal, as things only their grandmothers cared about.

Eventually, one collocutor articulated what I was up against: “We do what we do because we are Malayalee, not because we follow Ayurveda” (*njangal oro karyangalum cheyyunnath malayalikal ayathukondaanu allaathe avayellam ayurvedam ayathukondalla*). After that, I decided to make a subtle shift in my line of questioning and stopped asking about cultivating *Ayurveda* in the garden at home, living *ayurvedic* lifestyles and eating food *ayurvedically*. Instead, I asked about Malayalee culture. I asked: “Can you teach me about being a Malayalee woman?”; “Can you teach me how to cook a common Keralan dish of this season?”; “Can you walk and talk me through your garden?”; “How do you use this fruit/vegetable/herb?”

Finding the right help

These insights reached me at the same time as my third research assistant, Maria, a young, vibrant, hard-working and good-humoured graduate student. Armed with a plan that spoke more naturally to people’s own conceptions of wellbeing, we were invited into collocutors’ homes where they willingly and proudly shared their knowledge of Malayalee culture. In turn, this allowed me to observe some of the richest ethnographic encounters of living Ayurveda I experienced during my fieldwork.

Maria often stayed with me in Gramam, but we also rented a room from a family in the tourist beach village of Kovalam as the tourist season moved into full swing. I owned a scooter, and so Maria and I spent months on two wheels, moving between Gramam in Ernakulam and Kovalam in Trivandrum. But also, to more deeply explore the topic of women in Ayurveda, we spent time in many other districts of Kerala, riding into new towns and remote villages in search of Ayurveda’s pioneering women.

Figure 11: Reviewing fieldnotes at the end of the day

Indeed, in the final months of my time in the field, Maria and I set out with an explicit goal in mind: to uncover the history of women in Kerala Ayurveda. We asked the people we met in clinics, hospitals, colleges and homes if they might introduce us to the oldest female ayurvedic physicians they knew. This strategy led us to a group of pioneering female physicians including: Dr Syamala, the first female to obtain a PhD in Ayurveda in Kerala; Dr Lalitha, the first woman doctor to open an ayurvedic factory; Dr Sreelatha, the first woman doctor to practice in an ayurvedic tourist resort; and Dr Sreedeviamma, the first to open a private hospital. The oldest woman we spoke to was a 90-year-old physician, Dr Mahdevikutty, born in 1926, at the heart of Ayurveda's revitalisation movement. She began studying Ayurveda in 1946, and for the duration of her study at Vaidyaratnam P.S. Varier Ayurveda College, no other women enrolled in the degree. These trail-blazing physicians told us a story in which women had rapidly come to dominate the marked spaces of Ayurveda. Their reflections on their own childhoods, and their memories of their mothers and grandmothers in the unmarked spaces of Ayurveda, also told of a science that, prior to institutionalisation, pervaded Malayalee life to such a degree that Malayalee women, I was repeatedly told by collocutors, were "housewives who knew everything about Ayurveda" (*veettammamaarkk Ayurveda-the kurichu ellam ariaamaayirunu*).

My access to Ayurveda's government educational and medical institutions meant Maria and I had access to academic, and not only public libraries. Thus, during our travels, we searched eight major Ayurveda libraries in Kerala for recorded evidence on the roles of women in Ayurveda throughout Kerala's history. As previously mentioned, my own conversational skills in Malayalam had been reasonable enough before I entered the field. But even with the assistance of a teacher and ongoing language tuition in Gramam, my reading skills were still poor. With Maria's assistance, however, I could both engage more deeply in conversation and access academic literature that would otherwise have been beyond my capacity to read and translate (a bibliography of the texts we consulted is listed in Appendix C; see also Chapter 6). On the campuses of Kerala's three government Ayurveda colleges we also accessed enrolment records, previously uncollated not only across institutions, but also within institutions — and came away with statistics on the gender, caste and religion of ayurvedic students from 1971 to 2016 (see Chapter 6). Further, employing the method of free listing as we cooked and spent time with women in their homes, Maria and I documented the medicinal plants women identified and regularly used in dishes and home remedies from 30 home gardens across the state (plants are listed in Appendix D; see also Chapter 4).

Managing impressions

I have often reflected on the ease with which Maria and I were able to engage with people. Of course, in what Goffman (1990 [1959]) termed the 'personal front' and authors such as Hammersley & Atkinson (1995) later continued to explore as matters of 'impression management' in the field, positionality has long concerned anthropologists. My fieldwork was not my first trip to Kerala and thus some of the personal front/impression management issues researchers new to Kerala might face were already known to me. I arrived in Gramam, for example, already dressed in *churidah*, wearing a shawl, and attempting to speak Malayalam. This presentation immediately elicited trust. I always dressed conservatively, wore the obligatory yellow-gold jewellery, and spent time gossiping with women in Mary's beauty parlour or at local stitching shops where, with other customers, we would gather together to design elaborate c*huridars* and *sari*

blouses, and complain about our husbands. I was in a long-term de-facto relationship, so, for all intents and purposes, I was married (a social 'must', collocutors would iterate; see also Srinivas (1998)). I did not, however, have children (another 'must'). Thus, when women would gossip about me in front of me, they would all agree that even though it was strange I was there without my husband and even stranger that I was married without children, at least I dressed nicely and spoke Malayalam. In their eyes, these things were influential enough to let me pass (albeit an odd, foreign and childless version) as a 'good woman', a *nallasthree*.

Maria always played into these conversations, too. As a young woman bucking tradition, often in jeans and without a trace of yellow-gold jewellery, she would openly mock herself and joke with our collocutors that I was *more Malayalee* than she was. In her gentle, self-effacing way, Maria's humour was disarming, and laughing together quickly broke down the invisible barrier between 'the researcher' and 'the researched'. Indeed, Maria's resistance to blindly following tradition perfectly positioned her in the role of a field research assistant. Other research assistants I had previously engaged struggled to manage the diversity and intensity of the job. But Maria fully embraced the opportunity to experience worlds in her own backyard that she would not, otherwise, have had the opportunity to witness. Generally, young women in Kerala are still restricted to movements within their own religious communities, with their lives largely overseen by protective parents and older male siblings or cousins, until their marriages are arranged. As a young Christian woman, Maria, too, had her own strong sense of faith, and was constantly negotiating her family's watchful eye. But she also had a great deal of confidence and empathy, an interest in other people, and, perhaps most importantly, a palpable wanderlust to look — *everywhere and nowhere* — for what it might mean to practise ayurvedic wellbeing.[21]

[21] There were significant challenges in managing my research project as a matter of daily encounter. In focusing on what was overwhelmingly positive or fruitful in Maria's company, I do not mean to imply that the experiences Maria and I engaged in were somehow unproblematic or unthoughtful. Indeed, we would often retreat to our room in the evening, bone-weary and exhausted from managing so many dynamics and political issues in the field, too tired to cook dinner or even have a conversation.

Thinking non-representationally on Ayurveda and gender as *everywhere and nowhere*

Non-representation theory, as I introduced in the opening chapter of this dissertation, is a theory that is new materialist in orientation. In a radical shift away from humanist, but also determinist traditional materialism (Marxist and structuralist sociologies; structuralist anthropologies), new materialism (or neo-materialism), first coined by Braidotti (2000), is:

> A term ascribed to a range of contemporary perspectives in the arts, humanities and social sciences that have in common a theoretical and practical 'turn to matter'. This turn emphasizes the materiality of the world and everything – social and natural – within it, and differentiates new materialisms from a post-structuralist focus upon texts, 'systems of thought' and 'discourses', focusing upon social production rather than social construction (Deleuze and Guattari, 1984: 4). The materialities considered in new materialist approaches include human bodies; other animate organisms; material things; spaces, places and the natural and built environment that these contain; and material forces including gravity and time. Also included may be abstract concepts, human constructs and human epiphenomena such as imagination, memory and thoughts; though not themselves 'material', such elements have the capacity to produce material effects. (Fox & Alldred, 2018, p.1)

Most broadly, new materialisms adopt a monist view of thought and matter as one cacophony of forces — variously described as a Spinozian 'one-substance ontology' (Di Poppa, 2010), a 'flat ontology' (Fox & Alldred, 2018), or an 'energetic ontology' (Thrift, 1996). New materialisms thus follow Spinoza's removal of the humanistic distinction between nature and culture in which humans, and human-ness (humanity, reason, will) is considered exceptional in the world. 'By vindicating Spinozian materialist monism, New Materialisms suggest a post-anthropocentric, non-hierarchical way of analysing the world' (Abadia, 2018, p.178).

In Indian society generally, and Hindu communities specifically, a 'systematic monism and particularism' exists as a 'dividualistic' mode of transaction between people

whereby 'what goes on between actors are the same connected processes of mixing and separation that goes on within actors' (Marriott, 1976, p.109). Further, if we recall that ayurvedic *dosha* 'are bodily forces, [and] they are closely related to forces in the environment and can be influenced by food climate, seasonal changes, and even social activities' (Langford, 2002, p.4), then, as I noted in the introduction to this thesis, new materialisms offer a language that directly and 'naturally' speak to an ayurvedic or *doshic* view of the world; but perhaps also a Hindu or Indian transactional one, too. Alaimo articulates a monist ontology and the bodies within when she says:

> Imagining human corporeality as trans-corporeality, in which the human is always intermeshed with the more-than-human world, underlines the extent to which the substance of the human is ultimately inseparable from "the environment." It makes it difficult to pose nature as mere background, as Val Plumwood would put it, for the exploits of the human since "nature" is always as close as one's own skin—perhaps even closer. (Alaimo, 2010, p.2)

My own emphases on space, time, medicinal substances and the ways gendered bodies decoct and ingest them in home-based ayurvedic practices towards wellbeing, thus, sits within 'this kind of energetic ontology [which] is based on a commitment to activity, affirmation and dynamic becoming' (Thrift, 1996, p.31). From here, I engage non-representationally with my data.

A matter of non-representation

Since the 1990s, in a 'genuine explosion of interest in the ethnographic tradition' (Vannini, 2015, p.317), cultural geographers have developed non-representational theory. Non-representational theory presented me with a theoretical and practical opportunity to emphasise not only the plants and bodies of my field, but their symbiotic movements, their growth in, through and with the spatialities and temporalities of practices, landscapes and the environment. Indeed, Dewsbury (2010, p.322) says, 'practice-based thinking, embodiment, present-moment focus and distributed agency … conceptually underpins the wider non-representational project'.

Non-representational theory, however, not only offered a way of conceiving of the world in processual terms, of seeing all of life (human and nonhuman, animate and inanimate) as existing in a perpetual state of *becoming,* it specifically addressed how life is instantiated in presentations and presences (rather than re-presentations and representations).[22] This, anthropologist Corsín Jiménez's (2003, p.141) agrees, is 'particularly apposite to the work of ethnography, whose intellectual project I see as that of establishing (that is, describing) the concatenation of "presentations" that make up social life'. My own observations, in which Ayurveda had been consistently 'everywhere and nowhere' in people's lives in Kerala, but recognised only in two 'presentations' or 'events' (postnatal care and the wet season), was initially very difficult to wrangle theoretically. Its elusive, intangible nature persisted as a resistance to the conceptual parameters that dominated the representational models of the world – whether symbol, metaphor or text – I had known and was at first trying to understand my data by. Indeed, with their emphasis on symbolic representation, even dramaturgical and interpretive anthropologies emblematic of late twentieth and early twenty-first century anthropology (Erickson & Murphy, 2008) did not elucidate my concerns. Thus, in moving beyond representational models to try to understand the ways the themes of my data were everywhere and nowhere, I also had to move beyond the anti-realists, phenomenologists and practice theorists who were antecedents to today's non-representational thinkers.[23]

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[22] Although, Dewsbury, Harrison, Rose, & Wylie (2002) are also careful to articulate how 'non-representational theory takes representation seriously; representation not as a code to be broken or as a [sic] illusion to be dispelled rather representations are apprehended as performative in themselves; as doings…representation is perhaps more usefully thought of as incessant presentation, continually assembling and disassembling, timing and spacing; worlding' (2002, pp., p.438).

[23] It all began, in Western science at least, with anti-realist Gottfried Leibniz. For Leibniz, relational time and space were not exterior dimensions 'out there', but intrinsic, existing only in so far as they related to events (and objects). Gottfried Leibniz was both a physicist and philosopher. Although his ideas in physics were not popular during his lifetime, philosophers such as Husserl, his successor Heidegger, and later Bergson and Deleuze, were influenced by Leibniz and the anti-realists more generally. Heidegger, himself a practice theorist, in turn influenced the action or practice-based models of time put forward by anthropologists such as Bourdieu and Giddens—anthropologists whose ideas on space and time have heavily influenced my own. And, since the 1990s, via human geographer Nigel Thrift, the bloodline carries on in non-representational theory. See Thrift's 'the life-time-lines of non-representational theory' (1999, p. 303).

I came to understand that it was not Hagerstrand's vision of 'space', Deleuze's articulation of 'time', Merleau-Ponty's conception of 'body', Heidegger's 'being' or Bourdieu's 'practice' that mattered alone in my doctoral analysis, but a broader frame of non-representational theory — a theory that is rooted in these traditions, but not bound by them. I have come to believe that the point of theory like this is not to *contain* data, but to *leverage* it; to extend and free it in academe (not least when borrowed from across disciplinary divides). Thus, for me, being non-representational is less a 'theoretical framework', and more a 'theoretical licence'. It is a licence permitting my own data to retain its fluid, shifting, shaping, form; and a licence to approach anthropology from a different direction. Non-representational theory has allowed me to take the real, everyday lives of women in Kerala and make sense of their bare life[24] (and bare lives) anthropologically.

Nigel Thrift (1996), in *Spatial Formations*, first emphasised 'time-space', 'practice', 'subject' and 'agency' together as a cluster of ideas or non-representational theory. Quoting Shotter, Thrift later emphasised non-representational theory as a matter of relationality. It is:

> … the 'play' of appearance unfolding before us, such that, instead of seeing events concerned in terms of theories as to what they supposedly 'represent', we see them 'relationally' — that is, we see them practically, as being embedded in networks of possible connections and relations with their surroundings, 'pointing toward' the (proper) roles they might actually play in our lives. (Shotter, 1996, cited in Thrift, 1997, p.126)

The practical relations between matters of space, time, practice, subject and agency (although, for me specifically they manifest as 'spacetimes', 'performativities', and the bodily ingestion of substances via the 'body-mouth') also rest in the belly of my own anthropological exploration of ayurvedic wellbeing in Kerala. Those practical relations, or a non-representational emphasis on *what is* — what, for de Certeau, is 'the empire of the evident' (1984, p.204); and for Thrift, a matter of 'what is present in experience'

24 'But "bare life" is not bare. It is most of what there is' (Thrift, 2000, p.35).

(2008, p.2) — helped me to carve away any residual temptation to re-present rather than present my data. Thus, rather than frame my overarching interest in 'everywhere and nowhere' as a central problematic to theoretically solve or explain-away in representations (and, in the process, likely squeeze all life from), sitting with *what is present in experience*, what is non-representational, allowed Ayurveda to be everywhere *and* nowhere; it encouraged '…the general [non-representational] theme of "more life", for it suggests a particular form of boosting aliveness, one that opens us to our being in the midst of life through a thoroughly ontological involvement' (Thrift, 2008, p.14). And, as it does this, it '…embraces uncertainty by affirming life's "messiness"… not by re-inventing epistemology but by theoretically and methodologically foregrounding the processes of life's emergence' (Boyd, 2017, p.32).

A matter of gender

Non-representational theory's focus on emergent and generative principles, however, has been criticised for its tendency to allow intuitive, embodied practices to appear lofty and unproblematic (Cresswell, 2012; Jacobs & Nash, 2010; Tolia-Kelly, 2007). Central to those criticisms in which, Colls (2011) notes, feminist geographers have been notably active, the 'one-substance ontology' or 'energetic ontology' that sees the melding of subject with other subjects, objects and environs, has been said to make no allowance for the capacities of subject-positions or gendered bodies to affect and be affected by wider power dynamics (Lorimer, 2008; Pain, 2006; Thien, 2005).[25] Indeed, the kind of ethereality and monism an expression like 'everywhere and nowhere' might naturally

[25] Although, from a feminist new materialism perspective, feminist scholars (but also post-colonial and queer theorists) are now engaging with new materialism's posthumanist and postanthropocentric forms of social production as ways of thinking beyond universalist and oppressive representations of 'the other' (Alaimo, 2017; Alaimo & Hekman, 2008; Barad, 2001, 2003; Braidotti, 2002, 2013). As Fox & Alldred explain, '[t]he turn to matter offers a re-immersion in the materiality of life and struggle, and the recognition that in a monist world — because there is no 'other level' that makes things do what they do — everything is necessarily relational and contextual rather than essential and absolute (Fox & Alldred, 2018, p.5). This ontological opening has provided feminists a way of repositioning gender and the gender agenda in 'the movements between meaning and matter, word and world, interrogating and re-defining boundaries … in "the between" where knowledge and being meet' (Barad, 1996, p.185). Although I am not writing from a feminist new materialist perspective, but a non-representational one, I have been influenced by this important body of literature.

evoke presents precisely what Bondi argues 'feminist geographers find research informed by non-representational theory [to be —] too abstract, too little touched by how people make sense of their lives, and therefore too "inhuman", ungrounded, distancing, detached and, ironically disembodied' (2005, p.438). Taking these criticisms on board, I ground my analyses in the gendered thinking feminists such as Mary Cameron, Sherry Ortner, Judith Butler and Cecilia Busby can bring to Ayurveda, practice, performance, materiality and the body.

I do not, however, engage with feminist literatures in the way one might expect, given that gender, it is fair to say, was *everywhere* in my field. I went to India wondering how Malayalees (people like those I had first come to know, years earlier in Dr Sreejith's village) made sense of Ayurveda in daily life. *Following the people* led me to Malayalee women; and *following the thing*, to cultural events that were highly gendered. The more time I spent with women in their homes, the more gender suffused my understanding of the cultural norms, practices, performativities and spacetimes that mattered in everyday wellbeing and everyday Ayurveda. Further, the more time I spent in institutions, the more I understood that Ayurveda's learned and clinical histories, too, were systems packed with reasons to contemplate complex gendered dynamics. Indeed, the gendered historical, political and dark power dynamics Sherry Ortner called for us to keep alive in our anthropologies of the good were all there in Kerala.

Following Elizabeth Grosz, however, I step away from the issues of power and class struggles, of otherness and identity, of violence and subordination within patriarchal hegemonies — issues that have typically (and importantly) concentrated in feminist writing. I do so not to leave them behind altogether, but to place them aside so that I might address the more ontologically and metaphysically salient aspects of women's wellbeing in Kerala. This dissertation, therefore, is not strictly (or traditionally) a feminist project. Although, it is, I hope to show, a way of coming at the issues women 'care' about – what is existentially important to them, the impetus to their actions and their culturally-valued projects in the world – by a different (feminist) means. In doing so, in valuing the abstract, I too still also carry gendered concerns, both ethnographically from

and analytically/theoretically back into the unmarked spacetimes of Ayurveda and everyday wellbeing in Kerala — only, at a distance. As Grosz says of her own work:

> … instead of the more pressing feminist questions directed to political, legal, and ethical concerns, to guaranteeing a specific mode and direction of change, I want to step back to take up a position of greater distance and abstraction, a position where the solution has no place, but where the question as such must be raised: to ontology and thus, ultimately to metaphysics, that undecidable arena where feminism is required to turn, in spite of itself, in reformulating the questions of subjectivity, intersubjectivity, identity, the body, and materiality that are so central to long-term development of its political and intellectual projects. I need here to turn away from feminism, at least to turn away from it directly, in order to be able to see it more indirectly and thus less instrumentally. We need a sketch of how to understand what we are thrown into, find ourselves enmeshed in, the given we cannot simply bracket or ignore. This is not the task of every feminist project, or even most of them. But without some reflection on the most general and abstract conditions of corporeality and materiality, and the forces that weigh on our bodies and their products, we do not have the perspective – the distance – required to see what has commonly remained invisible or unseen in our everyday, even our feminist, habits and assumptions. (Grosz, 2005, p.114)

The given we cannot simply bracket or ignore, for me, is space and time (or spacetime) in matters of wellbeing. But time and space *have* been the explicit concern of some feminists (Harcourt & Escobar, 2005; Irigaray, 1999; Massey, 1992, 1994, 1999, 2005), and while for others, such as Butler (1988, 1990, 1993, 2015), although not the direct emphasis of their work, a spatio-temporal contribution has still been influential in social theory generally and to non-representational theory specifically:

> First, Butler's theorization of gender has reshaped geographers' [and other social scientists'] understanding of identities/bodies and their spatialities. Second, her notion of performativity has been recast to theorize the concept of space. Third, her work has influenced … engagement with non-representational theory. (Mahtani, 2004, p.82)

Others, too, such as bell hooks' spatialising of black identities and the margin as a site of resistance in 'the politics of location' (hooks, 1984; 1990, p.145) and Gayatri Chakravorty Spivak's (1988, 1998) work on the subaltern and the global village, which highlight the

ways spaces and times are the privileging of Western thought, have all brought feminism to debates on space/time.

What Elizabeth Grosz does uniquely, however, is to bring space and especially time to feminism as 'an affirmative method, a mode of assenting to rather than dissenting from the "primary" texts — whether of Darwin, Bergson, Merleau-Ponty, Derrida, Irigaray, or Deleuze or feminist commentators writing on these primary figures' (Grosz, 2005, p.3). Grosz does not dismiss the gender-blind writing of poststructuralist men but rather she offers 'feminist strategies for engaging with (phallogocentric) philosophy' (Colls, 2011, p.431) (Colls draws attention to the work of Rosi Braidotti and Luce Irigaray, here, too) so that we might also find ways to critically concern ourselves, not only with space and time as sites of gender bias and control, but with their largest of ontological and metaphysical presentations as matters equally relevant to gendered lives.

In this thesis, the topic of wellbeing — that highest of human ideals — I suggest, is a suitable topic for such an exploration. Indeed, a non-representational licence that 'unlock[s] and animate[s] new (human and nonhuman) potentialities' (Thrift & Dewsbury, 2000, p.411), and a more abstract, ontological analysis of spaces and times, can be applied to Malayalee women's lives to bring new (and ultimately, gendered) insights to our notions of 'what it means for a life to go well' (Scheldeman, 2008). At least, that is what I hope to do in this dissertation. If we understand that,

> Gender is a complexity whose totality is permanently deferred, never fully what it is at any given juncture in time…[a]n open coalition…affirm[ing] identities that are alternately instituted and relinquished according to the purposes at hand…an open assemblage that permits of multiple convergences and divergences without obedience to a normative telos of definitional closure (Butler, 1990, p.16),

then the matter of gender should still be alive in my non-representational work, perceptible and generative all the way.

Next, in the following chapter, I turn my attention ethnographically and theoretically to space and time.

3. Spatio-temporal paths of wellbeing

In this chapter I think ethnographically and theoretically about space and time. Firstly, focused on areas of the home as unmarked spaces of Ayurveda, I outline my own ethnography. Then, drawing on Corsín Jiménez's notion of 'capacity', I contemplate space as it *becomes with* time. That is, I re-think ideas of space through the rhythms and temporal textures of daily practices to follow women's paths to wellbeing. Those paths, and their synergies with ayurvedic notions of time, lead me to consider broader cultural rhythms of daily life. Finally, I draw theory and ethnography together to extend my own spatio-temporal construction of the unmarked spacetimes of Ayurveda — the 'locations', in Chapters 4 and 5, of my deeper ethnographic exploration of wellbeing in the daily lives of Malayalee women in Kerala.

Unmarked spaces of Ayurveda

In Kerala, the term 'Ayurveda' can be seen everywhere. It is advertised on the sides of buses and on personal-care products hanging from roadside stalls. It is on 'give-away' products attached to glossy women's magazines and plastered across highway billboards advertising ayurvedic hospitals and tourist resorts. The ayurvedic pharmacies that sell medicines on almost every street corner, and the lines of patients outside local clinics, waiting to consult their ayurvedic doctors, further attest to its presence. It is evidenced in the growing number of private ayurvedic colleges across the state. Turn on the television or open a newspaper and you will likely hear and read about Ayurveda. Ask any Malayalee about Ayurveda and they will point you in the direction of the closest facility — a hospital, clinic, college, resort, pharmacy or factory. That is, they will readily identify the marked spaces of Ayurveda.

Figure 12: Ayurvedic soap 'give-away' with a women's magazine

Ayurveda, however, as introduced in Chapter 1, also exists in unmarked spaces. It exists in the hundreds of medicinal plants that spontaneously grow on the sides of the road and in the unkept plots around people's homes. It is decocted, as it has been done for thousands of years, in people's kitchens. It exists in non-textual knowledges of pharmacology often exchanged between women on the backstep of their homes. In general, however, Malayalees tend not to see these as spaces of Ayurveda. Spaces like the side of the road and the kitchen are dismissed as wholly uninteresting and insignificant. They are the 'nothing' spaces of everyday Malayalee life — the places grandmothers go (to make 'grandma's medicine' or *naattumarunnu*), and certainly, I was often told, no place relevant to a university researcher! Confused by my interest in roadside plants, people would often dismiss my queries with the Malayalam expression: "It is not planted, it just grows here" (*nattu valarthiyathalla, ith 74vied valarunnathaami*). In other words, *it is not (knowingly) connected to me, or this place*. This issue will become central to my theorising on the spatio-temporalities of unmarked

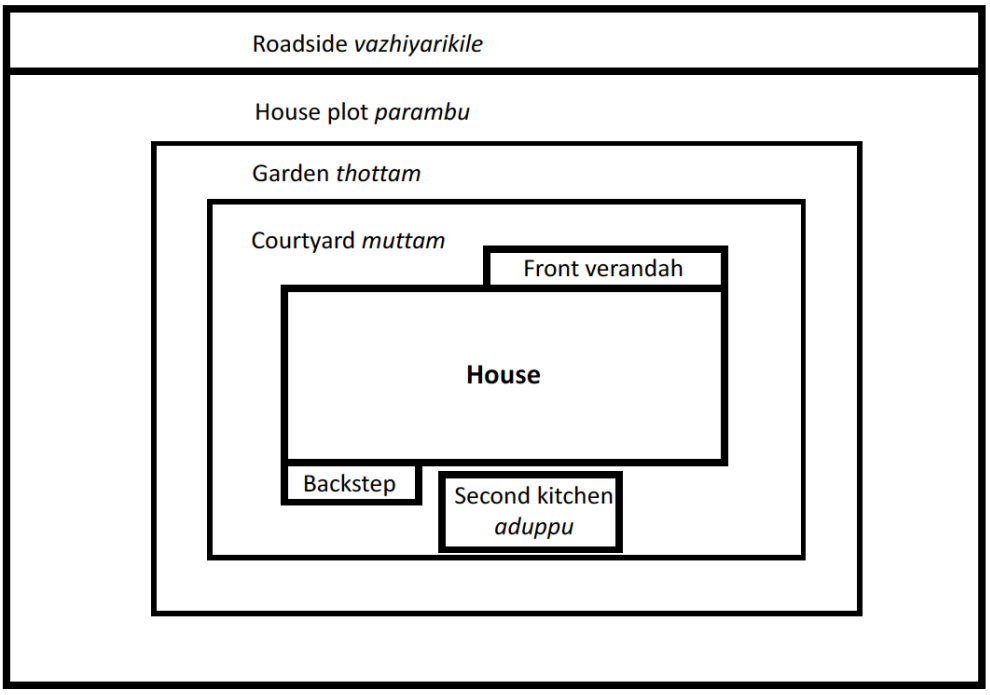
Ayurveda, but first, by way of orientation, I briefly describe 'the lay of the land' in the home gardens, roadsides, kitchens and backsteps that comprise the unmarked spaces of Ayurveda in Malayalee homes.

Spatial organisation of Malayalee homes and gardens

The home garden and the roadside

There are four distinct areas in the spatial organisation of Malayalee home gardens that, in general, stretch out concentrically from the nucleus of the house. They are:

1. Courtyard or *muttam*
2. Garden or *thottam*
3. House plot or *parambu*
4. Roadside or *vazhiyarikile*



Map: House plot areas in Malayalee homes

Often paved, the courtyard or *muttam* immediately surrounds the house. Some houses have courtyards that wrap around three or even four sides of the house; others have a *muttam* at the front entrance only. Typically, there are very few plants in the *muttam,*

but some people, in an increasingly fashionable trend, keep potted ornamentals like Bougainvillea there. In Hindu homes, a variety of Indian holy basil (*tulasi*) is grown on a raised square-shaped platform or *tulasithara* that is often cemented into the paved *muttam*. The *tulasithara* is prominently positioned in front of the front door, which is usually on the north-east or eastern side of the house. The *tulasithara* is a site of worship to Lakshmi, the goddess of prosperity, who is believed to reside in the plant. Although they do not worship *tulasi*, nor plant it in a *tulasithara*, Christian and Muslim households do plant *tulasi* near the main entrance of their homes. From this position, Malayalees believe the antibacterial and antimicrobial properties of *tulasi* improves the health of their families. As Ethan explained to me one day, when had I joined him on the front veranda and commented on the amount of *tulasi* growing in front of us in the *muttam*, "When the wind blows, the air is purified through the *tulasi* and [the purified air] goes into your house". *Tulasi*, as well as other herbs that grow in raised garden beds along the edge of the *muttam*, are regularly plucked for use in dishes and medical decoctions, or simply consumed straight from the ground. To ease a sore throat, for example, someone might simply reach across and take a *tulasi* leaf to chew on as they walk past the bush. Hibiscus trees, too, are commonly found on the edge of the *muttam*. Before washing, women rub their hand down along a hibiscus branch, wiping the branch clean of its leaves. In the palm of their hand they crush the leaves together to release a sticky sap that they apply to their hair as conditioning treatment, which is said to prevent hair fall and premature greying. And every morning, as part of their daily routine, women sweep the *muttam*. Many women told me they did not need to exercise because their daily chores, like sweeping, was physical exertion enough. When I asked Mercy, a patient I met in Tripunitra Government Ayurveda Hospital about exercise she said: "No, I don't exercise. Well, bending up and down, drawing water from the well, cleaning the floor, washing clothes … but no other exercise".

Outside the courtyard or *muttam*, moving further away from the house, the next distinct area is the garden or *thottam*, often referred to more specifically as the *pachakarithottam*, literally meaning 'green vegetables for curry garden'. The *thottam* is most often in the form of a plot which is tended by householders. Here, vegetables typically used in curries like spinach (*cheera*), green beans (*payru*), ochra (*vendakka*),

bitter gourd (*pavakka*) and drumstick (*muringakka*), as well as other commonly used tubers and nightshades, are cultivated.

In early interviews with patients in hospitals — despite the hundreds of medicinal plants I could see growing outside houses as I passed on my way to the hospitals — patients continually gave confused and limited responses to my questions about the types of medicinal plants in their gardens at home. They might eventually identify turmeric or ginger, perhaps chilli or curry leaf, but it was often an awkward, one-way conversation filled mostly by my own probing. It took some months to uncover two reasons for this: before reaching Kerala, in preparing for the field, I had learned the Malayalam word *thottam* as the generic term for garden. Thus, as I was talking with my collocutors, digging for more detailed responses on their uses of medicinal plants, I was unknowingly asking them to visualise one specific area of their whole plot of land — the area mostly used for growing green vegetables for curry, and not medicines. The second reason, introduced below in relation to the *parambu* and discussed more fully in the latter part of this chapter, concerns people's connection to that space.

The third area of the home garden, extending to the perimeter of the plot, is known as the *parambu* or house plot. This area is not typically cultivated by householders and any plants and trees that grow there do so spontaneously. Coconut, mango, banana and nutmeg, among other trees, abound in the *parambu*. It is also in the *parambu* that people find many of the medicinal plants they use for home remedies (*ottamoolikal*). Although they do not plant them there, my collocutors knew exactly where to go in the *parambu* to find specific plants according to the season, the soil, and the position of the sun; in the kitchen, they knew how to process the substances into *ottamoolikal*, too. They might, for example, as Mary did one day, pick up a fallen nutmeg fruit outside, cut it open, peel away the bright red membrane or aril of mace from the seed, dry fry the mace, grind it into a powder and mix it with honey — all within a matter of minutes — to soothe an upset stomach.

Figure 13: Three generations of women collecting medicinal plants from the roadside

The fourth and final area of home garden extends just beyond the boundary of the house plot to include plants that grow on the side of the road, known as roadside plants or *vazhiyarikile chedi*. Like the *parambu*, this area is uncultivated, but medicines commonly used for *ottamoolikal* grow there. During my fieldwork in people's homes, women would immediately disappear outside to the *parambu* or *vazhiyarikile* when they needed medicine for their family. If they couldn't find what they needed in their house plot they might keep walking over to the neighbour's house plot, or out along the roadside. Indeed, the Malayalees I came to know could name hundreds of species of plants growing in and around their house plots (see Appendix D). And yet, from their hospital beds, when I had asked about the medicinal plants that grew at their homes (misleading as my questions were by incorrectly using the term *thottam*), not one participant made a link to the *parambu* or the *vazhiyarikile* and the hundreds of medicinal plants they could cite as growing there. I will, toward the end of this chapter, explore the disconnect between people's constant use of the *parambu* and the

vazhiyarikile at the same time as claiming no connection to the place where plants *just grow*. First, however, I move inside to describe three other pertinent yet unmarked spaces of Ayurveda in the house: the kitchen, the second kitchen (*aduppu*), and the backstep.

The kitchens and the backstep

The second kitchen or *aduppu* is a separate kitchen, out the back of the house, usually a stone's throw away from the (first) kitchen which is housed under the main roof. The *aduppu* is where I found Lakshmi when I was looking for her to prepare chai on my first morning at Mary's House. The *aduppu* is generally a small, poorly ventilated and dimly lit room with an open wood-fired stovetop. The corners of the room are often found stacked high with piles of dried coconut husks used for fuel, as well as piles of huge stainless-steel rice pots, iron skillets and pans charcoaled from years of use. The *aduppu* is always alive with women sorting over clusters of freshly picked vegetables and herbs piled high on hessian bags and in various stages of being dried, chopped, pounded and processed. It is the place, many participants told me, where their *real* work happens.

By contrast, the kitchen is for show. Although it is also used in the preparation of everyday food and medicine, its main function does seem comparatively ornamental, reserved largely for making chai and juice for visitors. I observed that men rarely go into the *aduppu* but they will sometimes make themselves chai, or help prepare food in the kitchen. If people are wealthy enough, kitchens are fitted with gas stovetops, fridges and built-in glass-doored display cabinets showing off tea sets and cut-glass serving bowls. But even in single-room village homes, tiny indoor kitchens — simply consisting of a hotplate on a table set up in a corner of the room — often serve the same display purpose, while a working *aduppu* exists as an open-air space just outside the house. In higher density apartment living in cities, too, I also observed makeshift *aduppu* on rear balconies.

Over time, I could ascertain how close new visitors were to a family by how quickly the women migrated to the kitchen and then out the back to the *aduppu*. Lesser known

visitors would never be invited to sit on the backstep (nor enter the kitchen or the *aduppu*). But if they visited long enough, the closest female neighbours and extended family would inevitably end up sitting on the backstep, gossiping as they completed a small job like peeling cloves of garlic or picking over herbs. The women of the house would keep working around them, between the kitchen and the *aduppu,* stopping only to offer an exaggerated gasp at some gossip, or to add a piece of gossip to trump what had just been told. The Malayalam proverb "women in the home are aware of secrets in the market" (*angaadi rahasyam akathammakkariyaam*) describes the volume of gossip (known, in Malayalam, as *paradooshanam*) that makes its way to the backsteps of Malayalee households. On the backstep, village commentary is lively and uncensored, and no-one is saved from *paradooshanam's* gaze.

Figure 14: Cooking in an *aduppu*

For many Malayalee women, the whole back area of the house (including the kitchen, the *aduppu* and the backstep) is the most active area of the home. In that area, however, the backstep holds a unique position. When close neighbours and extended family are present, it is the site of intense *paradooshanam* and female sociality. But when women are home alone, the backstep serves other purposes. Having fossicked in the *parambu* or along the *vazhiyarikile*, women often sit on the backstep with handfuls of *green*, sorting their medicinal collection before taking it into the kitchen. If someone else comes to join them, the conversation inevitably circles back to the plants before them. They analyse their collection, discuss what ailment they plan to treat with which plant, they debate how it should be prepared, and they argue over alternative preparations. These conversations happen with no fanfare, no textbook or pens. But, they represent the largest pharmacology school in Kerala — grandmothers and mothers passing on their knowledge of the medicinal plants that spontaneously grow on their land.

Health and illness are popular topics of conversation in general in Kerala, but on the backstep, these conversations get intimate. Women often sit, oiling each other's hair with homemade oils infused with medicinal herbs from their own *parambu* or *vazhiyarikile*, discussing their family's wellbeing (although their own wellness is often disguised in forms of illness, see Chapter 5). Pausing on the backstep, as they often do, also provides women with a vantage point to hear what is happening at the front of the house, attend to the kitchen(s) as needed, as well as keep one eye on activities taking place out towards the *parambu*. This includes the arrival and departure of domestic workers who only ever use the backdoor, deliveries from the local milkman or fishmonger, as well as other travelling salespersons selling everything from elaborate sarees to kitchen utensils.

But for all its activity, the backstep can also be a type of liminal zone (Turner, 1967), quite literally on the threshold of public and private life, where, in quieter moments of the day, women of the house who gather there temper their daily routine with a different code of conduct: they pause, rest, and hierarchical structures flatten. To best explain this last point, I reflect on one morning on the backstep at Mary's House.

Figure 15: Sorting medicinal plants from the *parambu* on a backstep

One morning on the backstep at Mary's House

Lakshmi had a spooked look on her face; she often looked that way, deeply troubled by a violent family life from which she had only recently escaped. After her escape she found herself in a hostel run by Christian nuns who offered aid, and conversion to Christianity (hence, the plastic holy cross necklace I'd noticed when we first met). On this particular morning, however, her look of fear was not for her own life, but for the hen whose neck Mary had asked her to cut. She was standing there, looking at the hen pecking freely about the ground out the back of the house, with a knife in one hand hanging limp by her side, contemplating her next move. Lakshmi saw me and waved the knife in my direction. "You do it" (*ningal ath cheyyoo*), she yelled in Malayalam.

Suddenly, in the blink of an eye, she swooped down and caught the hen, holding it upside-down by its legs. She walked towards the *aduppu*. From the kitchen window inside, Mary yelled at her to kill it somewhere else. As Mary was yelling, Jacob, a man who Ethan and Mary employed to tend to the *thottam* and do odd jobs around the house, arrived by bicycle. Without saying a word to anyone, Jacob leant his bicycle against the house, walked toward Lakshmi and took the hen from her. Aya, the midwife

who came to the house each morning to provide ayurvedic postnatal care to Eva and Rose, was washing nappies on the rock next to the *aduppu*. Preparing to make his deathly manoeuvre, Jacob lay the hen on the ground near her. Aya continued slapping the nappies against the rock as if he and the hen weren't there.

I couldn't quite see how he did it, but without a sound and in the blink of another eye, the hen was laying limp on the ground. Jacob took it, and silently placed it on the low retaining wall outside the kitchen, before he continued onto whatever it was he had originally arrived to do. Aya kept slapping nappies against the rock. Laskhmi, relieved of killing the hen, had instead used the knife in her hand to crack open a coconut. Tipping her head back, she drank the tender coconut water from inside the shell. The hen lay dead in the hot morning summer sun. I sat on the wall next to it, scratching fieldnotes in the notebook on my lap.

Busily clanging pots and pans in the kitchen, Mary must have been keeping one eye on me. Through the open kitchen window, her voice told me that the hens they raised at home were "better for health" and "without hormones". I should write that down, she prompted. The hen lying next to me was for a "special chicken Ayurveda medicine for mothers" that Mary invited me to watch her prepare later that day. She started yelling out the recipe, and that I should write it down, too. I sat there, writing, reflecting on the way Malayalee mothers seem to command respect in the home. As if reading my mind, Mary's voice suddenly ordered: "Come, Brony. Tea" (*Va, Bronny. Chai*).

Mary, Aya, Lakshmi and I converged on the backstep in a rare moment of silence as we drank our chai together. Often this backstep was the site of hushed voices and animated *paradooshanam*. But this morning we simply enjoyed the rest. Aya was squatting near the bottom step; Lakshmi, leaning against the railing, had her legs outstretched; and, mirroring Mary on the top step; I sat completely relaxed with my knees dropped open. Not more than a few minutes passed before Mary collected our empty glasses and, with a collective sigh, the women dispersed back to their various tasks.

Mary collecting the glasses from Lakshmi and Aya on the backstep was significant. Clearing, cleaning, and waiting-on were jobs for Aya and especially Lakshmi. When chai was served inside the house, Mary would never have cleared Lakshmi's glass for her. But there, on the backstep, boundaries changed. As I got to know other women and spend time in their gardens and kitchens we would eventually sit together on the backstep, too. And just as Mary's relationship with Aya and Lakshmi equalled there, so also for other women. Dr Akhila, a collocutor from the beachside village of Kovalam, reflected on her own childhood: "Even my mother, who had all the home help, would sit with them and talk on the backstep, as if they were equal". In that space, they ceased to be servants and mistresses and became Malayalee women, sharing. This momentary collapsing of hierarchy is vital in maintaining relationships and wellbeing, not only between employee and employer, but (as we will see in Chapter 5) between mothers and daughters, too. On the front porch — also a popular and important space of Malayalee sociality — women and men played into strict social codes of conduct, power hierarchies and gendered expectations. On the backstep — a location distinctly shaped by its space in female sociality — women's postures relaxed and the topic of conversation, if there was any conversation at all, often changed from discussing food and weddings to disclosing their hopes and troubles. As my friend and ayurvedic doctor from Gramam, Dr Divya so warmly expressed it, on the backstep, "they share chai and they share their fears".

If, however, you ask a Malayalee woman to identify the most important space of the house in maintaining wellbeing, while she might identify the kitchen (and would most certainly identify the home spaces reserved for prayer: the puja room, the home altar, or the prayer rug); the backstep, the *aduppu* and out to the *parambu* and *vazhiyarikile* would be wholly dismissed. Women go about these spaces automatically, without conscious effort, as they engage in daily practices. Most of the day they unconsciously step over the backstep, ignoring it as they move back and forth from the kitchen to the *aduppu*. They walk out to the *parambu* or walk along the *vazhiyarikile* to find medicinal plants they need, but outside this daily routine, they are not consciously vested in

maintaining these spaces. For them, these are the unremarkable, inconspicuous and every-day environments that operate, in a sense, behind-the-scenes of daily life.[26]

Figure 16: Women in the *parambu*

For many Malayalees, Ayurveda is only seen to exist in *marked spaces*, in institutions and factories. The landscape at home, the medicinal plants that grow in the dirt there, and the way those plants are processed and consumed by the bodies who live there,

[26] Although 'behind-the-scenes' conjures the apt dramaturgical notion of 'backstage' (Goffman, 1990 [1959]; Hare & Blumberg, 1988), the metaphor of 'life as a stage', nonetheless, presents an empty and bounded Newtonian sense of space to which I do not subscribe. Still, Goffman's backstage is an apt descriptor of the unmarked spaces of Ayurveda in that these are not spaces in homes for guests or visitors (they are not for the audience, only the performers). During fieldwork, asking women I'd only just met to spend time with them in the kitchen, *aduppu* or on the backstep of their homes would have been entirely inappropriate. My access came about with time, trust, friendship, and informality. It occurred by way of a natural progression, from sitting politely in the lounge room and drinking chai from their best porcelain or glass tea cups during our first meetings to – often many meetings and months later – being handed a cotton nightie to change into on my arrival, given a bowl of garlic to start peeling on the backstep, and, by then, chai served in a stainless-steel cup.

means little to them ayurvedically. At home, they go to a nowhere patch of land (*parambu*) to pick a nothing plant (any ayurvedic medicine that grows there without having been planted) and decoct it into nothing more than grandma's medicine (*naattumarunnu*). The space from where it came is a place with no meaning, and certainly a no-where worthy of labelling as 'Ayurveda'.

'Relocating' the unmarked spaces of Ayurveda

Space is what they do, not where they are

What happens, Corsín Jiménez asks in his article *On Space as a Capacity*, when people do not identify with the land on which they live? When 'social relationships are not anchored in the land, for the land is no "place" for them?' (2003, p.137). 'Can there be "spaces" for the expression of agency and identity that are not land — or place — related?' (2003, p.144). I turn my attention here to the spatial ontology put forward by Corsín Jiménez's ethnographic study of the ways women and children move through Antofagasta, Chile. In asking the questions above, Corsín Jiménez dislodges 'space' from our anthropological distinction of 'place' — and in doing so, addresses precisely what Massey had ponded when she asked '… what if we refuse that distinction, all too appealing it seems, between place (as meaningful, lived and everyday) and space (as what? the outside? the abstract? the meaning *less*?)' (2005, p.6). For Corsín Jiménez, refusing that distinction allows space to exist, not as an *a priori* field through which places are activated, but itself as an ontology of *becomings*, a dimension capable of change. Before stretching too far into the ontological distance, however, I want to begin this discussion on the ground with Corsín Jiménez's fieldsite, and consider the ways in which his non-representational reading of the spatial relationships of women in Antofagasta led him to redefine space. I explore his ethnography as a way of reflecting back on the spatial relationships of my own, and theoretically reframing the unmarked spaces of Ayurveda, just described.

Antofagasta is a desert city, populated by people who both rely on it for employment, and reject it for its dirty, harsh and arid reality. Many people are not long-term residents

and go there only to leave as soon as they have made money from its mines. Life there is temporary, and like the desert sands that engulf it, endlessly shifting. Social lives, thus, seem to hover above the land, rather than to be settled in it. Corsín Jiménez explores these social lives, and the ways residents ascribe value to a city that comes with none. As women and children navigate their way along the boulevards, malls, and parks of Antofagasta that have been purpose-built as green spaces of recreation and safety against the thankless desert, they 'invest their city with value and meaning' (2003, p.137). However, it is not the locations that hold their invested spatial meaning, but the relationships that form and play-out there. The city, even in its new boulevards, malls, and parks, still does not provide them a land-link to Antofagasta as a meaningful *place*. Corsín Jiménez asks: 'In a situation like this, how do people confront the creation of viable spaces of sociality? … In other words, where does value reside when the land is not a repository of value?' (2003, p.144). The answer, for Corsín Jiménez, is to see value residing in the spatial 'capacity' of social relationships. I explore his notion of capacity below — it presents an opportunity to introduce the much larger non-representational theoretical position I am building towards — but to get there, I first pick up his broader point concerning pioneering sociologist Emile Durkheim, and our disciplinary grounding of space.

Meaningful places

On the category of space, differentiating himself from Kant's 'vague and indetermined medium' of homogenous and undifferentiated territories (Durkheim, 1976 [1915], p.11), Durkheim saw space as divided and differentiated 'regions'. The persistent Durkheimian gaze of social scientists — where Durkheim's classifying of space as region has 'territorially infused [our] understanding of the spatial capabilities of social relationships' (2003, p.149), accounts for, Corsín Jiménez argues, our disciplinary *grounding of space*. That is, our idioms for space ('location', 'landscape', 'place' etc.) that serve to bind space to (known) territory, began with Durkheim's 'region'. Following the spatial turn of the social sciences in the 1990s (inspired, most notably, by the earlier work of human geographers Yi-Fu Tuan (1974a, 1974b, 1977) and Edward Relph (1976)), 'place' grew as a separate academic construct, supporting its own conceptions as a distinctively

bounded and grounded kind of space revolving around the rhythms of being and the lived experience of people in it. Social scientists, thus, quickly adopted the notion of 'place' and left the empty container of 'space' to classical physicists. Relph, therefore, determined that '[s]pace is amorphous and intangible and not an entity that can be directly described and analysed … space provides that context for places but derives its meaning from particular places' (1976, p.8). Space, for writers like Relph, was 'out there'. Place, by contrast, was grounded, rooted, visible, not merely a location but a site of meaning, of *being*. Indeed, Heidegger's (1962) innately temporal understanding of *being* or *dasein* centred on the enactment of an authentic, meaningful life, and '[a] properly authentic existence to Heidegger is one rooted in place' (Cresswell, 2005, p.22).

Although place was originally conceived as a bounded or closed system of meaning, structuralist and critical writers soon criticised place as 'little more than frozen scenes for human activity' (Pred, 1984, p.279) and made a number of critical contributions to the literature. Drawing on the work of Merleau-Ponty (2012 [1945]), the body and its preconscious movement was brought into view as constitutive of place (Seamon, 1980), and structuration theory (most notably in the work of Anthony Giddens (1984)), alongside feminist theories, politicised place and embodiment as a matter of constraints and freedoms, structures and agency (Harcourt & Escobar, 2005; Pred, 1984; G. Rose, 1993). Places, thus, came to be understood as shaped by the relationships within them but also the external political and economic forces or 'power geometries' (Massey, 1994) around them. This thinking reframed places as only notionally bound — still *located*, but also porous and politicised. From this more open view, where, even for Relph, '… it has become clear that conventional ideas about a sense of place, location and context no longer apply' (Relph, 1996, p.17), places became 'relational and contingent, experienced and understood differently by different people; they are multiple, contested, fluid and uncertain (rather than fixed territorial units)' (Hubbard, Kitchin, & Valentine, 2004, p.6; see also Gupta & Ferguson, 1997; Castello, 2010).

Nonetheless, whether they are understood as bounded or more fluid, Corsín Jiménez argues that from today's transnationalist and urban anthropologies to social

geographies, social relationships in space are still, all too often, uncritically bound to territory, to place:

> They all, in different ways, confound space with territory … they all see sociality as stretching through and unfolding in space — sometimes a bounded space, that is, a place; sometimes a translocal, unbounded territory. But space, be it a house, a region, or a transnational corridor, is always the setting where social relationships take 'place'. In other words, space is taken to be a given, irreducible ontological category; the (geographical) framework of action; and social relationships are seen as something exterior to and distinct from the setting where they take 'place', no matter how this setting is thereafter signified or constructed. (Corsín Jiménez, 2003, p.140)

By contrast, in his ethnographic context — as in my own, to which I will shortly return — it is the land that is largely meaningless, and the dynamic meaning of social life exists elsewhere. Or, to use his turn of phrase again: 'The place of social relationships is not the territory where they unfold, but a different space' (2003, p.97). Meaning is conceptually detached from place and positioned, instead, with space. Unwrapped from location-bound notions of place, the social relationships of his participants can be understood to dynamically interact with (not through) space — 'what were once spaces of place are now reckoned spaces of flows; space itself, emancipated from territory, becomes mobile and is deployed as a capacity' (Hall, 2009, p.571).

Meaningful spaces (or capacities)

By way of explicitly bringing time into space, Corsín Jiménez builds his notion of capacity non-representationally, on the shoulders of Martin Heidegger, Doreen Massey, and Nancy Munn. Along with a Heideggerian (1962) sense of agency ('worldling' or *dasein's* skilful coping in the activity of existing or being-in-the-world); he braids together Munn's (1986, 1990) temporal understanding that the structure of space unfolds in 'presentations' or 'events', and Massey's opening of space to time (such that space is realised as 'constantly in the process of being made' (1999)), to determine that space itself is transformed from 'setting' to an active element, a 'participant' in the action. 'The world', he says, 'is not a known place that exists prior to our engagement with it' (Corsín Jiménez, 2003, p.141). To engage is to move. To move is to enact space's *capacity* to not

just contain, but to 'be' movement, since movement can be nothing other than a displacement of space and time. This is Corsín Jiménez's capacity — the necessity of human action and bodily being to engage in, through and with spacetime, and for the latter, therefore, to become the focus of ethnographic attention. What this means for people is that they deploy capacities in daily life.[27] What this means for space is that it exists *in* people's practices, not outside them. And, what this means for social life in full is that '[s]pace is no longer "out there", but a condition or faculty — capacity — of social relationships. It is what people do, not where they are' (Corsín Jiménez, 2003, p.140).

Thus, if space is *what people do* not *where people are*, the unmarked spaces of Ayurveda form not in geographical locations, but in daily routines (*dinacharya*). Space is in the action of inhaling air infused with *tulasi*, the crushing of Hibiscus leaves into a hair tonic, and the sweeping of pavers as exercise (all of which occur in the *muttam*); space materialises in the seasonal planting and tending of vegetables (practices that occur in the *thottam*) or the practice of collecting herbs (that happen to grow in the *parambu*); the unmarked spaces of Ayurveda unfold with the grinding and sorting of substances in the *aduppu*; space *becomes* in the gossiping and passing down of knowledge on the backstep, in the killing of hens and the oiling of hair. 'Spaces are not settings or places where social life takes place, but paths to possible value forms and value situations' (Corsín Jiménez, 2003, p.144) — for Malayalee women, in the context of the unmarked spaces of Ayurveda, these paths to possible value forms and value situations are paths of wellbeing.

[27] 'Well-practiced patterns of movement and perception become embodied as skills or capacities that we apply in our everyday lives as a matter of course – the upright gait, the abilities to speak, read, or write, and the handling of instruments such as a bicycle, a keyboard, or a piano. If, following Merleau-Ponty, we regard the body not as the visible, touchable, and moving physical body, but first and foremost as our capacity to see, touch, move, etc., then body memory denotes the totality of these bodily capacities, habits, and dispositions as they have developed in the course of one's life' (Fuchs, 2012, p.10).

Following the paths of wellbeing

Figure 17: Hibiscus flower and a woman collecting other medicinal plants from her house plot

Spacetime

I want to follow those paths for a moment. Corsín Jiménez is not the first person to contemplate space and time together, or to bring space to life in practice. In the 1980s, Giddens proposed that 'time-space relations [are] … constitutive features of social systems' (Giddens, 1981, p.30), and Munn, in her ethnographic research with the Gawa of Papua New Guinea, went on to push these ideas further, imagining that sociocultural practices 'do not simply go on in or through time and space, but … constitute (create) the spacetime … in which they "go on"' (Munn, 1983, p.280) — a notion she later phrased as '*lived* spacetime' (Munn, 1992). By 2005, it was Doreen Massey who had

been leading the charge to see space, like time, as fully dynamic and lively. For more than a decade, Massey had argued that time should not be taken simply as stasis, coded feminine, the negative of space or bounded in 'place-time' (Dear, 1997; see also Harcourt and Escobar, 2005). Rather, Massey insisted 'on the necessity of thinking in terms of space-time' (1992, p.84; 1994), of drawing time into space, or opening space to time, because, she said:

> … space and time are inextricably interwoven. It is not that we cannot make any distinction between them but that the distinction we do make needs to hold the two in tension, and to do so within an overall, and strong, concept of four-dimensionality. (Massey, 1994, p.261)

Non-representationally, Nigel Thrift concurs '… that it is neither time nor space that is central to the study of human interactional orders, but time-space' (1996, p.1).[28] Indeed, in his paths to value forms and situations, Corsín Jiménez's notion of 'capacity' presents a four-dimensional spatio-temporal construct.

Looking further back, it was Durkheim (again) in *The Elementary Forms of the Religious Life* (1976 [1915]), who first raised the possibility that time could be social in origin. And it was only, Gell argued, 'when the possibility [was] raised that collective representations of time do not passively reflect time, but actually create time as a phenomenon apprehended by sentient human beings' that anthropologists found intrigue in 'the "time" problem' at all (Gell, 1992, p.4).[29] Beginning with Durkheim's sociological take on Kantian rationalism — albeit a brush with philosophising too close for Alfred Gell's liking, branding Durkheim's interest in the (social) origin of categories as 'quasi-metaphysical sociological speculation' (Gell, 1992, p.14) — anthropologies of time *have* grown out of philosophical thought to imagine, not only how time is codified, but

[28] Thrift's inversion of the word order of 'space-time' to 'time-space' is in following the geographies of Hagerstrand (1973) and the Lund school, as a way of intentionally diverting our attention away from physics and the issue of the origin of time. Others, for example, Giddens' (1984) 'time-space distantiation', Janelle's (1969) 'time-space conversion', Harvey's (1990) 'time-space compression', and also Massey's (1992, 1999) uses of both 'space-time' and 'time-space', represent a similar stand.

[29] For early functionalist/structuralist anthropologists who all advanced Durkheimian notions of 'social time', see Malinowski (1926), Evans-Pritchard (1939), Leach (1968) and Levi-Strauss (1966).

why it exists at all. Most significantly, anthropological ideas borrow from phenomenological circles (Lefebvre, Heidegger, Husserl, Schultz, Bergson and Deleuze) whose ideas are evidenced in our current thinking, particularly that which is grounded in theories of practice (Hodges, 2008; Thrift, 1996, 2008).[30]

My own ideas on the paths of wellbeing adopt a Deleuzian-Guattarian lens on spacetime as an ontology of becoming, here, via Ingold's (2011) notions of flux and movement (as 'wayfarying') through spacetime (or the 'lifeworld' and 'meshwork'), and in dwelling (as 'bundles of lines'). I highlight Ingold's spatio-temporal constructs as a way of continuing where Corsín Jiménez's article left off, but also, to set me up to look back to Kerala, and make some general observations on the temporalities and spatialities of life there.

'To my mind', Ingold has said, 'the world is a world, not space; and what is going on in it — the process wherein its manifold forms arise and are held in place — are processes of life, not time. Massey's time-space is, for me, the lifeworld' (2006, pp.891-892). In his own words, *being* — or the ways relational lifeworlds are animated as 'meshwork' — is:

> … a trail of movement or growth. Every such trail discloses a relation. But the relation is not *between* one thing and another — between the organism 'here' and the environment 'there'. It is rather a trail along which life is lived. Neither beginning here and ending there, nor vice versa, the trail winds through or amidst like the root of a plant or a stream between its banks. Each such trail is but one strand in a tissue of trails that together comprise the texture of the lifeworld. This texture is what I mean when I speak of organisms being constituted within a relational field. It is a field not of interconnecting points but of interwoven lines; not a network but a *meshwork.* (Ingold, 2011, pp.69-70)

Moving through the meshwork of life (Ingold refers to the embodied experience of movement along trails as 'wayfaring') is not a matter of moving from point to point. To the wayfarer:

[30] For excellent reviews on social/anthropological notions of time, see Gell (1992), Munn (1992), Adam (1990, 1998, 2002), Nowotny (1992), Massey (1999) and Zeitlyn (2015).

> … the world is not presented as a surface to be traversed. In his movements he threads his way *through* this world rather than routing *across* it from point to point. Of course the wayfarer is a terrestrial being, and must perforce travel over the land. The surfaces of the land, however, are *in* and not *of* the world, woven from the lines of growth and movement of inhabitants … What they form … is not a network of point-to-point connections, but a tangled mesh of interwoven and complexly knotted strands … something like a net in its original sense of an open-work fabric of interlaced or knotted cords … the lines of the meshwork are not connectors. They are the paths *along* which life is lived. And it is in the binding together of lines, not in the connecting of points, that the mesh is constituted. (Ingold, 2011, p.151)

Aligning with Deleuze and Guattari's 'lines of flight' and 'lines of becoming' (1983, 1987), Ingold's ideas are attempts to address the meaningful co-creation of space and time in human action or doing. He grapples with (although ultimately rejects) the spatio-temporalities a Heideggerian contemplation of being-in-the-world brings to the fore. Again, to quote Ingold, to dwell is:

> … literally to be embarked upon a movement along a way of life. The perceiver-producer is thus a wayfarer, and the mode of production is itself a trail blazed or a path followed. Along such paths, lives are lived, skills developed, observations made and understanding grown. But if this is so, then we can no longer suppose that dwelling is emplaced in quite the way Heidegger imagined, in an opening akin to a clearing in the forest. To be, I would now say, is not to be *in* place but to be *along* paths. The path, and not the place, is the primary condition of being, or rather of becoming … [and] wayfaring is the fundamental mode by which living beings inhabit the earth. Every such being has, accordingly, to be imagined as the line of its own movement or – more realistically – as a bundle of lines. (Ingold, 2011, p.12)

Delineating discrete unmarked spaces as I have done thus far, therefore, is largely academic. In practice (and despite their demarcation by name — *muttam*, *thottam*, *parambu*, etc.), these spaces evolve through practice not separated at all, but interconnected as one spatio-temporal system, as a *path* or *bundle of lines*. In Kerala, those metaphorical bundles of lines cross over and knot together, quite physically, with the medicinal plants that weave their way around people's homes and into their bodies.

To extend an earlier example, it was a stomach-ache that prompted Mary to wander out to the *parambu* in search of a fallen nutmeg fruit. From there, the nutmeg fruit came with her from the *parambu* and onto the backstep where she sat to pull it apart and separate the mace. She then moved into the kitchen to dry fry the mace over gas and back out to the *aduppu* to grind it. She then mixed it with honey and consumed it. In what Seamon (1980) would call a 'body-ballet' or 'time-space routine', each space, and each task that happened along the way to wellness (picking-up, peeling, cooking, crushing and finally consuming) was part of a continuum of events in space (Beck & Gleyzon, 2016; Deleuze, 1993; Munn, 1986, 1992), or wayfaring along lines (Deleuze & Guattari, 1983, 1987; Ingold, 2007, 2011), in processing the medicine from the *parambu* toward the kitchen. In practice, there were no discrete spaces in Mary's actions (or in women's practices in Malayalee homes in general), only spaces and times that were mutually implicated, 'integral to each other' (Munn, 1992, p.94) in the creation of what I must surely now call the marked and unmarked *spacetimes* of Ayurveda.

Figure 18: Dried and ground mace of nutmeg mixed with honey

Cultural paths, lines, becomings

Next, I explore a number of broad cultural paths of wellbeing. I have chosen to highlight these particular paths, or lines, for their synergies with ayurvedic rhythms and temporal textures. Firstly, I look to daily routines, to everyday interactions, and to a specific example of digestion (which, I propose, acts as a kind of cultural timekeeper in Kerala), as paths of wellbeing. Then, I move on to briefly consider the calendars and clocks around which life revolves, and finally, in another brief example, to the impact of the temporal Hindu mythological construct of eras or *yugas* on wellbeing. My field of view starts small (in routine) and ends large (in *yuga*). For my collocutors, spacetime was a plural, unfixed notion generated in the doing of life on many levels. Everyday routines, lifecycles and seasonal practices, spiritual rituals and festivals of calendric forms all played out as spacetime's generative force. There was not one religious calendar or one interpretation of clock time overseeing, dictating or orchestrating social life from an abstract far. Indeed, calendric times seemed to lift off the pages of calendars and *become* the fleshy materiality of life, meshing with bodies and substances in ritual and festival. Those ritualistic temporal structures guided daily life, but they did not exactly script it. Malayalees enacted life's routine patterns and special annual events casually, often in a rushed manner, or done imperfectly, as if they were trying them for the first time. There was an openness, a freshness or vitality in their doing that belied the weight of tradition, that somehow sidestepped expectation and the way the past incessantly pressed itself upon the present, and oriented people to the future: their paths of wellbeing engaged with what was, what is, and what will be in complex *lines of becoming* — bundles of them.

Daily routines

Apart from waking, sleeping and eating lunch, the women I came to know in Kerala did not refer to the clock time at which they undertook various tasks, but rather, the order in which they did them. To engage in these tasks in any other order (to cook breakfast before sweeping the front path, for example) was not considered the 'correct' order in which tasks should be done. The word *dinacharya* which, thus far, I have introduced as a Sanskrit ayurvedic notion, was also the Malayalee term used by my collocutors to

describe their daily routine. When I asked women to describe their *dinacharya*, they did not list the cleansing routine of the ancient texts, but the (equally ordered) events of their days.

Reflecting in my fieldnotes, I wrote:

> For many housewives in Gramam, the order of daily tasks follows a similar routine. Women wake with an alarm clock at 5.30 am. They bath, pray, sweep the front path. Muslim women observe 'fajr', the dawn prayer. Christian and Hindu women often visit a local place of worship. Next, they make chai, cook breakfast, feed the family breakfast, get children to school, clean the kitchen, and then eat their own breakfast. After breakfast, they begin lunch preparations. When cooking curries in the pressure cooker, women judge if a dish is ready by the number of whistles the pressure cooker has blown, not by how many minutes have passed. Lunch is always at 1 pm, sharp. After lunch, they watch TV soap operas, then rest inside or gossip on the backstep before preparing dinner. In the evenings, women spend time socialising with their family, eating dinner, and finally, they sleep by 11 pm.

Thus, despite the fact that it was an alarm clock that woke my collocutors each morning, that church services started at a set time, that school buses ran by a timetable, that lunch was always at 1 pm, and the TV guide operated by a schedule, women did not tend to refer to their occurrences by clock time, but by their place in the order of events (church was *before* breakfast; the school bus came *after* breakfast; TV soaps were watched *after* lunch) meaning that clock time was absorbed into women's movements and the order of household event time.

Everyday interactions

The notion of the correct order of event time was embedded in daily small-talk and greetings, too. Walking along a dirt path beside the canal to my daily Malayalam language class in Gramam one morning, Mary's cousin Prakash was up ahead on his motorbike. He saw me, slowed down, and raised his right hand, flicking his wrist inwards and upwards in the Malayalee hand gesture that asks: What are you doing? Once I reached him, he greeted me with the usual barrage of questions: What are you doing?

Where are you going? Why are you going there? Where is Mary? Have you eaten? I answered him briefly after each question: walking; the next village; Malayalam class; at home; yes, *puttu*[31] — before we wobbled our heads at one another and continued our separate ways. Prakesh was not worried about what his (or my) watch said, but which event I was up to in the order of my morning. His barrage of questions positioned me in the 'correct' order of event time. And since everything was in order, we simply went our separate ways.

Nothing was particularly remarkable about that interaction with Prakesh except, I realised on reflection, we did not say "hello" (*namaskaram*) or "goodbye" (*vida*). In fact, I suddenly noticed, Malayalees rarely said *namaskaram* to one another, and never *vida*. In the same household, family members rarely said, "good morning" (*suprabhatam*) or, "good night" (*subha ratri*) to one another, either. (They often did, however, as Parkesh and I had done, use the non-verbal gesture of gently wobbling their heads.) When cousins arrived at Mary's House, they did not signal their arrival or the start of a conversation by saying *namaskaram*, but often arrived yelling out her name, "Mary Aunty!" and upon seeing her simply launched into whatever was on their minds. They interacted as if they had always been there, not as if they were visiting. When they would leave, they simply ended their sentence and walked out, as if they were only moving to another room, not leaving the house all together.

For Malayalees, then, there was no formal beginning or end to conversations based on spatial presence. Indeed, multiple conversations appeared temporally strung together as one. The moment Prakesh and I crossed paths beside the canal, for example, we spoke as if no time-gap existed between then and the last time we had seen each other, days earlier. It was as if we were continuing the same conversation. In this sense, the relationships of my collocutors were temporally 'open', deeming *namaskaram* and *vida*

[31] Keralan breakfast dish of steamed coconut and rice flour.

largely redundant conversational markers in people's continuous, life-long temporal connections.[32]

Digestion as timekeeper

Figure 19: Preparing food in the *aduppu*

For ayurvedic doctors, practices of daily life both directly affect the manifestation of disease, and their ability to treat patients.[33] Daily life, I was often told, has sped up and

[32] The word *vida* is a formal term for goodbye, and not used conversationally. In conversation, if they said anything at all, people might instead use the phrase "see you soon" or *pinne kaanaam* — an expression of opening, not closure. And, in place of *namaskaram*, people might ask "have you eaten?" (*choor undo*?) (see Chapter 4).

[33] The physician, in selecting and administering the right medicine, must consider 'time' in two ways. Firstly, time as it exists from moment to moment (including the interplay of the *dosha* in the progression

fallen out of synchronisation with nature (and nature, when they used the term, was a synonym for Ayurveda) meaning patients no longer had time to follow Ayurveda in *dinacharya* or treatment regimes. Ayurveda doctors lamented how eating patterns were now disrupted (their patients had no time to cook properly, to eat in the correct portions, to follow the correct order of tastes and eat at the correct times), sleeping patterns were disrupted (they had no time to sleep enough or to sleep at the correct times), and exercise patterns were disrupted (no time to move at the correct intensity, according to the season and time of day one is exercising). As my conversation with Dr Bala (in opening this dissertation) showed, even doctors no longer had time to follow Ayurveda. Many Malayalees I met were aware that they were not engaging with daily activities (eating, sleeping, exercising) 'correctly' as they 'should' (although the two mirrored one another they understood what they 'should' do to be a matter of cultural habit, not ayurvedic theory). But, when we would delve into the problem, they would shrug their shoulders — "What to do?" they would ask rhetorically — lost for a solution, because they simply had no time. Most people I met felt they could no longer adhere to cultural (or ayurvedic) notions of (correct) time because of (a perceived lack of) time.

Food was central in the lives of my collocutors (a topic I take up and explore in the next chapter), and patterns of daily life revolved around its consumption. Explaining the timing of meals according to ayurvedic theory, but also in placing the food habit-patterns of many Malayalees I observed, one ayurvedic *sloka*, addressing the proper time of meals (*aharakala*), suggests:

> The ideal time for taking meals is after elimination of faeces and urine, when the mind is clear, when the *dosha* are moving in their natural paths, when belching is pure (without any foul smell or taste), when hunger is well manifest, when flatus is moving downward easily, when digestive activity is keen, when the sense organs are clear, and when the body is light. Food should be consumed observing the rules and procedures for taking food: that is the ideal time. (AH 8.54–55)

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from day to night, the stages of life and the seasons) and secondly, time in terms of identifying the stage of a disease (where each successive stage of a disease is identifiable by its characteristic signs and symptoms). Time, when understood in both these ways, serves to assist the physician in accurately diagnosing and treating disease (AH 1.24a).

This *sloka* presents a decidedly fluid notion of 'ideal time'. It prescribes the ideal time to take food as being the point at which a certain set of conditions exist in the body, not at a pre-determined time of day. Eating meals at regular times (and in the correct proportions) regulates digestion and elimination. The regular gap between meals which many Malayalees lived by (a typical day began with chai at 6 am, followed by breakfast at 8 am, lunch at 1 pm, chai at 3 pm, and dinner at 6 pm) created a digestive tempo that enabled such conditions to sync with clock time. Thus, although it looked like the clock dictated meal times (chai at 6 am, lunch at 1 pm etc.), Malayalees' commitment to meal times may have been a consequence of their digestive-clocks, led by the regular intake of food at the 'ideal time', and formed over the habit-pattern of generations who followed cultural norms that reflected ayurvedic theory. Indeed, many older members of families refused to eat after dark, citing a variety of ayurvedic *slokas* and other Malayalam idioms that address the effects of time on health, such as, *food becomes poison after dark* (*iruttayal ahaaram vishamaakum*). Digestion, therefore, was not only an automatic bodily movement, but a temporal process intimately connected to cultural practices of consumption. As the traditional *ilathalam* symbols kept time (rhythm) for Keralan dancers of *kathakalis*, so regular practices of consumption made digestion the timekeeper of daily life.

However, younger time-poor Malayalees were not, as a matter of routine, following the patterns of their grandparents. Young people snacked with their chai on 'bakery items' or 'outside food' brought from *chaiwalas* and street stalls in the marketplace. With trademark slapstick Malayalee humour, Riya, a collocutor I met in hospital at Kottakkal, said:

> In my childhood, all the bathrooms were situated on one side of the house compound. There was no lavatory inside the home. It was separate. We had kitchens inside the home, lavatories outside. Now, in modern life, the lavatory is inside, kitchen outside!

> Kitchen outside means people love going to eat outside [in restaurants] and [then] come [home]. [34]

But also, in almost every Malayalee household I spent time, I observed families (apart from the grandparents) habitually eating a full meal of rice and curry at 9 pm or 10 pm right before they slept. The reason families were eating so late in the evening was because working men and young adults did not arrive home from their offices until late in the evening — in the modern world, the *ilathalam* symbols, so to speak, have lost tempo.

Nostalgia and medical authenticity in Ayurveda

A common trope cited by Malayalees was that "Ayurveda has no side effects, but it takes time to work; allopathy has side effects, but it is fast-acting". Because they were time-poor, this trope expressed people's feeling that they have no choice but to take fast-acting allopathic drugs — or at least 'ibuprofen *kashyams*' (a catch phrase used to describe the way some doctors mix allopathic medicines with ayurvedic medicines to make faster-acting ayurvedic decoctions or *kashyams*). But the tampering of medicinal substances extended to common foods and products, too. My collocutors often expressed concern that turmeric, for example, was mixed with ground-up terracotta bricks, that store-bought milk was full of hormones, and that vegetables (especially, they said, those brought in from neighbouring states) were injected with chemical colour dyes. Even *sindooram*, the red substance used as a spatio-temporal marker on a woman's forehead in symbolising her status as a wife, was nowadays purchased by my collocutors as cheap, ready-made synthetic make-up, with no medicinal value (compared to the traditional ingredients of saffron, sandalwood, turmeric and ash).

[34] Although bathrooms were inside the house, no material waste was kept inside the house. Waste was immediately removed to a designated shallow pit outside in the *parambu*. The *parambu* was the overgrown and unkempt site where medicinal plants spontaneously grew (and those plants were routinely plucked and decocted into medicine) but still it held little value for Malayalees. Disposing of rubbish there deemed the *parambu* literally and metaphorically a wasteland. Household refuse and impure substances of all types thus were materially and conceptually expunged to the *parambu* as wasteland, and burned away. The piles of waste accumulated everything from plastic bags, food packaging and menstrual waste products to kitchen scraps and carcasses. Chickens and stray dogs would peck and rummage through the piles of rubbish before women would set them alight as a part of their routine chores.

Ayurvedic physicians, looking for ways to promote Ayurveda's benefits, perpetuated the notion of pure time. In ayurvedic circles, the past symbolised awe-inspiring ancient texts, a time of intellectual clarity and environmental purity. Patients, thus, were offered a taste of the pure past in Ayurveda (and a good dose of nationalism — see Langford (2002)).

Today, most physicians take the title of physician after obtaining a Bachelor of Ayurveda Medicine and Surgery (BAMS), and traditional doctors or *vaidyans* who inherited their knowledge from known family lineages are being sidelined, considered as either rare gems and the only genuine bearers of knowledge ('[m]y informed guess is that this group of authentic ayurvedic practitioners number a few thousand, depending on where we draw the line' (Bode, 2012, p.61)), or, at the other extreme, as untrained 'quacks'.[35] This can be observed in tourist and local enclaves alike.

Figure 20: *Sindooram* at a wedding function

[35] See Langford (1999) for a detailed ethnographic analysis on the notion of quackery in Ayurveda.

I observed one such battle between Prajeep, a doctor I came to know in a tourist resort near Trivandrum, and doctors in a nearby ashram. Prajeep did not have a BAMS, but by his own estimate he was a "fifth or sixth generation healer". His wellness tourists did not seem to mind that he did not have a degree. In fact, given his family lineage they saw his link to Ayurveda as *more* authentic and referred to him as "Dr Prajeep" or simply "doctor" (although, on his business card, he referred to himself as Resort Manager). In the nearby ashram also catering almost entirely to tourists with its attached ayurvedic clinic charging (in Prajeep's words) "exorbitant foreigner rates for treatments", the resident BAMS doctors promoted their treatments, based on their degree-qualified learned knowledge of the authoritative ancient texts, as genuine, traditional *and* scientific. They referred to Prajeep as a quack. In return, he dubbed their ashram "an inauthentic *cash*ram". Foreigners came and went, happily using both places, blissfully unaware of the politicking going on under their treatment tables. But the way the past impressed itself on the present, meaning that doctors vied for position using various means to lay claim to the past and the acquisition of their own knowledge as evidence of their own authenticity, was *everywhere*.

Such battles, however, not only existed in tourist areas. In local clinics, too, Malayalee physicians confronted the same tension. Dr Vasilii ran a small clinic near Gramam. He said of his own clinic:

> I believe in following pure Ayurveda and not mixing other traditions to be true and sincere. My work is so pure there will be no place in the future for it and my clinic will close after this generation. Neither of my children want to be Ayurveda doctors. But there is no scope for students who pass BAMS degree unless they have a good traditional backup from their fathers and forefathers. But also, they need a business mindset.

I mentioned another popular local doctor to him, one who is well-known for his business mindset and his father's legacy: "Ah but he is a quack and fraud doctor", Dr Vasilii said. "He runs his clinic for business motive without having proper educational qualifications and enough knowledge. He takes his father's name and only approaches Ayurveda as a business". Then, in Malayalam he added, "All that glitters is not gold" (*minnunnathellam*

ponnalla). On the one hand, the BAMS did not teach students how to be *real* ayurvedic doctors; on the other, lineage was not enough in the modern world. The swirling tensions between traditional and modern times, therefore, also played out contentiously in the acquisition of ayurvedic knowledge locally.

Pluralistic times of calendars

During the year of my fieldwork, it was 1938 according to the Hindu calendar, 1437 according to the Muslim calendar, the Malayalam calendar year of 1192, and 2016 by the Gregorian calendar. These calendars each represented chronologies of time, and yet, their simultaneous presence in Kerala meant that four distinct timeframes coexisted. In any given moment, and depending on their religion, every Malayalee I met was inhabiting two or three different centuries.

Thus, when I was communicating with Muslims, I was simultaneously speaking to them in 1192, 1437 and 2016; with Hindus it was 1192, 1938 and 2016; and with Christians, conversations took place in 1192 and 2016.[36] In those conversations and observations, calendric times seemed to both layer the dimension of time vertically in the present, and to stretch it horizontally and spatially across multiple futures and pasts. This was most evident in the ways my collocutors participated in a dizzying array of rituals and festivals that brought Kerala's calendars to life in home-based practices. Such practices, which often found direct connection to textual Ayurveda, were imbued with various cultural, religious, social and medicinal significance as they were inscribed on bodies.

In the wet season (*karkkidakam*), for example, Malayalee women adorned their hair with flowers known as *deshapushpa* or 'ten-types of medicinal flowers'. Although people's attention was often focused on the beauty and fragrance of *deshapushpa*, the ten flowers are also ayurvedic medicines and the practice began as a way of boosting

[36] Indeed, other calendars have and do exist in Kerala and across India, too. 'India provides an astonishing variety of calendrical systems, with respective histories that stretch over several thousand years … [which] relate to the diverse but interrelated histories of the communities, localities, traditions and religions that have coexisted in [the pervasive pluralism of] India' (Sen, 2005). For a detailed discussion, see Sen's (2005) chapter 'India Through its Calendars'.

immunity during *karkkidakam*, the season when all three *dosha* are prone to imbalance. In an old Christian tradition, too, women wore giant golden hooped earrings, pierced at the top of the ear, as a symbol of their faith in a Christian God. But, textual ayurvedic sources also identify that puncturing the skin with gold is an ayurvedic intervention to boost immunity. Hindu women wore a small dot in the middle of their forehead between the eyebrows commonly known as a *bindi* (or *pottu*, in Malayalam) to open and protect the third-eye point. Medicinally, that *pottu* rested on the *sthapani marma*, one of the essential or vital points in the body. The *simanta marma*, too, in the centre of a woman's forehead just below the hairline, was the location where a short vertical red line of *sindooram* was drawn to socially mark her as married. Although this was traditionally a Hindu custom, many Christian women in Kerala today were choosing to display their marital status with *sindooram* (and to wear *pottu*, too). The medicinal benefits of (traditional) *sindooram* are said to take effect because its location on the head stimulates the *marma* point, but also because it consists of substances like saffron, sandalwood, turmeric, and ash — substances known for their cooling and antibacterial properties. And, in one final example, a ritual followed mostly by Hindu and Muslim women known as *vayassariyikkal chadang* marks a young woman's first menstruation. The ritual involves a number of practices including up to nine days of seclusion in which she eats raw egg and is coated daily in a paste of greengram powder, gingerly oil and turmeric. The ritual ends with a cleansing ceremony, where the young woman is washed and blessed with a number of substances including *poonkula* (an ayurvedic anti-ageing medicine or *rasayanam* from the coconut tree).

Figure 21: A young women's *vayassariyikkal chadang* ceremony

Spatio-temporal practices such as these crossed over religious and calendric divides. They moved from ayurvedic substances, onto/into bodies through Malayalee cultural practices of ritual and faith.

Clock time and clusters of time

It is not only in years and months, but against clock time, in hours and minutes, that broad structures of time also unfixed in Kerala. Again, I draw on my fieldnotes:

> Today, at almost 4.30 pm, I walked along a narrow, dirt path that snakes between coconut trees and ayurvedic tourist resorts, to meet Dr Akhila at her Olive-leaf certified Ayurveda centre for our 4 pm appointment. I left for our 4 pm meeting at 4.30 pm because time here, beyond its clock-faced precision, follows its own Malayalee logic. Arranging to meet someone at 4 pm is simply an agreement to meet later in the day — anywhere from 3 pm to about 5 pm seems acceptable.

There is a measure of time in Kerala known by the Sanskrit term *yaamam*, which refers to three-hour time periods. The first *yaamam* corresponds to the clock-time of midnight to 3 am, the second *yaamam* corresponds with 3 am to 6 am, and so on for eight periods per day. One *yaamam* also broadly corresponds to ayurvedic notions of *kala* where the three *dosha* (*vata*, *pitta* and *kapha*) have periods of predominance throughout the day. In that system, roughly 10 pm to 2 am (and 10 am to 2 pm) is *pittakala*, meaning the innate qualities of *pitta* dominate the atmosphere; 2 am to 6 am (and 2 pm to 6 pm) is *vatakala,* meaning *vata* dominates the atmosphere; and 6 am to 10 am (and 6 pm to 10 pm) is *kaphakala*. The atmospheric predominance of *dosha* determines which activities are most suitable for maintaining wellbeing (balancing the *dosha*) at a given time. Although Malayalees do not articulate time in *yaamam* or *doshic kala*, they are, nonetheless, aware of these notions and their daily habits of time do reflect them in loose 'clusters' (Hohn, 1984, cited in Adam, 1990). In everyday discourse, clusters of time gather as early morning (from 5 am to 8 am), morning (8 am to 1 pm), lunch (1 pm to 2 pm), and evening (which can refer to anywhere from 4 pm to 10 pm). Indeed, *yaamam*, *doshic kala* and informal Malayalee time clusters explain how, in my example of meeting Dr Akhila above, anywhere from 3 pm to 5 pm *is* 4 pm.

Hindu mythology

Lastly, I want to consider the 'largest' form of time my collocutors often referred to — eras or *yugas*. In the epic Bhagavad Gita, the life span of the material universe, as measured or manifested in the unit *kalpa*, is considered finite. A *kalpa* is equal to one day in the existence of Brahma or a thousand cycles of four *yugas* or eras. Four *yugas* rotating a thousand times are one day of Brahma, and a further thousand rotations is one night. Brahma lives 100 Brahma years (or 311 trillion and 40 billion earth years) and

then dies (Prabhupada, 1983, p.340). Specifically, the four *yugas* are: *satya* (1,728,000 years), *treta* (1,296,000 years), *dvapara* (864,000 years) and *kali* (432,000 years). Importantly, each *yuga* represents a movement away from virtue and religion toward ignorance and non-spirituality. We are now in *kaliyuga*, the farthest point from virtue.

Although *yugas* or eras are a Hindu temporal construct, the notion was widely used in Kerala by my Muslim, Christian, and foreigner collocutors (many of whom had no religious affiliation) to explain modern ills and why we live, as one collocutor described it, in "a time of mediocracy and hypocrisy". *Kaliyuga* is a period where time itself carries impurity. Thus, my collocutors often questioned how they could find wellbeing themselves when time itself was impure.

In Chapters 4 and 5, the bundles of lines I have highlighted here weave into the net of my ethnography. But first, I need to finish an earlier thought: that for women, connection to the unmarked spacetimes of Ayurveda, most especially the outer house-plot or *parambu*, was also one defined by lack (a lack of attachment, a place of no meaning). And to do that, I return, briefly, to Antofagasta.

Back home to place (and non-place)

The coconut-tree-filled landscape of my field in Kerala is a far cry from Corsín Jiménez's field in the Chilean desert, and yet, our collocutors share an unlikely relationship to the land: they experience it as a 'non-place' (Auge, 1995)[37]. 'Non-place' describes the sparseness of sites across supermodern globalised society and the homogenisation of modern space in consumer society (supermarkets, airports, etc.), where people lack belonging, identity and meaningful presence. Corsín Jiménez borrows 'non-place' to spatially make sense of a whole city. For me, non-place offers one way of contemplating the lack of connection Malayalee women had with the unmarked spacetimes of Ayurveda.

[37] See also Relph's (1976) 'placelessness' and Bauman's 'places without place' (2000) as well as Relph's more recent writing developing his notions of place (1996, 2001).

In Antofagasta, however, women inhabited a strange expatriate home sitting atop shifting sands in 'a territory that they deride' (Corsín Jiménez, 2003, p.137). Antofagasta is a home they came to occupy temporarily and would eventually leave. The city itself was a 'floating city' which refers not only to the flux of inhabitants, but their disillusionment with 'the grimness of life in the desert' (Corsín Jiménez, 2003, p.143). Indeed, Corsín Jiménez says:

> … the people of Antofagasta act as if the city was not there for them, as if there was nothing to care about, nothing to which to relate. My friends often illustrated this sense of alienation for me by pointing to the numerous graffiti that colour the cityscape. (Corsín Jiménez, 2003. p.144)

The women in my study, too, talked in general about the unmarked spacetimes of Ayurveda as if they were nothing to care about or relate to. In particular, the *parambu* and *vazhiyarikile* elicited this response. However, in making their point, what my collocutors pointed to was not graffiti or other forms of vandalism, but to the medicinal plants they add to everyday dishes and decoct into medicines to sustain the health and wellbeing of their families. Far from hovering above shifting sands, the medicinal plants they dismissed as meaningless came from the earth, deeply rooted there, indigenous, fertile, generative of health and life. Further, for Malayalee women, these non-places of interest existed, not only in a place, but in 'the place of all places'— the family home.

In many cases, my collocutors lived in homes that had been in their families for generations. The same piece of fertile dirt surrounding their home, the *parambu*, had produced the ayurvedic medicines and home remedies that had taken care of their family (or their husband's family) for, in some cases, more than a hundred years. And yet, for Mary, the activity of picking up a nutmeg fruit and preparing it into grandma's medicine or *naattumarunnu* was so unremarkable that when I suggested to her that using nutmeg was a good example of practicing Ayurveda at home, she scoffed and flicked her wrist in the outward, upward Malayalee hand gesture of dismissal. "This is Ayurveda? A nutmeg is Ayurveda?" she cried-out in English, before reminding me, in Malayalam, that it came from the *parambu*: "Ayurveda! A nutmeg! But, it is not planted,

it just grows here" (*Ayurvedam! jaadika! nattu valarthiyathalla, ith ivide valarunnathaami*).

Figure 22: A nutmeg tree in a *parambu* with a ripened fruit spit open showing its mace

A sense of place has always been understood as a central component in people's wellbeing (Atkinson, Fuller, & Painter, 2012; Conradson, 2012), and the home is generally conceived as 'an exemplary kind of place where people feel a sense of attachment and rootness. Home, more than anywhere else, is seen as a centre of meaning and a field of care' (Cresswell, 2005, p.24; see also Bachelard, 1994, and Proshansky, Fabian, & Kaminoff, 1983). Indeed, in Kerala, women's daily use of the outer house plot, the *parambu,* in plucking and decocting the medicinal plants that grow there to look after their families, appears, from the outside, as a text-book example of the

home as a field of care. The *parambu* is, after all, a field within their plot that is grounded — literally rooted — in place as it grows and pulses with life, generating the medicinal plants that bring health and vitality to the people who live within its bounds. However, for Malayalee women, the subconscious bond that is central to the notions of attachment and care within the home (Giuliani, 2003; Low & Altman, 1992), what Tuan identifies as the 'affective bond between people and place' (1974a. p.4), is not observable in their connection to the *parambu*, nor the *vazhiyarikile*, or other unmarked spacetimes of Ayurveda in the home. For them, these are non-places. But why? To conclude, I offer some ideas that answer this question, but also lay the ground for the analysis to follow in the succeeding chapters.

The home, as previously identified, was traditionally presupposed in academic notions as one tightly bound/closed site of unbroken meaning-making and attachment. Following Bachelard (1994), however, the home may be better understood, not as one cohesive unit, but as a *series of places*. In Malayalee homes, specifically, it may be better understood as a series of places *and non-places*. The notion of disconnectivity unsettles a homogenised sense of place, but it brings gendered realities to the fore, too.

> To argue relationality and connectivity *as well as disconnectivity* [to spaces of the home] is crucial because only then can we begin to disarticulate the idea of the home from ideas of stasis, nostalgia, privacy, and authenticity which, as Doreen Massey has argued, are then coded as female, and present a more open and dynamic concept that does not tie identity to static place or reproduce gender inequality by articulating women to enclosed prison-homes. (Crouch, 2010a, p.70; see also Rose, 1993, and Irigaray, 1993)

Disconnectivity, understood as part of the tapestry of home (rather than falsely imagined or romantic conceptions of home as homogenous bounded sites) may begin to explain women's lack of a sense of place in unmarked spacetimes, especially the *parambu*.

In the *parambu and vazhiyarikile* the land gives its medicines to Malayalees, but they do not give back to that land, they do not tend or nurture the ground or the plants in it — *they just grow there*. The notion of reciprocity between people and landscapes as a

matter of meaningful place- or space-making is not a notion widely addressed in the literature, but it may also explain women's lack of a sense of place in unmarked spacetimes. In his conceptualisation of the nature of the 'taskscape' (the patterns of dwelling activities where '[j]ust as the landscape is an array of related features, so – by analogy – the taskscape is an array of related activities' (Ingold, 1993, p.158)), Ingold helps to articulate my point. He writes:

> Whilst both landscape and the taskscape presuppose the presence of an agent who watches and listens, the taskscape must be populated with beings who are themselves agents, and who reciprocally 'act back' in the process of their own dwelling. In other words, the taskscape exists not just as activity but as interactivity. (Ingold, 1993, p.163)

From this perspective, a lack of *inter*activity with the *parambu* deems it meaningless as a space (or place) of Ayurveda. For my collocutors, territory, particularly the *parambu*, had little meaning because they did not *reciprocally act back in the process of their own dwelling*—they took from it, but did not tend to it in return. Thus, the practices they carried out there (namely, collecting medicinal plants and later processing and decocting them) themselves had little meaning as Ayurveda. And, since their practices had no meaning as Ayurveda, the spacetimes they generated there remain unmarked, too.[38]

Historically, as I address in Chapter 6, Ayurveda was practised in and around homes with traditional doctors or *vaidyans* travelling house to house to look after the sick. Then, from their home kitchens, women assisted physicians by decocting the prescriptions they gave using the medicines that grew around their homes. In the twentieth century, during Ayurveda's revitalisation movement, however, clinical Ayurveda was taken out of communities and into institutions, professions and commercial enterprise. This development changed women's relationship to ayurvedic practices at home, and from the twentieth century onwards, women began to lose touch with what they did in their *parambu* and kitchens *as Ayurveda*. The same plants still grew about their homes; many

[38] See also Besky & Padwe's (2016) *Placing Plants in Territory* and Sheridan's (2016) *Boundary Plants, the Social Production of Space, and Vegetative Agency in Agrarian Societies* for detailed discussions on plants and the formation of boundaries.

of the same practices incorporating them in daily life toward wellbeing and to stave off illness were still enacted by women; but over time, neither the plants or the practices stayed recognised as forms of practising Ayurveda — at best, for my colocutors, they were held onto as 'home remedies' (*ottamoolikal*) or 'grandma's medicine' (*naattumarunnu*); at worst, they were simply dismissed with an outward, upward flick of the wrist in the Malayalee hand gesture of dismissal as something so commonplace, so *everywhere*, they were not worth recognising at all. That constant temporal connection with unmarked spacetimes meant that the routine plucking and processing of medicinal substances from the *parambu* to the *aduppu* permeated the home as a matter of daily life. Precisely *because* those practices were everywhere, they were nowhere. Indeed, wellbeing and the practices of *dinacharya* disappeared into the spatio-temporalities of everyday life in Kerala in a way that illness never could: we might say that illness fractures spacetime; wellness facilitates the ongoing trail of dynamic movement along the paths by which life is lived.

Spacetime in this thesis

Each section of this chapter has introduced new threads of ethnographic and theoretical ideas that cross paths and knot together into the net of time and space that, ultimately, supports the weight of this thesis. This tangled net, however, is not perfectly woven, but 'so multifarious that there are always holes and tears in which new forms of expression can come into being' (Thrift, 2003, pp. 2022-2023) — the character of which will take my interest in the following chapters.

While my own thinking on space and time has been heavily influenced by the spatio-temporal conceptual notions and phrasing I have introduced in this chapter (capacity, events, time-space, meshwork etc.), the decision I have made regarding my own term of reference — to write of *spacetime* — is intended to pull back from the volume of descriptive phrasings that have built up in the literature. Although I continue to draw on these notions (and others) to aid and guide my analyses, in this ethnography, space and time come together as distinct elements in one notion, inseparable, but perpetually in

tension and motion, constantly re-binding, 'answering back' (Thrift, 2008, p.9) to one another.

At the risk of appearing conceptually imprecise by flattening out space and time into a meaningless trope or unstructured 'oneness', however, quite the opposite occurs if we understand that,

> … this flat ontology is not a move to universalism or a unitary perspective upon the social or upon subjectivity, but rather [it] opens up a multiplicity and diversity that exceeds and overwhelms the dichotomies they replace (Braidotti, 2011: 211). (Fox & Alldred, 2018, p.3)

My use of the term spacetime, thus, is intended to capture its dynamic interconnectivity, its flux and faulting ayurvedically, but also to convey its push and pull across calendars and clocks, digestive tempos and daily routines in everyday practice from the kitchen to the roadside in Kerala. Spacetime, I have argued in this chapter, *is* practice-based; it is practice-generated. As Barad articulates:

> Time and space, like matter and meaning, come into existence, are iteratively reconfigured through each intra-action, thereby making it impossible to differentiate in any absolute sense between creation and renewal, beginning and returning, continuity and discontinuity, here and there, past and future. (Barad, 2007, p.ix)

Thus, embracing the lived reality of Malayalee lives, but also the potentiality of a monist ontology, I mean the term spacetime to be grounded in practice, but also unfinished, dynamic, emergent and open — itself a performative notion in the process of being practised.

In the following chapter, I move deeper still into the unmarked spacetimes of Ayurveda, bringing into focus the preparation and consumption of food, and the movements of bodies in practices ingesting wellbeing.

4. Ingesting wellbeing: food-as-medicine and body-mouths

Food practices

This chapter is structured in two main sections. First, I address food, and the practices that allowed Malayalees to conceive of food in medicinal terms. Second, I address the way food was prepared and ingested via my own anthropological construct of the body-mouth, the site of ingestation between the body and the world.

Figure 23: Seasonal fruit for sale on the side of the road

“Food *is* our culture”

Shortly before leaving India I had a formal meeting with the Vice Chancellor from my affiliated university in Kannur. His secretary showed me to a chair opposite him, his giant wooden desk between us. The Vice Chancellor looked up at me from the bundles of official papers awaiting his signature on his desk, smiled warmly, and asked: “Did you like our food?” After twelve months in the field, above any academic insights I may have garnered, the Vice Chancellor wanted to know how I liked Keralan food! In Kerala, food, in its manifest and symbolic forms, is the quintessence of life, and understanding a Malayalee relationship with food is central to understanding life there. The Vice Chancellor was, I am sure, genuinely interested in whether I liked Keralan cuisine, but my answer told him more than my partiality for spicy chutneys — it told him about my knowledge and respect for Kerala and her people. Indeed, after one of our long conversations on the inner workings of Malayalee culture, my friend and ayurvedic physician collocutor from Kovalam, Dr Akhila, once concluded that, “actually, food *is* our culture”.

Listening back on almost every recorded interview I made during my fieldwork, I was encouraged to pause the interview to “take food” (*choru kazhikkoo*). On entering a Malayalee house it is tradition and good manners to gift a bag of fruit to the householder. Once inside, you are immediately encouraged by them to eat something, or at least to drink chai. In the street, the greeting in place of “hello” is: “have you eaten?” (*choor undo*?). Just a generation ago, women would stand at the entrance of their joint-family compound before they closed the doors for the evening, and yell out: “Does anybody need food?” (*athaazha bhakshinikaan undo*?). Malayalam proverbs and cultural practices are peppered with references to food as a way of communicating social expectations, too. If they want more grandchildren, for example, women in Palakad District cook their sons-in-law the slender green pods of the *moringa* tree called drumstick, a known aphrodisiac. The proverb *if you love your daughter, feed your son-in-law drumstick* (*makale snehikkunnundenkil marumakanu muringakol kodukkum*) expresses this practice. During the fifth month of a woman’s pregnancy, a small ceremony among some Hindu families centres on the preparation of a traditional rice

flour snack called *unniyappam*. If the *unniyappam* rises flat and wide, they say the baby will be a girl, but if it rises tall, in the shape of a *lingam*, it predicts a boy (and everybody, I was told, still quietly prays for it to rise tall).

Casual conversations about food dominate daily life, too. The questions of what you last ate, how it was made, who made it, what is in season and how to best prepare whatever is in your shopping bag at the market, enter almost every interaction, not as polite conversation-fillers, but as a deep matter of wellbeing. During one of my treatments as an in-patient at the local ayurvedic hospital near Gramam in *karkkidakam*, the senior therapist, Bethany, suddenly remembered she needed to call her husband to ask him to chop some chicken bones for dinner so she could prepare a meat broth when she arrived home. With one hand feebly massaging me, she held her mobile phone to her ear with the other, and discussed the evening meal with her husband, giving him lengthy instructions on what to do. When she finished talking and put the phone down the second therapist, Mercy, began criticising Bethany. At first, I thought she was reprimanding her for being unprofessional in making a call during a therapy session, but I eventually understood that she was criticising the instructions Bethany had given to her husband, and in doing so, initiated a passionate debate between them on how to make broth. Stopping the massage as they listened to each other, and then sporadically starting again, vigorously overworking single parts of my body as they concentrated, not on the massage, but on putting their own arguments to each other, it became clear that resolving the question of the correct way to prepare meat broth was a far more pressing concern than the task of massaging the paying patient beneath them. Indeed, I thought to myself, if I were a Malayalee patient I might have forgotten about the treatment all-together to weigh in on the debate. In Kerala, food matters most.

What constitutes food?

The question, however, of what Malayalees constitute as 'food' must be answered, not assumed, since food is a broad and pervious notion in Kerala (C. Osella & Osella, 2008). Indeed, it is a notion that mirrors ayurvedic processes of substances where '[t]he idea of remedy and that of nourishment are … both parallel and complementary; pharmacy and

cuisine are two aspects of medical activities regarded as a single set' (Zimmermann, 1987, p.203). Malayalees understand, for example, that foodstuffs constantly change in their own processes of ripening and decomposing (and in other processes of transformation in cooking, drying, grinding, powdering or mixing with other substances). Each stage of change transforms the taste of any given food, which is a measure of its innate qualities. A banana, when green, for example, is thought of as a different substance (essentially a different food) to a yellow banana because, according to its make-up at various stages of ripening, its tastes and thus its qualities and effects on the body are different. For Malayalees, then, the taste of food means more than flavour. In fact, there are six tastes or saps present in all substances and ayurvedic theory proposes that the six tastes, in order from the most strengthening to the body (and thus the order in which they should be ingested in any given meal to aid digestion), are: sweet, sour, salty, bitter, pungent and astringent (AH 1.14) (See Appendix B). And, as Daniel notes: 'a balanced (equilibrated) meal in a South Indian home must consist of all six [tastes]' (Daniel, 1984, p.6). The traditional Onam feast known as *sadhya* is widely acknowledged as the best example of a balanced meal including all six tastes, which, when eaten in the correct order of dishes, is also a meal consumed in the correct order of tastes. Balancing the six tastes is said to create a healthy *doshic* body, but also to create a *sattvic* or balanced mind. The traditional meal of *sadhya*, therefore, not only offers six tastes in balance, but represents social harmony between the balanced *doshic* bodies and *satvvic* minds who consume it.

But also, foodstuffs respond to the environment. The environment is two-fold. Firstly, it includes the external climate (known in ayurvedic texts as *bhumidesa*), which may slow-down or speed-up the processes of production, ripening and decomposing depending on the season. Secondly, once consumed, 'the environment' also refers to the internal climate of the body (known in Ayurveda as *dehadesa*) that includes the state of the *doshas*, one's constitution or *prakrti*, and the state of one's constitution in any given moment or *vikrti* (see also Zimmermann, 1988). Near Trivandrum, a river ran between Prajeep's ayurvedic tourist resort and the nearby 'cashram'. Over the course of my research I came to know the small, largely Christian community who lived on the edge of the river. They tended the land, tapped rubber trees, and conducted small-scale

farming. Navya, a local woman in her mid-40s with two children, became a close friend and collocutor. I often shared my research ideas with her and, sitting on her backstep, she would talk about her life. One hot afternoon we were resting there with chai, but that day the chai was black. She had woken, as usual, at 5 am to milk her two cows, but lately, she told me, they were producing very little milk. I asked her why and she pointed to the sky to explain: “If it is dry outside, it is dry inside the cow. Whatever is happening in the environment is happening inside the cow" (*purame varandal pashuvinte ullilum varalcha undakum. Prakruthiyil enth sambhavikkunno, ath thane aanu pashuvinte ullilum nadakkunnath*). Since there had been little rain, there was also little milk. Thus, for my collocutors, bodies — all bodies, human and non-human — were microcosms of the atmospheric *dosha*. Any foodstuffs consumed could be understood by the food’s own tastes and qualities, but importantly, also by the interplay of those qualities with the physiology or state of the unique body (a state intimately connected to the wider environment) that consumed them.

Figure 24: *Sadhya* served on banana leaf

In Kerala, the openness of the ayurvedic and Malayalee understanding of the way an ingredient (*cheruvaka*) was synonymous with a drug or medicine (*marunnu*) also spoke to a one-substance ontology in which 'the notion of an absolute and infinite substance, singular in both kind and number' (Grosz, 1994, p. 10) was observable. Since both *cheruvaka* and *marunnu* changed the physiological state of the body, there were only substances that supported the bodies and minds of my collocutors in health when ingested correctly (as in the feast of *sadhya* or grandparents not eating after dark); and challenged it when ingested incorrectly (as in young families eating dinner at 9 pm). It was also, as it had been for Navya's cow, but also for many Malayalees I came to know in Kerala, that the environment had as much of a say in the working of individual bodies as the individual body itself. And further, in a point I will come to, it was in the way food, medicine and God collapsed together to conceive of all substances as medicinally and spiritually significant (see also, Bode, 2008; Cameron, 2019; Daniel, 1984; Zimmermann, 1987).

The term 'substance' (Daniel, 1984), thus, might serve as an apt word choice to bundle together the biological and cosmic qualities of food I elaborate on in this chapter. For the most part, however, in borrowing the language of my collocutors, I use the term 'food'. I do so, however, meaning food to be taken as porous, medicinal, spiritual and *doshic*; aware that the question of what constitutes food in Kerala is not really a question of what constitutes food at all, but equally an ontological reflection on what constitutes the universe.

Doctoring dishes: the medicinal value of everyday dishes

Everyday dishes, distinctive of Malayalee cuisine today – such as mixed vegetables in coconut paste (*aviyal*) and lentil and vegetable stew (*sambar*) – include spices and vegetables with specific qualities well-known to Malayalees as medicinal. They are consumed in everyday diets as a preventative health measure, not specifically to treat disease. For example, a popular sticky sweet dessert made with rice (*payasam*) includes cardamom to aid digestion. Common habits, too, like chewing fennel seeds after a meal

or drinking buttermilk with meals, are cultural practices also understood for their medicinal value in aiding digestion. The benefits of certain dishes and their ingredients are also described by Malayalees in non-specific, but health-related ways: ghee is "good for the brain"; popular condiments like the sweet and sour tamarind-ginger pickle (*puli-inji*) is "good for the uterus"; pickles made from Indian gooseberry (*amla*) are "good for blood"; asafoetida is "good for gas".[39]

In the field, ayurvedic doctors overtly used Ayurevdic theory to describe common cultural food habits. Faiza, a BAMS student I often cooked with when I was visiting the northern district of Kannur, for example, explicitly used ayurvedic principles to explain the medicinal value of food. Preparing *sambar* stew in the kitchen with her mother and grandmother, she said: "Actually, *sambar* is prepared with *vata* increasing drugs; so we use asafoetida [in it] as *vata* pacifying, so it is balanced". Although Faiza's description of asafoetida in *sambar* as "*vata* pacifying" was unusual in lay discourse (most people explained the same principle by identifying asafoetida as "good for gas"), her sense of ingredients as innately medicinal was not unusual. In fact, in English and Malayalam, she and others often used the term drug (*marunnu*) as a synonym for ingredient (*cheruvaka*) (on this specific point, see also Bode, 2008; Cameron, 2019; Zimmermann, 1988). As we wandered around her house-plot one afternoon, Faiza's neighbour joined us and marvelled at how, "Each and every plant has its herbal property which we are not aware of. There is no plant here which does not have a medicinal property".

Further, when families had early signs and symptoms of illness, women quietly adapted their everyday dishes to magnify their medicinal impact. If someone in the family had flatulence, they might add extra drumstick to a fish curry; when someone had a cold, they might add pepper and ginger to the morning chai; if the cold was accompanied by a phlegmy, wet cough (known in Malayalam as a *kapham* cough) they would often omit milk (*kapha*-producing) and serve black chai instead; to help stomach pain, it was not

[39] It is interesting to note Zimmermann's observation that ayurvedic medical literatures use a similar phrasing and classification in groupings that 'constitute a network of distinctive traits within which the medicines will be classified in such and such categories. It will be "good for the heart", or will "purify the channels" … no anatomical mapping is required' (Zimmermann, 1978b, p.53).

uncommon for women to add an extra pinch of asafoetida to *sambal* or *rasam*; ground mango seed would be added to *payasam* if anyone was suffering from mouth ulcers. Women automatically adjusted everyday dishes as modes of administering medicine. For many women, the process of adapting or manipulating dishes by the season was a matter of maintaining health, but so automatic that they were not able to easily identify seasonal behaviours or changes to their diet when asked. In hospitals, interviewing women on the topic of how their diet changed with the seasons, my questions were often met with confused looks, dismissive flicks of wrists and the answer "no different" (*vathyastham illa*).

However, once I began observing women in their own homes, differences in daily and seasonal diets were present *everywhere*. In summer, for example, women avoided adding eggplant and eggs to curries, or eating pineapples, all of which are considered too heating. Most days in summer, for their cooling effect, they prepared seasoned buttermilk (*moru curry*) to eat alongside fish curry at lunch, and ate watermelon in the afternoons. In winter and the wet season women did not prepare *moru curry* nor feed their families watermelon, but they would, for example, increase the amount of fenugreek in most dishes for its heating effect. In one of the most unremarkable but widely spread practices in Kerala, the preparation of drinking water saw women start their day in the kitchen boiling litres of water with herbs. Herbs were added to water to kill bacteria, but also to add health benefits. The most popular *pathimukkhamvelam*, known as Kerala's medicine water or pink water (because it turns pink in colour from the bark of the *pathimukkham* or caesalpenia sappan tree) was in every kitchen and on every table that I sat at in restaurants across the state. At home, depending on the season and the states of health of the family, however, there were days when housewives sidestep *pathimukkhamvelam* to brew drinking water with the addition of various other herbs that target specific ailments. Cumin was added to water (known as *jeerakavelam*) to give it a warming quality in winter or when family members had joint pain; coriander seeds were added to water (known as *mallivelam*) to both purify the water and increase its cooling effect in summer months. Jaggery, cardamom and other medicinal leaves such as *tulasi* from their gardens were also often added to water for their actions in preventing or managing illness. Women did not discuss which type of

water to prepare, but simply went about the preparation according to their own observations of their family's health needs.

Grandmother is the best doctor

When niggling ailments progressed to the early stages of illness, however, without leaving the kitchen, specific remedies were also prepared there. Dr Sreelatha, the first female physician to practise in wellness tourism in Kerala (see Chapter 6) explained to me how the first thing Malayalees do to cure illness is to look in the kitchen. She said:

> First thing, we are not going to a medical shop and buying antacid or anything, we are going to the kitchen and seeing what's available there — some fenugreek or ginger or garlic. We will take it according to the problem.

When her father-in-law (who had not previously had any heart trouble) told her he had a burning sensation in his chest she prepared him a tea of coriander seed, fenugreek and ginger. Later, she told me, he had a sudden heart-attack and died. But, she consoled herself in the knowledge that "all Malayalees would have done what I did"— they would have turned to the kitchen to manage a burning sensation in the body. Another collocutor, Riya, from her hospital bed at Kottakkal Arya Vaidya Sala once explained to me that: "For us, the kitchen is the best pharmacopoeia". At that moment, her physician walked into her room and, hearing her comment, added: "And grandmother is the best doctor".

Grandma's medicine (*naattumarunnu*) takes us back out into the *parambu*, the house plot, where ayurvedic medicines spontaneously grow around homes. Reflecting on their lives, my collocutors often reminisced about their childhoods and the skill of their mothers and grandmothers in managing family illnesses from the *parambu*. One collocutor, Devi, told me how having a grandmother and a mother at home meant the plants that grew in the *parambu* were part of life:

> If the child gets sick, like you know if she vomits, if she gets loose stools, if she has any pain in the stomach or ear, they [grandmothers and mothers] will understand immediately. They just go out and take some leaves, take the juice or the root — they'll do it immediately. That is the important thing. Like you know nutmeg, it's commonly

> used for the stomach-ache of children. When we got cold and cough [as children ourselves], my mother just got some *tulasi* and boiled that. They are medicines from nature. Each and everything, every disease, we had everything [needed to cure it] in our house. But we never called them as herbs. It was just a plant, you know. And everybody knew what to do.

Figure 25: A grandmother in the *parambu* in search of medicine

Deepit, a man I also met at Kottakkal Arya Vaidya Sala, explained that,

> Our grandmas are based on Ayurveda. For anything and everything you've got a grandma. For example, for a common cold, in villages you don't go to the doctor. Immediately they [grandmothers] know what has to be done. They go out into the garden.

Ayurveda doctors I came to know who hailed from long lineages of ayurvedic doctors (meaning their fathers and forefathers were physicians) also said it was their mothers

who they revered as the *real* doctors of the house. Dr Sreedeviamma, the first female to start an Ayurveda hospital in Kerala (see Chapter 6) was a doctor from one such lineage. She was in awe of her father but described her mother (a housewife) as the *real* doctor of the house. She called her mother a "triple-time doctor" to convey the volume of work she undertook caring for the health of her children and her parents-in-law, as well as assisting with her husband's patients. It was her mother, she said, who knew every plant, shrub, herb, root and tree around their house and how to use it in home remedies (*ottamoolikal*). Many other Ayurveda doctors I met in Kerala also deferred to the knowledge of their grandmothers or mothers, fondly conferring on them the title of "physician of the house".

However, despite the reverence with which most people spoke of their grandmothers and mothers, the ways ailments were managed from the kitchen were, today, considered *less than Ayurveda*. They were distinguished as simple single-drug remedies and understood to be entirely separate from the system or science of Ayurveda which, they said, involved the production of complex *kashyams* in factories and clinical treatments in hospitals (what I would call the practices of marked spacetimes). At home, they said, women only practised *naattumarunnu* and *ottamoolikal* (see Appendix D for a list of medicinal plants women used from around their homes).

Practices of naattumarunnu and ottamoolikal

In interview after interview, collocutors would cite the same single drug remedies they used at the first sign of illness symptoms: cumin and sugar or a glove of garlic for excessive flatulence; castor oil, coconut oil or a tamarind thread dipped in coconut oil as a laxative for constipation; ginger, pepper and *tulasi* tea (*chookukapi*), or salt water (*uppuvellam*) for a sore throat; dried ginger, *jaggery* and black sesame seeds to treat a cough; saffron with milk for a cold; *tulasi* with *panikuraka* or *kanji* for a fever; *tulasi* and turmeric to heal open skin wounds; raw garlic and honey to reduce cholesterol; and, many women said, eating egg helped them reduce menstrual pain and manage the symptoms of menopause. However, as Devi explained (in the comment I quoted earlier), because people *know what to do*, the detail that the clove of garlic should be charcoaled

over a flame before it is eaten to reduce flatulence, that the salt water should be warmed and gargled to assist with a sore throat, that the tamarind thread dipped in coconut oil should be inserted in the anus to act as a laxative, or that the egg should be eaten raw to help manage period pain, was always left unexplained. The practice was assumed cultural knowledge. It was not until I was in homes, observing and participating in daily life as it unfolded, that *ottamoolikal*, rather than a long list of simple ingredients (*cheruvaka*) or medicines (*marunnu*), came into focus as a collection of specific practices of consumption. For these foods to work as medicine it was not only a matter of knowing what to take, but how to take it. It was a matter of practice, of daily routine or *dinacharya.*

Further, although other aspects of *dinacharya* did not occur in a prescriptive manner in homes (that is, in the order described in ancient texts; see Chapter 1), they did exist *everywhere* in the subtle, embedded ways women prepared substances for themselves and their families. The practice of *nasyam* (inserting medicated nose drops), for example, was one of the first practices people used at home when they experienced early symptoms of a cold; they warmed *ghee* from the kitchen and dropped small quantities in their nasal cavity. If they experienced nasal congestion, a version of *dhuma* (inhaling medicinal smoke) might occur; women placed a shawl over their head (or the heads of their children) and inhaled steam that escaped above the *puttu* maker or boiling pots of rice on the stove. They used *gandusa* (mouth wash) to draw-out any phlegm that existed through a habit of holding water in their mouths as they poured water over their heads during their baths (the action, although not aided by a medicinal substance like those prescribed in ancient texts, such as *triphilla*, achieved the same drawing-out of phlegm). Women often took ash or *bhasma* from the pit of the fire in the second kitchen or *aduppu* and rubbed it into the bregma point of their skull to prevent head colds. Although I observed that most people cleaned their teeth with commercial toothpastes (or often with 'ready-made' tooth powders), people did still chew leaves from the trees that grew around their homes, such as mango leaf, not explicitly as the *dinacharya* of *dhatadhavana* but certainly for their known medicinal uses in strengthening and whitening teeth. Such everyday routines held little conscious association to Ayurveda and instead, collocutors said, related to *being Malayalee*.

Thus, most women also did not see their habit of waking at 5.30 am (*prataruthana*) as an auspicious ayurvedic act towards health, but as necessary to have enough time to complete their daily chores. Throughout their days, women applied ayurvedic eyeliner or *kajal* to their eyes, not to cleanse the eyes as *anjana*, but to maintain a cultural standard of beauty; they oiled their hair and bodies, too, not as *abhyanga* to strengthen muscles and tissues, but for more beautiful, radiant skin; they only ever used cool water to wash their hair, not as the ancient practice of *snana*, but because it is well known to prevent hair-fall and premature greying. Reflecting on all these things Faiza said, "Actually, everyone here is following Ayurveda. But they don't know applying oil on their head is ayurvedic massaging. They say: 'It is simply our daily routine; we don't use Ayurveda'". Indeed, in a popular English trope amongst physicians, Ayurveda doctors often told me that, "Malayalees unknowingly follow Ayurveda".

Unknowingly following Ayurveda

People unknowingly followed Ayurveda in every day routines, but they also unknowingly followed Ayurveda in everyday religion. Doctors often commented on how brilliant the ancient *rishis* or seers (Sustuta, Caraka, Vagbhata) were in the way *they* embedded Ayurvedic medicines and philosophy into everyday practices but also everyday religious practices in Kerala because, as Dr Akhila said, "Malayalees think they are following religion, that is why they will do certain things. But they are unknowingly following Ayurveda, and that is how brilliant the *rishis* were".[40]

Certainly, home remedies that were practised in every home as the first line of defence in treating ailments (see also Bode, 2008) were understood to be most effective when

[40] Outside the home, Christians were said to be the group least likely to follow clinical Ayurveda, and most likely to use allopathic medicine. Kerala Muslims were widely considered by ayurvedic physicians as the group most likely to use clinical Ayurveda. Hindus fell between Muslims and Christians. Many doctors told me that when Christians did "convert to Ayurveda" or "convert to health" as they sometimes expressed it, they became great "supporters" and "devotees". My Muslim collocutors attributed their affinity with Ayurveda to their families' long-time practice of Unani medicine. Unani is a system of Perso-Arabic humoral medicine that was introduced to India in the sixteenth century by the Mughal Empire. It is still practised by many Muslim families in Kerala, as well as their extended families in other parts of the Muslim world today.

they worked in a body that had faith in God. This general principle was expressed by people who believed in Brahma, Allah, a Christian God and/or simply a universal energy. Sentiments expressed by collocutors such as: “medicines do fifty percent of the work in curing disease, God does the other fifty percent”; “you cannot be cured only by coming and praying in the temple or only by having medicines — we need both”; and that “when medicine and faith in God come together, it gives out a good result” meant that for my collocutors, medicine and God were equally responsible for their health and wellness.

Figure 26: *Pujaree* blessing *poonkula* from the coconut tree in a home-based ceremony

A living Saint known as Mother (*Amma*) from Central Kerala would bless food by her touch as devotional songs rang out through her ashram and thousands of plates, piled high with rice and vegetarian curries passed through her hands and into the hands of her devotees. In temples, too, *pujarees* or Hindu priests chanted over everyday foods which, once blessed, became transformed to blessed substances known as *prasadam* or *theertham.* Indeed, some *prasadam* offered in temples was made from ayurvedic formulations. Talking about ingesting blessed substances in his local temple, one collocutor, Aakil said:

> I feel the sense of having something in my hands, which has a close relationship with God. That *prasadam* or the *theertham* — the drops of water, milk, whatever it may be, coconut milk sometimes — it gives me the feeling that I am getting the blessings. God is passed into me. That's what I feel, by getting the *prasadam* or the *theertham*.

God affected medicinal substances and substances tangibly brought one's relationship closer to God. Thus, the most innocuous of practices using food-as-medicine described earlier (preparing *jeerakavelam* instead of *pathimukkhamvelam* or inhaling steam from the *puttu* maker) as well as 'marked' religious practices and rituals, meant food was not a category entirely distinct from medicine, but also, that medicine was not a category separate from God. The notions of food, medicine and God collapsed together to conceive of all substances as medicinally and spiritually significant.[41]

The Malayalam phrase *kaipunyam* meaning 'inherited knowledge in the hands' (in Malayalam, *kai* means hand and *punyam* means inherited skill or knowledge) was used to describe natural talent. It was sometimes used to describe a talented doctor's healing hands, but mostly it described women's abilities in the kitchen. Because *kaipunyam* was

[41] Although 'outside food' did not fall under this system of belief. 'Outside food' was commonly conceived of as impure or unchaste, the vehicle of counter-health. In India, Solomon notes: 'There is much labour, done primarily by women, to filter out the worst parts of outside food, such as adulterated foods and to keep the family healthily fed' (Solomon, 2016, p.112; see also Daniel, 1984). Interestingly, in a Kerala, chefs in restaurants preparing 'outside food' or caterers who catered events were almost never women and almost always men. This gendered separation of cooking inside and outside the home made it easier to ensure that there was no 'contaminating' the cultural value placed on home cooking as pure since women were rarely involved in the production of 'outside food'.

understood to be inherited, it was a subconscious 'microkinetic knowledge' (Macpherson, 2010, p.1) which held an occult quality that could not be directly quantified or learned. Women (and doctors) with *kaipunyam* were revered.

Reshma, a first-year BAMS student I often met at Tripunitra Government Ayurveda College carefully selected her language when she was explaining the invisible ways such knowledge moved, subtly, from generation to generation in the home via the preparation of home remedies. She said, "Grandmothers and great-grandmothers are communicating home remedies — no — transferring, not communicating, they are *transferring* from generations to generations this knowledge". In Reshma's sense of transferring, knowledge existed not as knowledge per se, but as empirical 'knowledge-in-practice' or 'knowledge-on-the-ground' (Lorimer, 2006, p.499); as knowledge in the hands or *kaipunyam*. Knowledge was not only a mother's or grandmother's understandings of the properties of substances as single drug remedies (such as *tulasi* or ginger or saffron), but their 'doing of knowing' in everyday routine as *dinacharya*. In Gramam, eating food or taking home remedies prepared by women well-known for their *kaipunyam* took on a spirituality not dissimilar to the way Aakil described the affective nature of *prasadam* from his temple.

I might, therefore, think about the ways Malayalees unknowingly followed Ayurveda as the 'Ayurveda affect' in unmarked spacetimes of Ayurveda.[42] In Malayalee households, the Ayurveda affect not only meant Ayurveda was everywhere and nowhere, but *because* it was everywhere and nowhere — hidden in everyday routine and everyday religion — its practices disappeared *as* Ayurveda.

Next, I further explore the body participating in these processes, and my own academic construct of the body-mouth — the site of ingestation between the body and the world.

[42] Where affect is 'something akin to atmosphere — invisible but sensed within our bodies' (Waterton, 2012), or 'something more nearly akin to a major natural force which we cannot sidestep' (Thrift, 2003, p.2020).

The body in the preparation and consumption of food

Here, in the second half of this chapter, I address 'the body', what Lorimer aptly terms the 'geography of the humours' (2005, p.91), in the preparation and consumption of food. I am not, however, attempting to ethnographically describe an 'ayurvedic body', an 'Indian body', a 'Malayalee body' or a 'gendered body' as others have (see Busby, 1997, 2000; Butler, 1993; Cerulli, 2012; Daniel, 1984; Grosz, 1994; Halliburton, 2002; Langford, 2002; F. Osella & Osella, 1996; Trawick, 1992; Zimmermann, 1978b, 1983). Indeed, from a non-representational perspective, I am not concerned as much with what this body *is* (that is, to define it wholly), but with what it *does* (that is, to explore its movements in practice) (Carolan, 2008; Deleuze & Guattari, 1987; Manning, 2007; Vannini, 2015).

From this position, Macpherson explains that the body:

> … is not simply 'flesh and bones', an autonomous actor or the result of signification. Rather, the body is understood to be the reserve of biological impulses and cultural-neurological habits (Connely, 2002; Lakoff & Johnson, 1999) emergent through its 'interweavings' with the world (Damasio, 1999; Deleuze & Guttari, 2004). As researchers this requires us to make a fundamental shift in how we think through the concept and materiality of the body, for attention is drawn to what a body can do and the *process of embodiment*. This is how the body takes shape through its interactions with other objects, bodies and landscapes. (Macpherson, 2010, p.4)

Figure 27: Woman in the market selling vegetables

My intent in this chapter, and more broadly in this thesis (particularly in the following Chapter 5), therefore, is to contemplate the Malayalee *process* of embodiment, the *becoming* of form as movement in spacetime. To that end, in the remainder of this chapter, I use the preparation and consumption of food as the practices through which I explore bodies 'taking shape', interacting with other objects, bodies, substances and landscapes in their movement, their *wayfaring along* the unmarked spacetimes of Ayurveda in Kerala.

The body as 'tool-being'

"Here, we prepare everything with our hands," Faiza explained to me as we cooked in her kitchen. Her hands were sticky with the soft tamarind pulp she was gently coaxing loose from its seeds in a dish of warm water. The water was transforming from clear to dark-brown as she squeezed and diluted the essence from the pulp. Its sour, sweet scent revealed itself as the water darkened into tamarind water (*pullivellam*).

Where others might use utensils and kitchen tools to mix, pound, scrape, crush, break, knead, roll, peal and squeeze foods, Malayalee women used their hands. I observed how two hands cupped together, known as one *anjali* (roughly equal to one cup), served as a measuring cup.[43] To determine quantity, women would use their hands as scales, too. If they needed a certain amount of coconut, for example, they would hold two whole coconuts, bouncing one in each hand, and feeling their weight to determine which one contained the required amount of flesh. Moving food from pot to pot, or pot to plate, women used their hands as tongs and thermometers, too. In Gramam, to test the degree of heat required to cook a pot of rice, for example, Lakshmi would touch the pot, its contents bubbling above the fire in the *aduppu*, with the fleshy thumb pad of her right hand. If her thumb pad sizzled, scorched at the touch, she would pull away quickly and wobble her head in satisfaction that the fire beneath had reached the correct temperature. If she could hold it there for a moment or two, she knew the fire needed more heat, and would fuel it with coconut husks.

[43] Two hands cupped together is also a posture of deference used by monks and nuns to beg for food. Thus, for some collocutors, the *anjali* symbolised an act of spiritual humility as they cooked.

Figure 28: One *anjali* of rice

While hands were vital in the preparation of food in Malayalee kitchens and *aduppu*, women's stomachs and their feet also served as hands. In one technique I observed, women would nestle the handle of a knife in the fleshy part of their belly, sharp edge facing up, then push the tip of the knife against the edge of the kitchen bench, creating a manual slicing machine. Food was then pressed down over the knife, over this sharp extension of their 'tool-being' (Thrift, 2008), and sliced into pieces. Another common technique to create a different version of a slicing machine was to squat on the floor, clutching a knife, again sharp side up, between the big toe and second toe of one foot. Holding it firmly in the grip of the toes on a 45-degree angle, food could be sliced and

diced over the blade. Women would skin, gut and slice fish and chicken with both techniques, working with such speed and accuracy that an entire chicken could be butchered within minutes. In these instances (where the stomach held the knife, or when the toes clutched it), the women were doing the action, but they were also the machine being acted on by their own action.[44]

Subjects and objects

The subject-object relationship debated in non-representational theory — inspired by woven constructs such as Latour's (1993) 'parliament of things' and Merleau-Ponty's (2012 [1945]) 'self-other-things' — sees humans as 'wrapped up in a wider ecology of "things" … where the subject merely emerges from a world in which it [alongside objects, other human and non-human subjects] is entangled' (Boyd, 2017, p.33). It is not, therefore, a matter of subject vs object for non-representational thinkers, but a matter of subject and object in the Deleuzian-Guattarian (1987) sense of *assemblages* or, more specifically, as 'hybrid assemblages of knowledges, instruments, persons, systems of judgment, buildings and spaces' (N. Rose, 1996). These hybrid assemblages are formed and re-formed in the ceaseless flux and motion of life and this movement means:

> … subject and object can no longer be understood as discrete entities or binary opposites … [but as a] series of flows, energies, movements, strata, segments, organs, intensities—fragments capable of being linked together or severed in potentially infinite ways other than those which congeal them into identities. (Grosz, 1994, p.167)

Much like Merleau-Ponty's (2012 [1945]) description of a blind person touching the ground with their cane, but feeling or experiencing the ground directly (i.e. not *through* their cane), and Carolan (2008), who in his exploration of embodied knowledges of the countryside, found that a farmer's tractor became part of him — knives were incorporated into the human body *as* the human body in Malayalee kitchens. That is, Malayalee subjects and objects wove into one another.

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[44] For a detailed anthropological exploration on the adaption of human hands and feet with tools/objects, see Ingold (2011).

Figure 29: Woman in kitchen preparing chicken using belly-knife

Thrift's particular notion of hybrid assemblages as tool-being tightens the knot of subject with object by bringing biology and adaptation 'into the weave' (see also Dewsbury, 2015; McCormack, 2007). Thrift argues that,

> … the human body is what it is because of its unparalleled ability to co-evolve with things, taking them in and adding them to different parts of the biological body … [so much so that] the evidence suggests that organs like the hand, the gut, and various other muscle and nerve complexes which have evolved in part in response to the requirements of tools have subsequently produced changes in the brain (Thrift, 2008).

I take up Thrift's point concerning the biological adapting of bodies with tool use for two reasons: firstly, it allows me to contemplate the emergence of form through practices in processual terms as cultural knowledge embodied *and* molecular; and secondly, for its synergy with the *doshic* discourse of Ayurveda, introduced here as the first aspect of the body-mouth. Both reasons, ultimately, help me maintain a focus on the *body in motion* (Blackman, 2008; Thrift, 2000), its movement, its receptivity to the (humoral) environment and material substances as the body-mouth. To begin, below, I take the example of two traditional Keralan kitchen tools – coconut grinding seats (*chirava*) and gigantic stone mortar and pestles (*urall*) – as a point of exploration. Although the use of

these tools was observed in similar processes and practices in every home in which I spent time, I will focus on one ethnographic encounter with Mary at work.

Mary's practice

Outside, between the kitchen and the *aduppu*, Mary was squatting over the middle of a low wooden *chirava* plank. She was in the middle of two conversations—one with Esther, who was in the kitchen, and the other with Lakshmi in the *aduppu.* Mary had both hands cupped around a half coconut, and her wrist joints locked tight as she held the coconut firmly in place above sharp metal tines affixed to the end of the plank. Then, using the momentum of her own body weight, hinging from her hips to rock her torso back and forth along the plank, she scraped the coconut flesh down over the tines. As she worked — forward-backward-forward-backward — her movements became increasingly rapid and powerful, her triceps visibly pumping with each downward scrape. Although she ran short of breath, she kept talking, directing Lakshmi on how to do her job, and gossiping with Ester through the kitchen wall. When the white coconut flesh became flecked with brown pieces of shell, she tossed the emptied husk to the ground beside her. She paused, then started slowly on the next half, building up pace as she worked. Once she was satisfied that she had prepared enough ground coconut for the curry they were cooking, Mary yelled out to Laskhmi to come and collect it.

Then, groaning as she stood, she slowly moved from the *chirava* and stood above a low stool up against the *urall,* which Ester had already filled with handfuls of whole masala spices. Breathing out with a heavy sigh to catch her breath, Mary lowered herself onto the stool, legs wide, straddling the mortar. She started moving, again from her hips, but this time in slow, lulling circular motions using the weight of the pestle, rather than the weight of her own body, to crush over the spices. The stone was polished smooth from years — generations — of use, and its pieces glided up against each other as effortlessly as the pestle nestled into Mary's hands. She used both hands to guide the heavy pestle around the mortar. At one point, however, as she moved round and round, the shawl across her shoulders slid out of place. Momentarily removing her hands while she quickly adjusted her shawl, the pestle continued its way around the mortar making one

slow revolution on its own. Like clockwork, her hands dropped to meet the pestle the very moment it passed by her torso—and the grinding carried on as if her hands had never left.

Although I could well look to the literature on practice to explain Mary's skill and ease with the *chirava* and *urall* as a matter of habitus (Bourdieu, 1977, 1990), discipline (Foucault 1977), or skilful coping (Heidegger, 1962) — and these classic analytical frames *do* serve to explain much of the goings on in Keralan kitchens — introducing a biological emphasis shifts the lens on Mary's movements in practice to a kind of knowledge at the molecular and cellular level. This shift, however, does not biologically reduce Mary (or organisms in general) away from being innately social and cultural. Indeed, it does quite the opposite if we understand that, at the cellular level, 'forms of organisms are not genetically preconfigured but continually emerge as developmental outcomes within matrices comprised of mutually conditioning relations' (Ingold, 2011, p.9).

Figure 30: Grinding coconut over *chirava*

From this perspective, Mary's body was not 'fixed' (genetically preconfigured), but rather, 'open' and coevolving in motion with the *chirava* and *urall.* 'Genes', Ingold maintains, 'are of course critical components of these matrices. They make a difference. But the forms of organisms are … the ever-emergent outcomes of a process of growth' (Ingold, 2011, p.8). In Kerala, grandmothers and mothers passed down genetic traits like the shape of their nose and the colour of their eyes, but their daughters also inherited elongated calf muscles and fluid hips (meaning they could comfortably squat over *chirava*) as well as muscular strength between their toes (meaning they could comfortably hold knives there). Those inherited forms, when applied in practice, set-up bodies to 'naturally' meld with tools in what Dewsbury, drawing on Connolly (2011), refers to as an ongoing 'biological rewiring' of 'the ways in which our bodies, hearts, nerves, brain, hands and so on are culturally organised through the history of evolution, and indeed the span of our own lives, to effect practices and modes of living without thinking' (Dewsbury, 2015, p.45).

Thus, the notion of living without thinking is not limited as biological impulse, but evokes a different kind of bodily memory and knowledge: knowledge as practice. In non-representational theory, 'what counts as knowledge must take on a radically different sense. It becomes something tentative, something which no longer exhibits epistemological bias but is a practice and part of a practice' (Thrift, 2008, p.121). The kind of knowledge that allowed Mary to grate and grind is captured in the Malayalam phrase, described earlier, meaning an inherited skill/knowledge in the hands or *kaipunyam*. In this context, *kaipunyam* conjures Merleau-Ponty's (2012 [1945]) account of how a typist and an organist type and play. Of Merleau-Ponty's account, Fuchs says:

> While they first have to accustom their bodies to the instrument through consciously using the keys, both the typist and the player finally accomplish their tasks spontaneously, without explicitly recollecting the series of movements they have to perform. Their knowledge, as Merleau-Ponty puts it, is in the hands — not in the anatomical hands, of course, but in their lived-body; it comes forth by means of a bodily effort, and cannot be objectively designated. (Fuchs, 2012, p.10)

Whether a typewriter, organ, *chirava* or *urall,* it is the knowledge of the lived-body with the object that becomes the analytical focus of people's practices.

Objects living and thinking

It is important to note, however, that it is not only subjects actively rewiring with objects, but that objects, in *their* capacity to meld with bodies in practice, are thinking, have memory, too (Clark, 2003; Latour, 1993; Thrift, 1996). In the literature, objects and matter conceived in this way collapse together as 'the thing'. 'The thing is the provocation of the nonliving, the half-living, or that which has no life, to the living, to the potential of and for life' (Grosz, 2005, p.132). And, if we do not 'count the body as separate from the thing world' (Thrift, 2008, p.10), then objects must be imbued with the kind of activity and innate agency usually reserved for subjects (Ingold, 2011; Latour, 1993, 1996, 1997). 'After all', Deleuze asks, 'Why is expression not available to things?' (1986, p.97). The rhythmic intuition (the living without thinking) Mary displayed above, not only came from her, but from her tools, too. It was another dialogic process, where the *urall* itself 'answers back' (Thrift, 2008), worn-in, moulded from its years of use, revolving itself at just the right pace to land in Mary's hand after she fixed her shawl, crushing spices with its own weight. In the emergence of form, De Landa suggests, 'materials have their say' (1999, p.34).

However, to comfortably recognise the 'aliveness' of objects, Ingold (2011) maintains that we must shift from viewing the materiality of objects, to seeing objects as their materials and properties — we must, in the ayurvedic language of this dissertation, adopt a '*doshic* view' of the world, a world in perpetual flux. Pared-back, all things in the thing world are only vibrating, atrophying clusters of materials and properties — such as the five elements or *panchamahabuhta* — around which we have learnt to draw outlines that are not there (Barad, 2007), 'forgetting that the very permanence of its form is only the outline of a movement' (Bersgon, 1911, p.135 cited in Ingold, 2011, p.13; see also Ingold 2007).

Movement, or things in motion, connects me back to Ayurveda, and my second reason for drawing biological and cultural evolution into the same conversation. Indeed, my

emphasis on the 'tools' and 'wiring' of Malayalee bodies is not to mistake them for machines — for they are far from rigid, programmed or mechanical.[45] They are, rather, culturally and biologically adapting, moving, fluid, *doshic* (Langford, 1995, 2002). In the next section, I introduce the body as body-mouth, beginning with its *doshic* flux.

The body-mouth

The body-mouth as movement and doshic forces

To briefly recall some of the core concepts of ayurvedic theory, then, every human and non-human body is uniquely constituted (in what we may now call a completely original hybrid assemblage) and proportioned in/by *vata*, *pitta* and *kapha dosha*. The unique *doshic* combination of every individual comprises one's constitution or *prakrti*, and the state of one's constitution as it faults and vitiates at any given moment is its *vikrti.* In Ayurveda, thus, the body is in perpetual flux, in ceaseless *doshic* motion. Every human and non-human body also exists within environments coursing with *vata*, *pitta* and *kapha*, meaning that every human and non-human is intimately connected to the whole universe in perpetual flux. This doshic body is what Langford (2002, p.141) calls 'a fluent body, coursing with climates and appetites, messages and passions, winds and tempers'. Further, all things in the universe are made up of the five elements, the *panchamahabuhta*: earth, water, fire, air and ether. *Vata*, *pitta* and *kapha* themselves are nothing more than air and ether (*vata*), fire and water (*pitta*), earth and water (*kapha*). All 'things' (subjects and objects) are nothing more than the five elements. Thus, in the preparation of food in Malayalee kitchens, the fact that a hand itself is used as a tool, or that the hand with object is used as a tool is in fact a meaningless distinction between subject with itself and subject with object: both emerge as tool-being; both disband as *panchamahabuhta*. It is, as Merleau-Ponty framed 'the flesh', not 'associated with a privileged (animate) category, but [as] being's most elementary ontological level.

[45] It is interesting to note, however, Cerulli's observation of the way ancient ayurvedic texts treat the body. He argues that 'patients in the ayurvedic sources are systematically depicted as instruments, or mechanisms that are known and classified according to the flaws of their bodies. In reading Sanskrit texts, it is often difficult to know if the patient is a pronominal "who/m" or "what." Is the patient, in other words, a relational person? Or is the patient reducible to his or her body, a socially isolable thing? … This is especially clear in descriptions of the patient as a "site of work to be done" (*karyadesa*) and the regular analogizing of patients' bodies with agricultural terrain" (Cerulli, 2012, p.14; see also Hoernle, 1907).

Flesh is being as reversibility, its capacity to fold in on itself, its dual orientation inward onto psychical states and outward to the world' (Grosz, 2005, p.125).

In everyday practice, thus, Thrift's emergent tool-being, Merleau-Ponty's flesh and my body-mouth do not function in isolation, but as matter emerging *in process* with spacetime. It is a process where:

> Numerous energies [or *dosha*] are rendered articulations in a one-dimensional ontology, without hierarchy or deference to particular kinds of context. All energies [or *dosha*] become multiply engaged in a popular culture and working of social practices of everyday life and their affects. Space, or place, is loosened from a heavy contextualization in prefigured culture and put into a more complex dynamic as 'an articulation of bodies, materials, discourses and affects; a process that can occur in a wide range of scales and scopes' (Wiley 2005: 66). (Crouch, 2010a, p.11)

The body-mouth (and its practices), thus, are integral in the formation of the marked and unmarked spacetimes of Ayurveda. The body-mouth is a permeable membrane of communion and adjustment with the *doshic* world. Its movements and actions entail promiscuous bodily processes that disassemble body parts and organs from their traditional functions. For my collocutors, it was the hand, not only the mouth, that chewed; the heart, not only the tongue, that could taste; and the skin, not only the throat, that swallowed. Their body-mouths were not a static whole, but a mass of moving, pulsing, and promiscuous processes. They were sensuous, multiple, mindful and emotional, functioning in something akin to Ayurveda's own notions of anatomy (Langford, 2002; Wujastyk, 2003, 2008; Zimmermann, 1978b, 1983; Kenneth G. Zysk, 1986). In Ayurveda:

> … there is no real anatomy; the humours are vital fluids, and the frame of the body is a network of channels through which vital fluids must be kept flowing in the right direction. The nature and function of organs like the heart, [for example,] which is the centre of this network, stay indeterminate. (Zimmermann, 1983, p.11)

Thus, in Ayurveda, the person is conceived of as a 'heap person' or *rasi-purusha*, where '[w]hat we call man is only a conglomeration (a heap, *rasi*), a gestalt, a configuration, a

pattern composed of discrete but interrelated items' (Rao, 1987, cited in Alter, 1999, p.46; see also Marriott, 1990).[46]

The body-mouth as sensuous

For women in Gramam, it was not only their anatomical design which allowed hands to act like measuring cups or tongs, to hold and to grasp, but through their sense of touch that they became so valuable in food preparation practices. It was Faiza's ability to *feel* the loosening tamarind pulp between her fingertips and Lakshmi's assessment of the right temperature by touching her thumb pad up against the pot to *feel* its heat; it was not only the body parts themselves that were relevant. Similarly, the muscles, fat, and tissues of the stomach that held knives in position when women pushed up against the kitchen bench also connected them directly to their bodies as make-shift slicing machines by sensing and feeling, through their stomachs, both the push of the knife handle into their flesh and the minute movements of the actions across its blade.

But also, it was not only Faiza's fingers that told her, through touch, about the water's transformation from water to tamarind water. It was the changing colour, and its pungent scent releasing, too. She felt, watched and smelt the changes to know precisely when to remove the pulp. Similarly, Lakshmi used all her senses, not only touch, to determine the correct heat for each stage of cooking the rice. She watched as the starch from the rice turned the water cloudy, she smelt the smoke from the stove dissipating in the *aduppu* and the nutty fragrance of the rice taking its place as it cooked and softened. Indeed, the sensuous body required all its senses — 'thinking with the entire body … [in a way that] valorises all the senses, not just the visual' (Thrift, 1996, p.7) — as it folded and merged with biology, culture, and food-as-medicine. As Mack argues:

> Our corporeality connects us to the outside world via the senses of sight, touch and smell. The way we interpret various sense information is, however, culturally

[46] Deleuze and Guattari's (1987) notion of the Body without Organs (BwO), too, 'does not oppose or reject organs but is opposed to the structure or organization of bodies, the body as it is stratified, regulated, ordered, and functional, as it is subordinated to the exigencies of property and propriety' (Grosz, 1994, p.169-170). Although, see Irigaray (1985), Braidotti (1991) and Buchanan and Colebrook (2000) for feminist critiques of BwO.

> conditioned. The corporeal work performed by the senses, its neurons and the transmission of this information to the neurotransmitters located in the brain does not exist in a neutral location. The work of how we interpret this information has to do with our culture and how we relate to it: whether we differentiate ourselves from it. Medicine and biology cannot be separated from culture, and culture cannot be separated from the corporeal realm of medicine. (Mack, 2012, p.31)

Broadly, then, from Lorimer's (2012) well-known sensory pounding of surfaces and slopes in his essay on running, to McCormack's (2002) kinaesthetic exploration of spacetime in dance, or Ingold's (2011) intimate consideration of the human gait, non-representational thinking takes a sensuous understanding of human life. It:

> … invites us to appreciate the meaningfulness of our sensory experience of the world, the importance of the skilled practices through which we make sense of the lifeworld through our senses, and the value of the evocativeness of our strategies of animation. (Vannini, 2015, p.322)

As sensuous body-mouths, the bodies of my collocutors did the same — not as individual entities, however, but in multiples.[47]

The body-mouth as multiple

It was not Lakshmi alone who prepared food, but often Lakshmi, Mary and Esther who prepared food together, moving between tasks, tools and substances as if they were one mind operating through multiple bodies: Mary ground the spices in the *urall*, but it was Esther who placed the spices in the mortar just before Mary was ready to grind them; Mary grated the coconut, but Lakshmi collected the freshly pulped flesh and added it directly to the curry on the stove in the *aduppu*. Faiza, too, was often cooking in

[47] 'Among the most important situations are of course our encounters with others. As soon as we have contact with another person, our bodies interact and understand each other, even though we cannot say exactly how this is brought about ... [in] a bodily knowing of how to interact with others, how to have fun together, how to elicit attention, how to avoid rejection, etc. It is a temporally organized, musical memory for the rhythm, dynamics, and undertones inaudibly present in interactions with others' (Fuchs 2012, pp.14-15).

her kitchen, but never alone. Her mother, grandmother and often her neighbour worked as one in their daily chores and food preparations. In kitchens and *aduppu* across the state, multiple bodies moved about as one mind. Fuchs writes:

> In the structures of the lived body, the others are always implied: They are meant in expression and intended in desire. Thus, a person's typical patterns of posture, movement, and expression are only comprehensible when they refer to actually present or imaginary others. (Fuchs 2012 p. 15)

Figure 31: Women preparing food

The movements of multiple bodies as one mind was powerfully shown to me during the state-holiday Onam, when I was preparing a *sadhya* feast with friends near Gramam. I had already learnt about the feasts significance in representing the balance of the six tastes and, by extension, balanced *dosha* and *sattvic* minds. But it was the union as *one sattvic* mind that struck me on this occasion. On that day, Ashwathi, the mother of the house, was overseeing the work carried out in the kitchen while her husband, two daughters and myself all helped. Ashwathi would give us jobs to start ("cut that onion" – *aa savala ariyoo*), or to finish ("keep stirring this pot" – *ee pathrm ilakkikondondirikkoo*). As one of us moved between the task she allocated, another would gently slide in behind to continue whatever it was we'd been asked to leave. In one such sequence, Ashwathi held the wooden spoon in the pot of *sambar* for me to takeover stirring. I had been chopping onion, and as I put the knife down to reach over to the pot of *sambar*, her eldest daughter slid in beside me, picked up the knife and kept chopping the onion. It was as if we were one body, auto-responding to one mind's chain of thought. Her younger sister was sweeping the floor. On her mother's request, the younger sister started moving outside to pick some curry leaves. Without making eye contact, the older sister put her knife down beside the onions and turned with her hand out just as her sister passed by her on her way out the door, the broom landing in her hand to finish sweeping the floor. All morning, bodies were tasting, sensing, sliding, bending, stretching and wrapping around one another in a fluid, subconsciously choreographed cultural dance, where each body had become *attuned* to the other, operating as an additional limb, an extension, of Ashwathi's mind as we (she) prepared food. Ingold writes:

> It is this attunement that makes the activity rhythmic rather than metronomic. Far from being merely habitual or 'done without thinking' [as I had suggested earlier in Mary's use of the *chirava* and *urall*], such rhythmic activity calls for intense concentration. This concentration, however, is that of a consciousness that is not confined within the head of the practitioner but reaches out into the environment along multiple pathways of sensory participation. (Ingold, 2011, p.18)

Thus, drawing again on Macpherson's voice, this time in her articulation of embodiment via Latour (2004), 'the body' is in fact the sensuous, affected movement of many bodies, dependent on multiple forms. Macpherson explains that,

> … our physical body and sensations are understood to be on the move, interconnected with other bodies in contexts. This means our sense of embodiment is dependent on how our body is put to use. The body in these accounts becomes hard to fix because, as Latour (2004, 206) writes '… to have a body is to learn to be affected, meaning "effectuated", moved, put into motion by other entities, humans or non-humans'. Therefore in this formulation of embodiment there is no essential singular body, rather bodies and their differences come about through their interactions with the world: past, present and anticipated. Within this context the body can be understood as an '…interface that becomes more and more describable as it learns to be affected by more and more elements' (Latour 2004, 207). (Macpherson, 2010, p.4)

The body-mouth, thus, is *doshic*, sensuous and multiple. But, *affected by more and more elements*, it is also mindful and emotional.

The body-mouth as mindful

In ayurvedic (and yogic) thinking, the complete mind (*citta*) involves three qualities (*guna*) inherent in all matter: *rajas*, *tamas* and *satvva*. *Rajas*, as a *dosha* of the mind, is aggressive in nature; *tamas* is depressive; and *satvva* means balanced being-ness. *Sattva*, as the most desirable quality of a pure mind, brings balance (AH 1.21). 'When *sattva* is predominant in an individual, the qualities of lucidity, tranquillity, wisdom, discrimination, detachment, happiness, and peacefulness manifest' (Bryant, 2009, p.573). And thus, in Ayurveda, just as the body is imbalanced by the *dosha* of *vata, pitta* and *kapha,* the mind is controlled by the *dosha* of *rajas* and *tamas,* thereby creating aggressive and depressive states of mind.

Dr Aryadevi, a pioneering female physician in Kerala (see Chapter 6) told me that,

> Food has a very strong connection with our mind. In Ayurveda, whatever food we take, the energy comes to our body. That is the sum total of *panchamahabutta*. *Pancha* is

> coming from the food we take, and our bodies are *panachamahabutta;* so, food is very important.

But the *panchamahabutta* coming from the food is not predetermined by the food alone but influenced by the mind making/preparing/cooking/manipulating it. Late one evening by her hospital bed, deep in philosophical conversation, Riya explained that if you feel love as you prepare food with your hands, "the same affection goes through your blood into the system in your body and into the food". When the person is contented, that *sattvic* state of mind affects the substances being prepared. If the cook is agitated, she went on, "even if it is simple ingredients, an angry mind changes the taste of the food". For my Malayalee collocutors, food preparation was a sensuous process with the food deeply connected to universal *guna* but also the mind and body of its maker. The food, also, sensed the mind of its maker and could be directly influenced by the emotional state of the body preparing it. As Marriott says in *Hindu Transactions: Diversity Without Dualism*, '[t]o exist, dividual persons absorb heterogeneous material influences. They must also give out from themselves particles of their own coded substances — essences, residues, or other active influences — that may then reproduce in others something of the nature of the persons in whom they have originated' (Marriott, 1976, p.110; see also Osella & Osella, 1996, Busby, 1997). Thus, for Riya, in the example above, a body consuming food can ingest *rajas* in the form of an affected substance. For Aakil, as mentioned previously, it was this *doshic* exchange that created the sense of calm, the God-presence he felt in *prasadam* blessed by *pujarees* when he held it in his hands in his local temple. In the dialogic non-representational sense, food, too, *answers back*.

For anthropologists, Scheper-Hughes and Lock's (1987) landmark paper dislodged our understandings from the mind-body distinctions pervading Western academic thought and positioned 'the body' as three — individual, social, and political — bodies. Emotions, they offered, connect or *interweave* the three bodies to become a 'mindful body'. Douglas (1970) had previously challenged the prevailing dualistic understanding of the body as social/natural, arguing that social bodies perceive and constrain natural bodies, and O'Neil (1985) presented the body as five, including a 'consumer body' and a 'medical body'. But it was Scheper-Hughes and Lock's unique emphasis on *lived*

experience as political forces intimately expressed through emotion that made their construct so popular at the time, and so useful here.

> The language of the body, whether expressed in gesture or ritual or articulated in symptomatology (the 'language of the organs') is vastly more ambiguous and overdetermined than speech … Jean-Paul Sartre's observation (1943) that language, in so far as it represents above all a being-for others, presupposes a prereflexive relationship with other human beings. (Scheper-Hughes & Lock, 1987, p.29)

Here, Scheper-Hughes and Lock are flirting with the distinctions in non-representational thinking (now well-debated, but no less resolved), concerning the relationship between affect and emotion (see Bondi, 2005; Thien, 2005). For my Malayalee collocutors, as just described, affecting processes of the mind as *rajas*, *tamas* and *sattva* underscored the presentation of emotions that 'showed up' in *doshic* bodies, were mixed with, and cooked into food passed and shared between them so that thinking, via the senses, and with the entire body-mouth, meant that 'mind is body; consciousness is corporeal; thinking is sensuous' (Carolan, 2008, p.409; see also Hollan, 2009).

Promiscuous body-mouth processes

To complete my cogitating on the body as a body-mouth, and this chapter, I want to turn my attention to the body-mouth in motion, to its processes of consumption. I highlight three promiscuous bodily processes: hands that 'chew', hearts that 'taste', and skin that 'swallows'.

The hand that chews

For my collocutors, a tactile, visceral relationship between hand and food mattered in consumption as much as it did in preparation. Most dishes were cooked and then eaten by hand. Indeed, ayurvedic theory also espouses two important stages of pre-digestion: cooking and pulping food, and both processes are said to aid digestion by beginning to transform or break food down into a soft, easily digestible consistency before it enters the mouth. The English term 'mix' was commonly used by Malayalees to describe the process of pressing and pulping food on the plate by hand before it was consumed. That

is, the hand not only carried cooked substances to the mouth, but first 'chewed' it in pre-digestive preparation. Malayalees told me that they eat with their hand because food simply tastes better that way. Ayurveda doctors, however, explained that eating with the hand holds health-related purpose beyond the mere experience or perception of flavour. "A fork between you and the food," a principal at an Ayurveda college explained to me, "weakens your relationship with the food". Using the hand to eat is said to stimulate the nerve endings in the finger-tips, which then connect to and stimulate *agni* and the gastro-intestinal tract, the largest channel or *srota* in the body, the *anavahasrota* (Wujastyk, 2004). Thus, from their own observations and theoretical understanding of the body's physiological responses in *srota* and *agni*, many Ayurveda doctors told me that people who ate with their hands had less digestive issues, like irritable bowel syndrome, than those who ate with utensils.

Figure 32: Woman eating at home; the hand that chews

The heart that tastes

In telling me about her family's ayurvedic lineage, Dr Sreelatha did not describe her desire to become the first woman to start an ayurvedic medicines factory in Kerala as an inherited drive or passion, but rather, as a "hereditary taste to make medicines" (see also Chapter 6). Dr Sreelatha's use of the term 'taste' was more than just a creative use of English — it reflected a much deeper cultural construction of gustation, its physiological effects, and its connection to emotions. Reflecting on his mother's cooking, Raj, a 70-year-old collocutor told me with great joy how "all the tastes I took from my mother are still on my tongue". His love for his mother was everlasting, but also, his comment about *all the (six) tastes*, expressed the way he loved her in all her complexity. Dr Sreelatha's inherited taste, too, expressed all the emotional attachment and responsibility that came with the job handed down to her.

The six tastes present a complex interplay between medical theory and states of health, emotions, their extension into relationships, kitchens and foods, and thus, the much broader issues of wellbeing. To explain this relationship, I draw on a popular proverb my collocutors often cited to describe the life lesson that things can be difficult at first but become easier in time. The proverb went: *at first it tastes bitter, then it becomes sweet* (*muthavar chollum mudhunelika, adyam kaykum, pinne madhurikum*). The proverb was especially meaningful because the tastes of bitter and sweet, when consumed, medicinally act in the body and the mind in certain ways (see Appendix B for detailed ayurvedic description of tastes). For the nuance of the proverb to be understood, therefore, the hearer is required to know that bitter taste overwhelms, and sweet taste soothes, but also how the tastes connect with *dosha.* When consumed, the taste of sweet reduces *vata* but aggravates *kapha;* the taste of bitter reduces *kapha* but aggravates *vata;* and the tastes of bitter and sweet both act in the body to reduce *pitta* (AH 1.15). *Doshic* balance in the body, thus, is achieved everyday by people adjusting tastes (changing what they eat) to accommodate for the levels of *vata*, *pitta* and *kapha* in their own constitutions (their *prakrti* and *vikrti*) as well as those in their wider environment or habitat (*bhumidesa*). As far as the proverb goes, tastes are used as social

metaphor. Where, *at first it tastes bitter* means *vata* is aggravated (it unsettles, creates movement, fractures, dislodges, creates chaos in situations), but, *then it becomes sweet* means *kapha* pacifies all that. And, given that both bitter and sweet tastes work to pacify *pitta* and *rajas* (they take the heat or tension out of a situation), the proverb explains how difficult things become easier (less unsettled, heated) with time.

But also, beyond that very specific example, the relationship between the six tastes and the *dosha* of the body and mind played out in the expression of emotion in daily relationships. Of them, salty and pungent tastes connect to *pitta* and *rajas* and the manifestation of heat, swelling, sweating, temper and aggression. In kitchens, saying something was too salty or too spicy was a way of expressing anger. At Mary's House in Gramam, when relationships were good, even if food *was* too salty or too spicy, nobody in the family commented. When tensions were high in the household, however, the family would complain to Mary that her curry was too spicy, the *puttu* was too salty or that her tea was too bitter. If Mary herself was feeling upset she would tell me that the dishes she had made were too spicy or too salty, even when, by my own impression, they were not. Taste was not only an important indication of the medicinal properties of food, but a culturally non-threatening way of expressing states of emotion by projecting them out of one's own body and onto food (Kleinman, 1980; Mark Nichter, 1981a).

Although cultural and medicinal understandings of tastes played out on the tongue, however, when considered as an organ alone, the tongue could also be something to caution against. The tongue was responsible for gossip (*paradooshanam*), for example, and could mislead an otherwise good character. It could also deceive the body. One ayurvedic doctor gave me the example that the tongue can tolerate (even crave) too much salt, but the body will always fall ill when too much salt is consumed. Dr Kahan, a lecturer in an ayurvedic college, said that "tolerance is only there for the tongue, not the body. The tongue will adjust to the taste, but the body cannot adjust to the salt".

The heart, by contrast, was understood as the seat of love and intelligence. Collocutors often expressed the view that the heart could always be trusted, that it was intuitive, truthful, and never deceiving or vengeful like the tongue. Drawing on this intersection of

the bodily organs, emotion, affect and cultural values ascribed to the notion of taste during an evening discourse at her ashram, the living Saint *Amma* cautioned her devotees to follow their hearts, not their cravings, passions, or desires. The problem in the world, she said, was that "most of us focus on the taste on the tongue, not the taste on the heart".

The skin that swallows

Oiling the body in a basic external self-massage as a matter of *dinacharya* or daily care is practised by many Malayalees. The porous skin covering the body-mouth absorbs or swallows medicine carried in warm carrier oil. Although my Malayalee collocutors did not think of this *abhyanga* routine as practicing Ayurveda, and focused instead on its impact on their beauty, the benefits they commonly cited did connect back to those identified in ancient textual sources (self-massage reduces *vata* and thus improves the skin's moisture, texture and elasticity; it also improves vision, settles the mind and improves sleep (AH 2.8–9)). Indeed, in Kerala, oiling the skin is considered so central to health that a proverb warns that *if you do not use oil regularly on your body to maintain health, it will be used on the treatment table when you are ill (thalyil thekatha enna pathiyil annu).*

On the treatment table, at the end of my stay in the local ayurvedic hospital near Gramam during the month of *karkkidakam*, the therapists Bethany and Mercy announced they would massage extra medicated oil into my body before my final *njavarakizhi* treatment so my "skin could drink more oil" (*kooduthal enna thekkam charmam athu kudikkatte*) to increase the medicinal impact of the treatment. *Njavarakizhi* forces the body to perspire in a sudation treatment, which is carried out with poultices made from medicated rice, tied in muslin bags, boiled in milk and pummelled over the whole body until it is covered in what is essentially a thick layer of medicated rice porridge. During *njavarakizhi* treatment, the body's pores sweat and open and the whole body basically consumes a bowl of *karkidakanji*.

On that day, the commercial radio station *Radio Mango 92.9* played from a cheap radio in the corner of the room. By then I was accustomed to the treatment room banter. Standing either side of the massage table the therapists covered my body in warm medicated oil and worked in a synchronised routine — one, up and down the left-hand side of my body; the other, up and down the right-hand side of my body — as they discussed their dinner plans and swapped ideas on cooking techniques, sang along to their favourite Malayalam songs on *Radio Mango*, and passionately discussed radio commercials, particularly those advertising specials on gold jewellery. Next, they pummelled my body with the poultices until a thick layer of medicine (of sweet rice porridge; of food-as-medicine) covered my skin and their hands.[48]

In the soft afternoon light, I caught a glimpse of my body painted porridge-white as their strong hands worked the medicine over my skin, turning me from side to side on the wooden table to cover my entire body. With the radio in the background, and the conversation overhead, I felt like I was a piece of chicken being slapped and basted on a kitchen chopping board at home — not a patient in therapy on a treatment table. During treatment as an inpatient, I had swallowed *kashyams* through my mouth each morning, and on the treatment table, via medicated oil and other decoctions, my skin had swallowed medicine through every pore. Just as chicken is stuffed and basted before it is cooked so that the flavours of the herbs infuse its flesh, I was 'stuffed' with *kashayam* and 'basted' with medicinal oil, so the medicinal qualities of ayurvedic herbs could infuse my body and improve my health. And, although I was in an ayurvedic treatment centre, the same practices (drinking *kashayam* as *ottamoolikal* and *naattumarumu*, and the skin drinking medicated oil in external self-massage) were happening in homes across the state, in the unmarked spacetimes of Ayurveda, as a matter of daily routine.

Before she left the treatment room, Bethany gave one final swipe of my body with both hands, making sure no surface was left uncoated, and said: "Now rest for ten minutes so

[48] In every treatment centre I observed, therapists began their treatments with prayer and, for the duration of the treatments, kept their hands in direct contact with their patients and the substances they were working into their bodies. Many therapists told me that this created a spiritual and energetic circuit between the therapists and the patient. It was, also, another Malayalee process whereby multiple bodies acted as one mind.

the medicines will go inside" (*pathu minitolam visramikkoo, marunn shareeeathinu ullil pokatte*).

I lay there, on that wooden table, covered in warm medicinal substances with my own body-mouth drinking away, actively and autonomously *doing*; practicing Ayurveda of its own accord. The boundaries of what my body was doing, and where it was that my own body stopped, the oily, milky substances and the bodies of the therapists and the environment beyond began, slowly blurred in my mind. Ingold writes:

> … in truth we know that the wind *is* its blowing. Similarly, the stream *is* the running of water. And so, too, I *am* what I am doing. I am not an agent but a hive of activity. If you were to lift the lid off, you would find something more like a compost heap than the kind of architectural structure that anatomists and psychologists like to imagine. (Ingold, 2011, p.17)

And so I lay there, feeling no different to a bowl of rice porridge, or a basted chicken left to rest before it is cooked. I was nothing more than a cluster of tastes and qualities, a hybrid assemblage, a compost heap of earth, water, fire, air and ether.

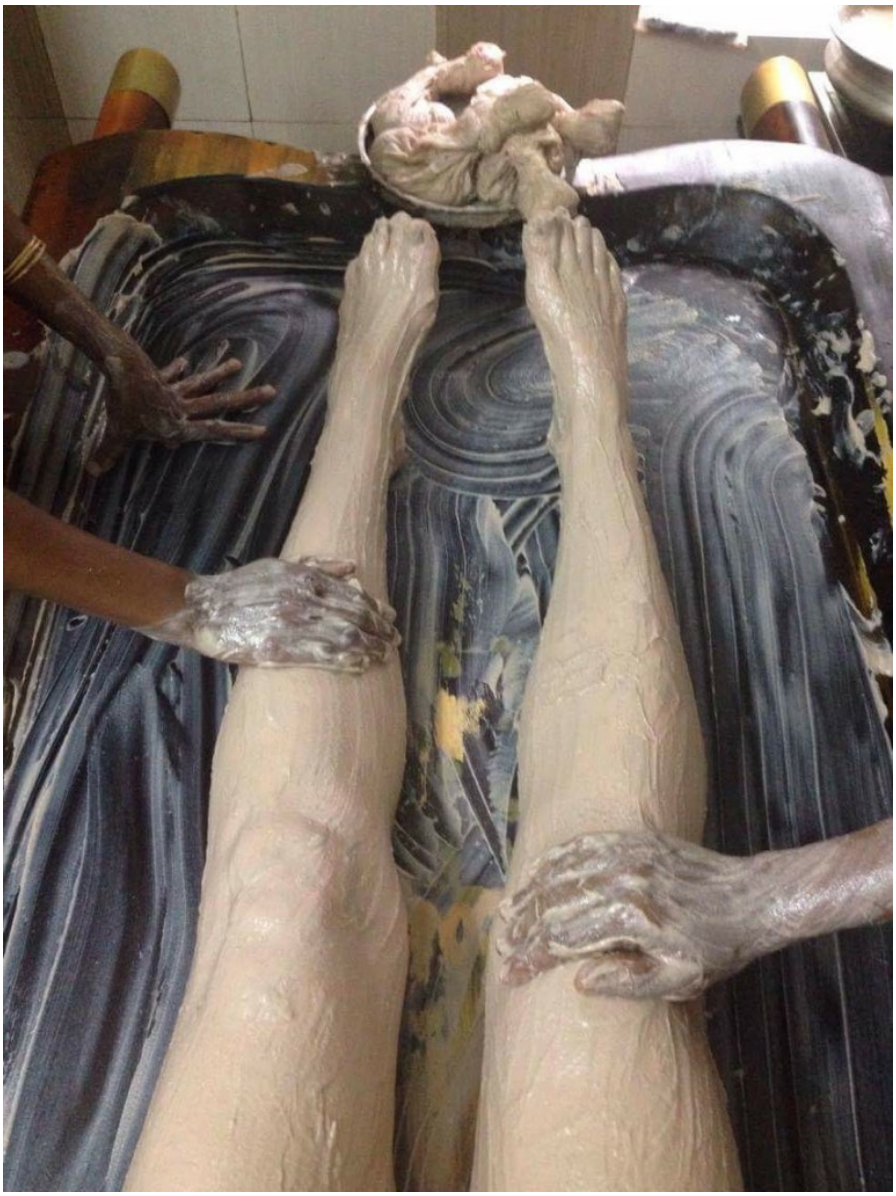

Figure 33: Two therapists completing *njavarakizhi* treatment

Materiality in motion

'The body is a most peculiar 'thing,'…' writes Grosz:

> …for it is never quite reducible to being merely a thing; nor does it every quite manage to rise above the status of thing. Thus it is both a thing and a nonthing, an object, but an object which somehow contains or coexists with an interiority, an object able to take itself and others as subjects, a unique kind of object not reducible to other objects … Bodies are not inert; they function interactively and productively. They act and react. They generate what is new, surprising, unpredictable. (Grosz, 1994, p.xi)

In this chapter, I have tried to understand the body and the substances it ingests as it enacts everyday ayurvedic practices of wellbeing. I began with the Malayalee relationship with food, where food was considered central to understanding life. But food was not a separated or stable entity. Any foodstuffs consumed could be understood by the food's own tastes and qualities, but importantly, also in the interplay of those qualities with the physiology or state of the unique body that consumed them — a state that was intimately connected to the wider environment. Everyday dishes consumed in everyday diets included medicinal herbs as a preventative health measure, not specifically to treat disease. However, when families had early signs and symptoms of illness, women quietly adapted their everyday dishes to magnify their medicinal impact. And when niggling ailments progressed to the early stages of illness, without leaving their kitchens, specific remedies were also prepared there. For this reason, mothers and grandmothers were revered as 'physicians of the house'. What women decocted, however, were distinguished as simple single drug remedies and understood to be entirely separate from the system or science of Ayurveda. At home, they said, women only practised *naattumarunnu* and *ottamoolikal*.

However, for these foods or single drugs to work as medicine, it was not only a matter of knowing what to take, but *how* to take it. It was a matter of practice: of daily routine or *dinacharya.* Such everyday routines held little conscious association to Ayurveda and instead, collocutors said, related to *being Malayalee*. Indeed, Ayurvedia doctors often told me that, "Malayalees unknowingly follow Ayurveda". I considered the ways Malayalees unknowingly followed Ayurveda as hidden — everywhere but nowhere — in everyday and religious practices. Food, medicine and God collapsed together in practices where all substances were medicinally and spiritually significant. I focused on the body as the body-mouth. It was not, I argued, a matter of subject vs object, but a matter of subject and object as *assemblages* 'open' and coevolving in motion with thinking objects. The body-mouth came together (in its promiscuous bodily processes) as permeable, *doshic*, sensuous, multiple, mindful and emotional. The body-mouth, perpetually in motion, ingesting food-as-medicine, is the site of ingestation between the body and the world.

In the next chapter, I concentrate on the body-mouth in its gendered and idealised cultural form through the lifespan.

5. Performing wellbeing: becoming 'good women' and 'perfect wives'

Women, as I established in the previous chapter, were 'the physicians of the house' as they managed the wellbeing of their families (administering food as medicine, decocting medicinal plants into grandma's medicine and following daily and seasonal care routines) in practices embodied in body-mouths. Those practices, I have emphasised, were intimately (although unknowingly) linked to Ayurveda. They were, however, also connected to gendered social and cultural expectations. In this chapter, I show how wellbeing practices cross over as performances that constituted cultural notions of the 'good woman' (*nalla sthree*) and the 'perfect wife' (*utthama bhaarya*). The process of their embodied performativities, I will argue, spoke to gendered politics, revealed gendered histories and spatially located the gendered norms of wellbeing. I begin, by way of ethnographic vignette, with an extended description during a routine morning of baby Rose's ayurvedic postnatal care at Mary's House in Gramam, and continue to explore the spatio-temporalities of performativity in the latter part of the chapter through the distinctive spacetimes of one-day Ayurveda medical camps.

The 70-year-old ayurvedic midwife, Aya, who took care of Eva and Rose, was taught the 28-day ayurvedic postnatal care routine of external treatments and internal medicines for both mother and baby by her own mother and grandmother. She had followed behind them on house visits to deliver children and advise women on their pre- and postnatal care since she was a child herself — exactly as her own granddaughter followed her now. I start below, mid-routine, with baby Rose, her mother Eva, her grandmother Mary, her aunt Esther, neighbour Agnes and myself going about the daily routine as led by Aya.[49] Lakshmi was not usually included in these routine events, but remained working out in the *aduppu*.

[49] *Aya* is the term many people used to refer to a midwife in Kerala, but this Malayalam term also means 'servant'. The Ayurveda doctors I spoke with mostly used the term *dai* for midwife (originating from the Sanskrit word *dhathri* meaning 'nursing mother'), and the official government term for indigenous or traditional midwives in India is Traditional Birth Attendant or TBA. In households across Kerala, however, when talking about postnatal care with women, I only heard the term *aya* used. When probed, collocutors would tell me *aya* meant 'aunty' or 'midwife'. Some people told me there was no term for a midwife since

A morning during Rose's ayurvedic postnatal care routine

"Aya, why do you massage Rose's breast area like that?" asked Eva. Not looking up from the task at hand, Aya answered Eva's question, "When she grows up, her breasts will be developed and *chadiporum*".[50] Aya was massaging sixteen-day-old Rose's chest in a circular motion then pressing and squeezing along the lactiferous ducts, pushing tiny drops of milk from her nipples. Eva watched through squinted eyes.

Next, Aya moved to Rose's head. Aya explained the circular movement of her palm over the crown of Rose's head and the downward strokes she was using with her thumbs, from the top of the nasal bone along the lateral nasal cartilages to the tip of the nose, as techniques for the shaping of form. She explained that, "Rounding of the head is to keep it round always. Then her face, too, it should be correct. This nose, if it is not correct, people will ask during her wedding, 'Why is her nose flat like this?'" The other women in the room gently wobbled their heads in agreement. At only sixteen-days-old, the wedding of this tiny baby girl was already of concern to her family.

Aya continued her explanation, moving down the body, "Then this bottom part, hip area, if you do not massage it properly it will not look good when you drape a saree. My daughter-in-law looks no good when she wears a saree — every other side looks the same! It's good to maintain shape, otherwise the girl will not look good."

We were at home in Gramam, in a bedroom with an attached bathroom off the main living area. Five women (Mary, Eva, Esther, Agnes and me) were moving about the small bedroom. Much like Ashwathi's family had done around her when they prepared Onam *sadhya*, we were each acting as extensions of Aya, perched around her, leaning onto the

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they had no formal training, but learnt their skill from their mothers and grandmothers. In one casual interaction, when I asked the woman I was speaking with how I should refer to a midwife, she said, "They don't have a title. They are just known by their names in villages". But, in Gramam, when I asked Eva if she could tell me the Christian name of the *aya* who came to the house daily, she shrugged and told me everybody just called her Aya. Following the terminology used by my collocutors, I refer to ayurvedic midwives as *ayas* throughout this dissertation, and capitalise Eva's *aya,* the woman without a known Christian name in Gramam, as Aya.

[50] An old Malayalam term literally meaning 'jump out'.

door frame, sitting on the floor or on the bed, waiting to respond to her requests. But we did not wait patiently. Multiple conversations were going on inside the room and being yelled through the wall to the men outside. Aya's granddaughter came in and out. Rose was crying a shrilled, new-born cry and Aya was singing a Malayalam lullaby over the top of her as she finished massaging the turmeric based *nalpamaradi* coconut oil into her arms and legs. Eva was sitting cross-legged on the floor next to a pile of towels, absorbed in a conversation with her sister Esther. Without pausing her conversation, or even looking away from Esther, Eva reached over, took a towel from the pile beside her, and passed it over the back of her head to Aya, just as Aya completed the final stroke of the massage. Aya wrapped Rose in the thin cotton towel and pressed her up against her warm bosom. Rose's crying stopped, and the room suddenly fell silent.

In anticipation of the next stage of the routine, Mary had opened a new bottle of Johnson and Johnson's baby oil. Aya placed Rose in one arm and, saying nothing, put her hand out towards Mary. Mary climbed over Esther to pour the oil into Aya's hand. Esther, still deep in conversation with Eva, reached up to support her mother's leg as it passed over her head. Aya used the oil to coat Rose's scalp, again massaging in circular motions, her palm engulfing the baby's entire head. The synthetic powder-puff scent of baby oil mixed with the hot summer air, itself already heavy with the earthy scents of turmeric and coconut, and faintly pungent with body odour. Rose started screaming again. Without hesitation, Mary's neighbour Agnes scooped her away from Aya and rocked her in her arms before she passed her to Mary. Catching an intimate moment of stillness, Mary kissed Rose's forehead and drew, with the tip of her thumb, an invisible holy cross over Rose's third eye point before she passed her back to Aya.

Aya stood and took Rose into the bathroom. She held her in her left arm, lathered her with soap and then gently splashed water on her tiny tummy, gently wiping her with a cloth. I asked Aya why she always washed the baby's front side first, then flipped her face-side down. "That is how it should be," she explained, "otherwise water will stay inside the umbilicus and nose and cause an infection". Impressed by Aya's skilful knowledge, Mary looked at me and declared: "She is like a doctor".

Aya kept working, pushing down on Rose's belly button with her thumb, twisting in a clockwise motion. “If I do this now, then there will be no problem later,” she explained. “We must push, otherwise, when she attains maturity, it will be a problem. This makes the belly button a good shape for when she becomes a teenager and her stomach is a little fatty.” Without my probing, Aya kept explaining her techniques. “Then ears,” she went on, “you should massage them to have some space to wear an earring, otherwise it will not become wide enough to wear an earring.” Rose started crying again. “Baby, you want to wear earrings, right? I will get you some”, Aya jokingly reassured her.

Continuing the ayurvedic postnatal routine, now rubbing turmeric paste above Rose’s upper lip, Aya explained that she applies turmeric above the upper lip area of baby girls, not boys, because it stimulates hair-fall. Aya stopped explaining and instead started singing to Rose again as she dried her body and wrapped her in another dry towel. Immediately, Rose’s eyes fluttered shut. As Aya held Rose securely up against her warm bosom again, and rocked her deeply to sleep, she told the other women in the room how her grandson was unwell, and that her daughter was taking him to hospital that morning. She reminisced about the time she sucked wax from her grandson’s blocked ears when he was a baby, which, a doctor had later told her, saved his life. “That is my duty,” she said looking down to Rose. “I should do such things, right, baby?”

“Take that Betadin powder,” Aya instructed no-one in-particular. She put the powder on Rose's belly button and then, again, squeezed along the lactiferous ducts on her chest. More milk came. “Look, more milk is coming!” cried Eva, as she turned her head away from the sight of milk coming from her new-born baby's nipples. Rose, now warm and contented, kept sleeping.

“That is there,” agreed Aya with Eva’s observation about the milk “For her it is too much.”

“Why is that so *chechi*?” [51] asked Mary. “Is it because Eva had so many vitamin tablets during pregnancy?”

Aya laughed, “It may be because of that.”

“She didn't have much vomiting during pregnancy,” Mary went on.

“I had vomiting,” Eva jumped in, “for the first three months and all ...”

“But not *too* much,” Mary corrected her, and turned to face Aya. “She had nausea, but no continuous vomiting.”

“I had it ’til six months and all ...” Eva quietly offered her experience of her own pregnancy before Mary cut in again: “She had vomiting mainly because of gas trouble.”

Aya, not having had the opportunity to answer Mary's first question, tried to broaden the conversation on vomiting instead. “Some women get vomiting too much, that can lead to a baby's weight loss,” Aya offered.

“She did not have that much,” Mary said again, not letting the conversation veer too far from her point of view.

Talking to Mary, but directing her comments to the baby in her arms, Aya said, “That vomiting is meant for women during this time, isn't that right baby, right?” Then, louder than before, she started singing another lullaby, effectively ending the conversation.

I passed Aya an ayurvedic powder called *rasnaadi choornam*. Aya put a pinch of the brown powder in her palm and pressed it on the crown of Rose's head, above the bregma point. It stuck there in a dark lump. She blew across the top of it and loose

[51] *Chechi*, the Malayalam term meaning ‘older sister’ is used to informally and affectionately address any woman older than one’s self.

particles of powder flew away. The other women had already moved out into the lounge room, ready for Mary to apply ayurvedic baby powder to Rose's body and use medicinal *kajal* eyeliner to draw a black line along Rose's lower eye lids, and a black *pottu* spot over her third eye point. Then, Eva would breastfeed her, and Esther would burp her and rock her back to sleep as they had each done every morning since she was born. Pointing to Rose's bregma, I asked Aya why she applied the *rasnaadhi choornam* to that point on the skull. "It is good to prevent water from entering inside so the baby will not catch a cold," Aya explained. Looking at Rose, she added, "That is for baby's health, right baby?" Then, suddenly, thinking about the health of a child, she looked up at the clock on the wall and said, "Oh my God, I wonder whether my daughter would have reached the hospital or not ...?" She handed me the baby and rushed from the room.

Figure 34: Applying *kajal* to a newborn baby's eyes

The *real* promise of an ayurvedic midwife in Kerala

The women in the postnatal care scene, just described, moved in a constant, deliberate and mostly unspoken unison — a precognitive dance — to assist Aya in completing baby Rose's routine treatment each day. But they also, critically, resisted tradition, challenged shared values, and jostled with shifting power hierarchies in their roles and relationships. In Kerala, ayurvedic postnatal care or *prasavaanathara susrusha*, I was consistently told, is practised in every Malayalee household when a new baby is born. Indeed, methodologically, *prasavaanathara susrusha* was the event (alongside *karkkidakam*) that kept me focused on the home and the wellbeing seeking practices — the *dinacharya* — that played out there (see Chapters 1–3). This practice is unique in that it exists as a marked practice alongside unmarked practices, in the unmarked spacetimes of Ayurveda. The reason for this, I will argue, lies in the cracks in spacetime, in the 'spacing' generated though gendered performativity. But to get there, I begin with Aya's own explanations of the routine she enacted.

The routine

As Aya worked, she vaguely talked about the benefits she brought to Rose's health. She mentioned "infection", "catching a cold", and "water staying inside". She told the story of saving her grandson's life as a clear demonstration of her medical skills. Mostly, however, she talked about the benefits her techniques would bring to Rose's future form. She promised Mary and Eva that, through her touch, Rose would develop large breasts and a voluptuous bottom off which a saree could, one day, drape beautifully. She worked as she did so that Rose's belly button would grow round and wide to suit her plump adult stomach, so her earlobes would grow large and thick to carry the weight of heavy gold earrings, and so that Rose's nose would develop into a pretty, elongated nose, ready for her wedding photos. Aya also explained how the turmeric she applied would ensure that Rose's upper lip would become free from unsightly hair. The *nalpamaradi* oil she coated over Rose's whole body, too, would soften and improve the elasticity of her skin, but also naturally lighten its colour. It was the latter point Aya highlighted and regularly discussed with Mary as being particularly important for females. Indeed, across Kerala, Malayalee talked about being fair or "wheatish" in skin

colour as a cultural ideal for both men and women, but especially for women, and many collocutors I knew covered their skin with chemical whitening and bleaching agents.[52] Thus, when Aya raised the issues of Rose's body forming "correctly" so there would be "no problems later", she was not implying that Rose may confront health or developmental problems if the postnatal care routine was not undertaken in the right way, but rather, she was impressing on Mary and Eva the social consequences Rose would inevitably face were her adult nose, bellybutton, ear lobes, breasts, bottom and skin not to conform to the culturally gendered and idealised notions of rounded, plump, and fair beauty.

Malayalees widely use the English term "plumpy" to describe ideal body shapes for both men and women, but especially women (Mark Nichter, 1981a; F. Osella & Osella, 1996). Thin women, such as Aya's daughter-in-law, who Aya described as so shapeless that "every other side looks the same", are often teased with the idiom that stick-thin women are so unattractive they *look like a piece of drumstick wrapped in fabric* (*muringa kolil thunni chuttiyathu polae*). Other lay terms such as *unangi* meaning dried up, and *natholi*, a type of thin fish, are used to criticise thin women — "Look at that *natholi* coming!" (*nokk, aa natholi varunnath kando!*). In Kerala's ayurvedic textual sources, conspicuous in their omission of any references to women (a matter I turn to next, in Chapter 6), the first indexed mention I found in my search for women, under 'W', read: 'Why the women are beautiful' (M. R. Rao, 2007). In the body of the text, the author cited 'none other than Susruta' as describing types of fat (*vasa* and *vapa*) under the skin in female bodies as being more unctuous than in male bodies, with the consequence that females' have smooth, soft, plump and beautiful skin and eyes (ibid., 2007).[53] These notions are deeply gendered and culturally embedded. In Kerala, plumpy form is taken as a matter of health and beauty so much so that an anti-smoking poster I

[52] C. Osella and Osella (2008) also observed a Malayalee belief in the consumption of 'white' foods, especially baby's drinking white milk, as a mode or method of skin whitening.

[53] Zimmerman (1983, p.19) argues the notion that 'health is nothing but intimate smoothness and outward plumpness' is an interpretation superimposed on classical texts. Indeed, in helping Zimmerman to make his point, the way Rao attributes this thinking directly to Susruta is incorrect. The quote he cites is commentary, an interpretation on Susruta (Su. 15.28) by Dalhana, and not *sloka* by Susruta himself.

noticed outside the Government Ayurveda College in Kannur featured a skeleton smoking a cigarette and warned: 'Smoking makes you thinner both physically and mentally'. The idea of being thin was so culturally abhorrent that public health campaigners could use it to persuade people to stop smoking!

Figure 35: Antismoking poster: 'Smoking makes you thinner both mentally and physically'

When I would sit in their clinics and discuss various topics of Ayurveda with doctors, the postnatal care routine — with its downward movement of massage strokes from head to toe and the circular motions over joints, scalp, stomach and bottom — was always discussed as a matter of stimulating the downward flow of *vata*. Doctors told me how

massage is done to stimulate the peripheral nervous system by improving circulation, but also to improve bone and muscle strength in support of a baby's future posture and gait. For ayurvedic doctors, specific techniques are understood to stimulate distinct physiological reactions: massaging along the nose strengthens cartilage; circular motions in and around the belly button stimulates the soft internal organs; the ear lobes are massaged to assist in balancing the middle ear; and whilst turmeric does cause hair fall above the upper lip, its antibacterial properties strengthen gums and teeth, and the pressure applied to the upper lip area as it is massaged into the skin also helps teeth to grow in alignment. For doctors, thus, postnatal interventions concern early childhood development (movement, form, balance, posture) and are undertaken to prime the body for a long, healthy life — what Alter refers to as 'an epiphanal vision of perfectible fitness in birth and rebirth that emerges from the confluence of time, medicine, and metabolism, of paediatrics and gerontology' (1999, p.58); and not, as Aya described them, for coaxing a new body into its culturally idealised form, literally moulding a 'good woman' or *nalla sthree*.

Moulding nalla sthree

> We act as if that being of a man or that being of a woman is actually an internal reality or something that is simply true about us, a fact about us, but actually it's a phenomenon that is being produced all the time and reproduced all the time, so to say gender is performative is to say that nobody really is a gender from the start. (Butler, 2011 cited in Byron, 2014, p.29)

Thinking, as Butler does, that Rose's tiny body was not already gendered, but that her gender could only be a phenomenon generated and reproduced performatively and in practice, Aya was not only moulding Rose into a *good* woman, but rather more fundamentally, into a woman. Gender 'exists *only* in the "doing" — the repetition — of a specific (normalizing and historically sedimented) corporal repertoire or "style of the flesh"; a doing that constitutes the gendered subject not one performed *by* them' (Lloyd, 2011, p.547). In her use of turmeric on Rose's upper lip, her choice of oil to naturally lighten Rose's skin, and her techniques to help her stomach eventually stretch in the

right plumpy shape, Aya had begun, in the days after Sara's birth, the life-long performative production of Rose's gendered body-mouth.

Becoming a 'good' gendered body-mouth, however, implied more than shape and form alone. Becoming *nalla sthree* depended on the performative embodiment of other cultural ideals concerning mental strength or condition, beauty, and moral character — ideals which interconnected with one another, but all stemmed from the notion of plumpy form. In ayurvedic theory, too, Zimmermann suggests that the 'association between the purity of the mind and the plumpness of the body cannot be emphasized too strongly' (1987, p.178). On the backstep, these ideals came together as light fodder for gossip in the daily lives of my collocutors. On the backstep at Mary's House, for example, Mary and her neighbour Agnes often gossiped about other women in the village. They whispered about their thin bodies, dry hair and flighty character, evidenced, they would say, in their "unstable minds" (*sthiratha illatha manass*) or "disproportionate minds" (*asthiramaya manass*) — the same quality of mind the anti-smoking poster at the college campus was referring to in saying that smoking made people mentally thinner. Embodying the qualities of *kapha dosha* (unctuous, heavy, slow, smooth and stable), by contrast, bodies with *kapha prakrti* – or, in common parlance, those neighbours who were plumpy — were not only admired as physically robust with qualities such as having good immunity and the inclination to work hard for their families, but also, Mary and Agnes would say, with minds "in the right proportion" (*santhulitha manass*) (see also Halliburton, 2002; F. Osella & Osella, 1996). Their enviable beauty, too — plumpy thighs, luscious long and thick dark hair and beautiful soft eyes — was the topic of many backstep conversations. 'Accordingly,' Nichter (1981a, p.383) wrote, 'inasmuch as weight is a measure of health and well being, loss of weight, or comments about loss of appetite or taste, may be employed as a means of calling attention to a loss of well being'.

Beyond idle gossip, however, being (or not being) *nalla sthree* carried life-changing consequences. A common Malayalee proverb I often heard recited to women at the end of a meal, *letting food dry on your hand after you eat will delay your marriage* (*kai onangiyal kalayanam vaikum*), was not only a public health message in handwashing,

but a cultural message reinforcing the urgency of timely matrimony. In Kerala, during the time of my fieldwork, I observed that a young woman's marriageability rested on a range of factors. These included her suitable caste, religion and education (and Ayurveda was implicated here, too, in the recent demand for brides with a Bachelor of Ayurveda Medicine and Surgery (BAMS) qualification; see Chapter 6) but significantly, it also rested on her physical form. Matrimonial sections in Kerala's Sunday papers were filled with personal advertisements promoting would-be brides' (and grooms') assets. Such personal notices always cited their religion, caste and education status, but they also listed culturally desirable physical features, often emphasising the bride-to-be's wheatish or fair skin colour, her height and her weight. The term 'homely' was often used to both describe her present form as *nalla sthree*, but also to indicate her future potential in becoming a perfect wife or *uttama bharya*. In 'fixing' a marriage with a potential bride, Dr Geetha explained that, despite all other factors being right, "if a girl is too thin, the groom's family will overlook her". Indeed, Bethany, my therapist at the ayurvedic hospital near Gramam, had described her unhappy arranged marriage as necessary because, she said, she would never find a love marriage given her shape: "Who would marry me? Who would marry such a thin girl?"

During the first 28 days of Rose's life, thus, by physically shaping her into a culturally idealised and gendered form, Aya was also shaping Rose's social and economic future. Mary and Ethan were not only employing an ayurvedic midwife for the health benefits the ayurvedic postnatal care routine might bring (the benefits doctors highlighted), but they were investing their money in Rose's social and economic future — her quality of life, her wellbeing as a Malayalee woman. The real promise of a paid ayurvedic midwife in Kerala today, therefore, is not in Ayurveda as a matter of 'health', but in moulding form to secure the social and economic advantages a plumpy body shape all but guarantees. Applying medicated oils, massaging, moulding Rose's tiny body between her knowledgeable hands, Aya's performance was assuring Eva and Mary that their Rose would never grow up to endure life in the way women like Bethany and her own daughter-in-law had done.

Performativity in the spacing

The moulding of *nalla sthree* in the postnatal care routine, however, was not only contained within Aya's interpretation of her set tasks: it occurred in the happenings *between them*, too. To analyse what lay between, I turn to the significance of 'spacing' in 'performativity' (Crouch, 2003, 2010a). Non-representational thinking draws liberally from Deleuzian-Bergsonian and Deleuzian-Guattarian spatio-temporal constructs (terms scattered throughout non-representational writing such as 'spacing', 'performativity', 'assemblage', 'between', 'event' and 'becoming' all have Deleuzian roots). For some, my decision to utilise these notions will present a precarious link between (women's) practice and (high) theory (see, for example, an excellent critical discussion in Ahmed, 1999). Further, owing to contentious notions such as 'becoming woman', '[o]nly recently and reluctantly have feminists taken a positive turn in the direction of Gilles Deleuze's philosophy' (Andermatt Conley, 2000, p.18), with some authors putting Deleuzian notions such as 'becoming' (Grosz, 1999), 'becoming woman' (Braidotti, 2002) and 'force' (Grosz, 2005; Irigaray, 1993) to use in women-centred ways (see also Alaimo & Hekman, 2008; Buchanan & Colebrook, 2000; Colls, 2011).

In this chapter, although I am not attempting to present a deep Deleuzian analysis of women's lives, I do borrow Deleuze & Guattari's (1987; 2004) conceptual notion of 'spacing' for the leverage it affords me in opening-up and thinking through my collocutors performativity as relationships to the spatio-temporalities of Ayurveda and their own wellbeing. In non-representational thinking:

> Performativity does not mean, exclusively, that life is a stage — in the dramaturgic, Goffmanian sense. Non-representational ethnographers are not necessarily interested in going behind the 'masks' the subjects wear or in digging out authentic meanings hidden behind stage. While interaction at times does have dramatic qualities, the idea of performativity underlines the broader relevance of concerted action — or 'events' — in our mundane existence and their fragility and — at times — inscrutability … Being sensitive to the quality of performativity means tuning-in to the event-ness of the world, taking a witness stance to the unfolding of situated action, and being open to the unsettling co-presence of bodies affecting each other in time-space. (Vannini, 2015, p.321)

Vannini's non-representational definition of performativity emphasises the centrality of the body in the 'event' and offers performativity as a way of becoming deeply concerned with 'eventness' — another spatio-temporal Deleuzian notion on which I wish to take pause. For Deleuze (1988 [1966], 1993, 1994 [1968]), the event is a spatio-temporal process of multiplicities and becoming, 'rhizomatic and part of an ever-changing, ongoing process' (Beck & Gleyzon, 2016, p.329). Thus:

> Rather than a self-contained Now that happens once and for all (at time *t*), an event is an untimely Meanwhile or Meantime: a becoming multiple (*and*, *but*) rather than a being-one (*is*). So, space-time does not consist of points, but of folds. (Doel & Clarke, 2011, p.141)

As a Deleuzian event, thus, the sense of structure and temporal order in which the performative routine of postnatal care unfolded (the baby was massaged from head to toe, bathed from front-side to back, ayurvedic and allopathic medicines were applied one by one), did not relegate its enactment to something polished or drill-like, as if the set routine was applied *to* life rather than being generative *of* life. Indeed, the very performance was itself alive in its unfolding of the performative:

> In this sense, whist constituting a discrete act — the performance — the performative is not itself a concept signifying such an act. The performative is the gap, the rupture, the spacing that unfolds in the next moment allowing change to happen. (Dewsbury, 2000, p.475)

Observing performativity in Deleuze & Guattari's (1987; 2004) notion of 'spacing' we are introduced to:

> … a fresh way of conceptualizing the process-dynamics of the unstable relationality of space/life. Spacing occurs in the gaps of energies amongst and between things; in their commingling. Their [Deleuze and Guattari's] interest thus emerges 'in the middle', the in-between. (Crouch, 2010a, pp.11-12)

In Gramam, as much as it was Aya's hands that physically moulded Rose's body-mouth in a set routine, and the prescribed medicines that changed its physiology, it was the

movements in/of spacing where 'the momentary character of performativity elaborate[d] the uncertainties and complexities of spacing, and its potential, as part of performativity, to reconstitute life' (Crouch, 2003, p.1947; see also Dewsbury, 2000, and Thrift, 2003). Indeed, it was *between* the set routine tasks of the postnatal care routine, *in the spacing*, where I found a telling eruption of movement and life.

It was 'there', in the spacing, that Mary ignored Eva's own telling of her pregnancy by constantly correcting her experience of morning sickness. It was the way Aya spoke through the baby, correcting Mary indirectly — "That vomiting is meant for women during this time, isn't that right baby, right?". It was in the constantly shifting locus of power and knowledge in the relationships between employee and employer, and between mother and daughter. It was in the process of change that Eva was undergoing, from being a daughter to becoming a mother, and in her tentative attempts to assert herself in her new role. It was the way Agnes took a screaming Rose from Aya's lap, without invitation, but also without any resistance from Aya. And, it was present in imagination, as Rose, at just sixteen days old, was already spoken of as a 25-year-old woman on her wedding day, her body-mouth ingesting the practices and substances that allowed her to be projected into her future form as *utthama bhaarya*. Events such as these were not the events that made up the postnatal routine itself, but *between* them. It was in the spacing, in other words, where the deeply embedded and gendered cultural subtext of ayurvedic postnatal care as a moulding of *nalla sthree* evolved. Politics, Thrift reminds us:

> … is a precious thing, a fragile form of life and one of the chief means through which society is achieved. It is also necessarily a hesitant entity as it is highly performative … the performative approach is very often construed as apolitical …[and yet] the avowed intent of most performance … wants to make things *more* political, *much more* political, in that, above all, it wants to expand the existing pool of alternatives and corresponding forms of dissent. (Thrift, 2003, p.2021)

Thus, we might determine that Aya's interpretation of the postnatal routine as a matter of beauty and socially idealised form spoke not, in fact, to/of the routine itself, but to

the wider dynamics and politics — packed, as they were, with forms of dissent — in the spacing.

A brief excursion into the politics of the spacing

To develop my (and Thrift's) point, I want to go into the spacing and explore its capacity. My example involves two separate (brief, fleeting) moments that I join as one. The first moment was Mary referring to Aya as being "like a doctor" when Aya explained Rose's risk of infection if water stayed pooled on her healing umbilicus; the second was when the women were discussing the cause of Eva's morning sickness and Mary referred to Aya as "*chechi*" (the Malayalam term for older sister). Rather than a few insignificant words said in passing — 'spacing happens', Crouch says, 'in highly intense and in less urgent moments' (2010b, p.7) — these utterances held together reveal more, *much more*, significance in connecting larger historical and political stories and background events still present in the moment. Thus, in that inconspicuous moment during the morning of postnatal care, when Mary referred to Aya as being "like a doctor" in one instance, and soon after as "*chechi*", the historical and cultural complexities of traditional midwifery swelled into the moment.

Although the practice of Ayurveda traditionally existed amongst all groups of people, and many lower castes such as *velans* and *mannans* were considered talented midwives and nurses in Kerala (N. V. K. Varier, 2012), ayurvedic midwifery has, more generally across India, been embedded in upper-caste Hindu ideologies and social hierarchies concerning pollution (Pinto, 2006). In Gramam, although no-one knew Aya's exact history (and direct communication with her was limited because she mostly spoke an old Christian dialect of Malayalam, which Mary and Eva, as well as my research assistants found difficult to understand), it was well known in the village that she came from a long lineage of female midwives. She wore a white *munde*, gathered in large pleats at the back in a fold that denoted her role as midwife and her Christian 'caste'. But, before St Thomas the Apostle arrived in Kerala in AD 54 and began converting Malayalees to Christianity, it is possible that Aya's foremothers — perhaps from *velan* or *mannan* castes — were already in this area, overseeing home deliveries.

Comparing Aya to a doctor was suggestive of the awe Mary had for Aya's knowledge and practice, but using the term *chechi* (although generally a term of endearment) was de-professionalising in this context: Mary would never address a *real* female doctor as *chechi*. Indeed, Aya's first task of the morning was to wash Rose's dirty nappies from the day before. She also entered the house through the backdoor, along with other domestic help and trades people. Doctors who visited me at Mary's House for my research, by contrast, were always invited in through the front door. In these ways, Aya was constantly reminded that she was as much a servant as a specialist — and I could not help but wonder whether the ways in which Mary constantly asserted her authority were, in part, connected to the distant fact that Aya likely hailed from lower-caste stock.

Figure 36: Aya washing nappies wearing a white *munde* dress

Further, holding Aya up as doctor and then pulling her down as *chechi* also connected these women to a deeper historical narrative. That narrative concerned contested midwifery knowledges, roles and responsibilities that, in this house, fell between Mary and Aya. Although Mary was, as Ethan called her, 'the boss of the house', Aya, in her knowledge, was 'the boss of the postnatal care practice'. Only a generation ago, however, the role filled by Aya was a role that Mary might have had the knowledge and skills to do herself — and it remained a role she looked on as rightfully hers. Traditionally, in homes across Kerala, young women learnt ayurvedic postnatal practices by observing their older aunties and sisters as they birthed children within the joint family's compound. Throughout Kerala's history, collocutors often said, *all* women in the house would have had the knowledge and shared in the responsibility for the wellbeing of mothers and babies in pre- and postnatal care (see also Chawla, 2006). It had, until well into the twentieth century, been the role of the ayurvedic midwife to deliver babies (a role they no longer fulfil; see Chapter 6), and for lay women to administer pre- and postnatal care. Indeed, when I volunteered in the ayurvedic pharmacy in Gramam, I was often struck by how few instructions people were given with their postnatal medicines. When I asked the pharmacist why she did not give detailed instructions in administering postnatal care medicines, she said, "women already know this*" (pennungalkku ith ariyaam*).

However, for an increasing number of women like Mary and Eva, postnatal knowledges were disappearing. Lay women who had spent their lives in nuclear family structures did not absorb pre- and postnatal care knowledge as a matter of lived experience in the way their own aunts, mothers and grandmothers had done. Without the confidence or knowledge to do it herself, Mary and Ethan paid Aya the considerable sum in rupees of Rs20,000 ($400 Australian) to care for their daughter and granddaughter. This history was not lost on Mary or Aya as they danced around the dynamic. In their performative dance, their roles as employee and employer saw that Mary took the lead and Aya followed; at other times, however, they danced with Aya taking the lead as knowledge expert, and Mary following. But Aya also tended towards submission in her actions (and Mary toward dominance in hers), willingly engaging in menial tasks, entering the house

via the back door, responding to being addressed as *chechi*, and never speaking directly to Mary, in a set of behaviours that appeared still tied to her historical ranking as a lower caste-based specialist and in that sense, she always followed. Around and around they danced for 28 days.

Their jostling in the spacing, however, also meant that Mary and Aya introduced new possibilities to their own performativities. As Crouch says:

> Interpreted in terms of individuals' participation in space, in making space through spacing, space and life cohabit in holding onto the familiar and going further into what is unknown. Adjustments are produced through which life can be negotiated, always in tension in an unlimited array, or immanence of possibility. (Crouch, 2010b, p.7)

In the spacing, Mary and Aya were not only holding onto their roles as 'boss of the house' and 'boss of the postnatal care practice', but going further in their own projects of becoming, in their own aspirations as good women or *nalla sthree*.

Suffering to become *nalla sthree*

In this section I extend my ethnographic focus outside the home and to medical camps to continue to explore the ways in which spacing cracked open the potentiality for women to feel differently about their body-mouths and what constituted Ayurveda. The transformation of community halls or other public places not usually associated with Ayurveda into one-day ayurvedic medical camps saw women's relationship to Ayurveda transformed, too. The camps were often hosted by pharmaceutical companies or local hospitals offering free medicines, and run by consulting doctors who volunteered their time. The camps were also overwhelmingly gendered (80%–90% of patients were women).

A good woman is a *kapham* body riddled with *vatam*

At a medical camp outside Trivandrum, Maria and I would meet the same women month after month. Over time, women like Geetha, who I introduce below, became collocutors in my research outside the medical camp. Maria and I would visit her and others in their

homes, often cooking, gardening, helping with daily chores or preparing everyday substances like hair oil. In this section, between my own discussion and analysis, I describe meeting Geetha and other women at the medical camp. Women would wait for hours to see a doctor at medical camps. While they waited, they gathered in groups, rested under trees or socialised with friends. Waiting, we met Geetha.

Vatam undu: pain and performativity in medical camps

Geetha collected water from a well daily and carried it home on her head. As a consequence, she was at the medical camp that day because she was suffering from unbearable neck and back pain, but had no time to be admitted to an ayurvedic hospital as an inpatient like her doctor had suggested. Maria and I were gathered with a group of women under a tree outside the medical camp. As Geetha talked, the other women wobbled their heads in agreement. She worked hard, they agreed — they all worked hard, they clarified. I asked them why Malayalee women worked so hard? They told me it was simply women's duty (*ithe ente kadamayanu*). I asked Geetha why she did not rest or get help? "But who will do the housework?" (*pakshe aaru veettupani cheyyum?*), she cried! Malayalee women have no choice but to endure the pain and keep working, they said.

Most female patients at that medical camp had spondylitis, osteoarthritis or reactive arthritis. Sometimes, women's joint pain was caused by a chikungunya virus they had contracted from a mosquito bite, but mostly, doctors put down the cause of women's swollen joints to lifestyle. The women in front of us started pointing to their own shoulders and knees — "I have joint pain" (*vatam undu*), they would say over the top of one another. I asked about the term *vatam*, wondering how familiar these women were with the ayurvedic notions of *vata*, *pitta* and *kapha*? The women explained that, in Malayalam, *vatam* means 'joint pain', *pittam* means 'stomach pain', and *kapham* means 'a wet cough'. These terms were commonly used in everyday conversations between women on the backsteps of homes, too. But on backsteps, every time I drew attention to their synergy with Ayurveda's *tridoshic* theory, women dismissed my suggestion: "This is Malayalee culture, not Ayurveda" (*ith Malayala samskaramanu ayurvedamilla*),

they'd say. At the medical camp, by contrast, women offered *vatam*, *pittam* and *kapham as* Ayurveda. They offered the home remedies they prepared to address *vatam*, *pittam* and *kapham* as Ayurveda, too. Having adjusted my research questions from asking about Ayurveda to asking about Malayalee culture, given the resistance I found towards the term Ayurveda from women in their homes, I was taken aback at how often, once we started talking about their daily routines or *dinacharya*, the women in the medical camp replied to my questions on culture with answers about their practices as Ayurveda.

Suddenly, my name was called above the crowd by the head physician, Dr Udit, to join him inside the hall. The women stopped talking mid-sentence, and in hushed voices, encouraged Maria and I to hurry inside.

The temporary nature of medical camps allowed the event of the medical camp itself to be a spacing, a fracture, a gap in the ordinary temporalities or flows of women's routine daily lives, and thus, full of possibility — including the possibility that their home practices *were* ayurvedic. Crouch considers spacing as *gaps of possibility* that,

> … can be created in the particular combination of events, encounters, moments, and flows. Individuals feel differently about themselves, their lives, people, places, and things they value … there is a transfer of time and space and a refiguring as well as a revisiting of memory that becomes embodied performatively. (Crouch, 2003, p.1955)

Entertaining new possibilities, thus, women related differently, both to their body-mouths and to Ayurveda.

Pained, paradoxical spacetimes of wellbeing

Back at the camp, edging my way past hundreds of patients crammed up against the entrance doors, I entered the hall to find six ayurvedic doctors lined up around the edge of the room, each behind their own desk with a stethoscope, sphygmomanometer, a prescription pad and a paper cup of pink water (*pathimukkhamvelam*) in front of them. Patients registered in another room, then gathered outside the main hall (which today doubled as a consultation room), waiting for their number to be called. When they were

called, they entered the room and stood in a line. As a doctor became free, the next in line approached them. Patients then moved back outside to fill their prescription from piles of medicines trucked in for the event. It was bustling and hot outside — “a festival atmosphere,” as the coordinator had described it to Maria and I when we first arrived — but inside, where the air was cool and the space was only lit by natural light, softened as it fell in small square shafts through the transom windows that were dotted high around the hall, patients moved gently and spoke in lowered voices.

Figure 37: Medicinal bark for *pathimukkhamvelam* from Indian Redwood tree

A new patient sat on the chair opposite Dr Udit’s desk. She started with her symptoms. Dr Udit looked across at me. "See ...," he said, as she began by describing numbness in

her hands, pain in her right shoulder and back, and a burning sensation in her heels, especially in the mornings, "… classic symptoms of spondylitis". Then, he warned, "You'll get bored soon. Every patient has the same symptoms". Far from bored, I was intrigued. These Malayalee women, one after the other, began by saying they were numb in their hands — their most precious instrument for managing their family's wellbeing from their kitchens and gardens. The doctor asked each patient a common set of questions about diabetes, blood pressure, and their bowel movements. Dr Udit encouraged me to observe the difference in his method of consultation and diagnosis between this camp with mostly Malayalee women, and his regular setting in an ashram where I had also observed him as he consulted mostly foreign women. With foreigners, I noticed, he elaborated on ayurvedic theory during consultations. Here, he diagnosed disease and prescribed medicines with very little explanation given to the patient. In fact, he rarely told them his diagnosis. He said there was no point in wasting time telling them because they would not follow his advice anyway. As if by cued example, the next patient sat, and Dr Udit asked her if she had stopped using hair oil like he advised when he saw her at last month's camp. She looked down and away before quietly explaining how she could not stop using hair oil lest her hair became dry and lost its lustre. He looked over at me with a 'see, I told you' glance. After she'd gone, educating me rather than the patient herself, he told me that being *kapha prakrti* she should avoid using commercial hair oil because it was too cooling and aggravating her spondylitis, causing the joints in her back and pelvis to become stiff and inflamed.

Observing that interaction reminded me of one afternoon on the front veranda of Mary's House in Gramam when Ethan, Mary and I were chatting over chai. Ethan was asking me about my research and what I was discovering. I was telling him about the recurring notion of suffering when Mary said: "You got all these ideas from watching me suffer". I smiled at her insight. Every day, for months, I had heard Mary tell a visiting neighbour or a distant cousin about her joint pain — "*vatam undu,*" she would complain. And yet, every day I heard her wake at 5 am to sweep the front path and work in the kitchen, despite her pain. Ethan asked me to look at Mary's elbow. It *was* badly swollen. They knew, of course, that I was there as an anthropologist, not a doctor, but they still seemed to enjoy any kind of lay medical attention. I held Mary's elbow, offering

empathy rather than a diagnosis. After a moment of silence, Ethan changed his mind and said, “Actually it’s not suffering — it’s sacrifice. Jesus suffered. Women's suffering is nothing. They should sacrifice like that”. Then, he looked directly across at me and quickly added, “It's tradition. It should be like that”.[54] With her swollen elbow still resting in my hand, Mary weighed in: “Look at my body, so much pain” she said, wriggling free from my touch to hold up her disfigured arm. Looking more closely at her elbow, Ethan suddenly sounded more serious. “Mary,” he frowned, “Brony can take you to see an ayurvedic doctor”. I offered to take her. “I don't need to go,” she said, pushing away his concern with an outward and upward flick of her wrist. “Anyway, we should also feel something for Ethan,” she turned and grinned at me, “he might also have a sore elbow from straining to open his laptop!”

In that exchange, Ethan encouraged Mary to see a doctor for her pain. But, after complaining about it, Mary made light of the situation and refused to accept help. At the medical camp, too, Dr Udit’s patient returned every month with the same symptoms, but kept using hair oil at home, even though he had advised her to stop. Geetha kept carrying water on her head from the well to her home, despite her neck and back pain and the doctor’s advice to be admitted as an inpatient. These are what Rose (1993) would call ‘paradoxical spaces’, where apparent contradictions were actually responsible for producing space: the practices of pained bodies (pained through the practising), were the practices responsible for the generation of the unmarked spacetimes of ayurvedic wellbeing. On the backstep, too, women often talked to each other about their ailments using an English turn of phrase, ‘health complaints’. They would hold their elbows up to one another, just as Mary had done to Ethan, touching each other’s swollen joints, gasping with heads wobbling in understanding at the severity of the disfiguring, and giving advice to one another on how to best adjust their diets to treat themselves with food. One afternoon, after the neighbours had gone, I asked Mary what would happen if she told her friends that she had no pain, and that she was without any

[54] Despite his bravado, however, on more than one occasion I woke to find Ethan surreptitiously helping his wife with the household chores. Under the cover of pre-dawn dark, Ethan would quietly sweep the front path himself, letting the neighbours assume it was Mary.

health complaints. Mary threw her head back in laughter, “Oh no, they would gossip too much! They’d say, ‘Here comes that Mary *chechi* who does nothing for her family!’”. If she was not suffering (or sacrificing, as Ethan preferred it), a Malayalee woman was not working hard enough for her family. Without suffering, her character and morality was called into question.

If a *kapham*-esque plumpy body signalled a good woman’s potential, her body riddled with *vatam* was evidence of the fact. Mary’s swollen elbow, Dr Udit’s patient’s spine bulging with spondylitis and Geetha’s neck strain evidenced the actualisation of good women and perfect wives. For Malayalee women, aches, pains and swollen joints were simultaneously symptoms of disease and symbols of wellbeing. Their swollen bodies were both testament to their suffering and a display of their hard work and devotion to their families — mangled trophies, held up in prized recognition of the performativity of *nalla sthree* and *uttama bharya*.

Wellbeing, Mathews & Izquierdo (2009) conclude in *Pursuits of Happiness* is not only a physical and existential individual pursuit, but a matter of wider institutional/global forces, and interpersonal connection. Humans are physically and socially dependent on one another and this connection. For Throop (2015), too, the social dimension of wellbeing is central in his research with Yapese communities in the Federal States of Micronesia. For Throop (2015), however, it is a matter of ‘*suffering-for* others’ (Throop, 2015). As such, various experiences of suffering and their relationship with the notion of the past, present and future happiness of families come to the fore. For Yap:

> Suffering was also a way to tangibly connect one’s present suffering with the suffering of others who have also worked to better those material and social conditions that define an individual’s, family’s, or community’s contemporary existence. This includes day-to-day efforts of those who suffer alongside each other in the present, as much as it does those whose past suffering has paved the way for current possibilities for prosperity and wellbeing. (Throop, 2015, p.57)

Similarly, in Kerala, women’s suffering for the wellbeing of others provided them a shared connection (and competition) to one another on backsteps, but also to their own

mothers and grandmothers life-pasts (which they remembered from the distance of medical camps with a greater sense of empathy and awe as practices of Ayurveda than they did in their homes, where the same practices were dismissed as 'grandmas medicine' or home remedies). In the same way that their own mothers had suffered and paved the way for them, they too were suffering in the present for the potential future prosperity of their grandchildren and the wellbeing of their family. Mary worked though her pain every day, she let Aya take the lead in Rose's postnatal care despite the fact that she wished it was the knowledge in her own hands that was moulding her granddaughter's future through postnatal care — she suffered so that she might pave the way for Rose.

But also, she suffered to evidence herself as *uttama bharya* and thus the present state of her family's wellbeing. When I asked women what wellbeing meant to them (*soukhyam ningalkku engane aanu?*), they almost always answered: "family" (*kudumbam*). Indeed, many studies have ranked family and social ties highly against life satisfaction (Camfield, Choudhury, & Devine, 2009; Thin, 2012; Veenhoven, 2000, 2004). 'People who feel they contribute importantly to a larger project, those that possess the agency and power to effect change,' says Fischer, 'are more satisfied with their lives' (2014, p.8). The larger project for Mary and other women in Kerala was the family. Women endured pain for their family's wellbeing. That is not to suggest that they enjoyed the pain, but rather that they endured it because they saw beyond it, because they had a context for its greater purpose. As Jackson observed in the lives of his collocutors in Sierra Leone, 'a sense of hope, a sense of a way out, is crucial to the ability to endure. Equally crucial is a sense that one is able to act on the situation that is acting on you — that one can give as much as one can get' (Jackson, 2011, p.184). For Mary, the sense of hope that let her endure was a sense of a way out that went *beyond* her own body, and to the bodies of her family, most especially her new granddaughter.

Changing ideals of a modern *nalla sthree*

After observing Dr Udit work for nearly three hours at the medical camp, Maria and I moved back outside, and casually started talking with a new group of women siting

under the same tree about their daily routines in the home. Again, these women replied to my questions on culture with answers about their practices as Ayurveda. When we asked about oiling hair as a routine practice of *dinacharya*, the scene erupted. Seven women talked at us at once, asking us to write down their recipes. They offered to teach us how to make it, and excitedly started yelling out ingredients. They also yelled at one another, correcting each other's recipes. Occasionally, taken by surprise, someone would pause, impressed by someone else's unique recipe.

Maria and I scribbled on notebooks as one woman listed her ingredients: *chempathi* (hibiscus), *kaithonni* (eclipta prostrata), *tulasi* (basil) *njavara ila* (plectranthus amboinicus), *henna* and aloe vera. As she was explaining her recipe, others broke off in disagreement with some of the ingredients she had included in her recipe. It became increasingly difficult to hear and document what was being said as other ingredients were yelled out: "*poovamkurunni*!" (cyanthillium cinereum); "*keezhanelli*!" (phyllanthus niruri); "*Krishna tulasi*!" (holy basil). Within a few minutes, another fifteen or so women surrounded us. Some offered to make us their recipe and bring a bottle to the next camp; others invited us to their homes to teach us how to make it. No wonder, I thought to myself, that despite the doctor's orders last month, the patient I had just met inside who was asked to stop using hair oil had quietly continued. One woman took my hand and held it against her head to feel the softness of her hair — it was Geetha. In the commotion, I hadn't noticed that she was still there. Another woman pulled her long braid apart, holding a handful of long hair towards me, encouraging me to smell her hair. They explained various techniques they used in applying hair oil, and elaborated on the benefits of oiling your hair, from improving sleep, to stopping hair fall and reducing grey hair, to keeping you looking healthy and young.

The conversations continued in a whirl around us. During the preparation of hair oil, we were advised, the oil will turn green. If we drop a grain of rice in it, the rice will swell and turn dark red, and this is how we will know it is ready. But, if we use mass-produced coconut oil as a base, we should boil pepper and cumin in the oil to remove any preservatives or chemicals before adding ayurvedic herbs. Above the commotion, I yelled out: "Who taught you all this?" (*ithokke aaru nine padippichu*?) They yelled back:

“Mother!” (*Amma*!); “Maternal Grandmother!” (*Amooma*!); “Paternal Grandmother!” (*Achama*!).

Figure 38: Making hair oil with herbs from the *parambu*

Bodily experiences, Fuchs maintains:

> … anchored in body memory, spread out and connect with the environment like an invisible network, which relates us to things and to people. It is, as Merleau-Ponty writes, “our permanent means of ‘taking up attitudes’ and thus constructing virtual

> presents" (Merleau-Ponty 1962, p.181); in other words, to actualize our past and, with this, to make ourselves feel at home in situations. (Fuchs, 2012, p.11)

The 'attitude' towards Ayurveda women display in medical camps, and the ways their mothers and grandmothers came alive in the present, was an actualising of the past; it was the revisiting of memory performatively embodied (Crouch, 2003). Borrowing Bergson's contemplation of time past, Deleuze says:

> The past and present do not denote two successive moments, but two elements which coexist: One is the present, which does not cease to pass, and the other is the past, which does not cease to be but through which all presents pass. (Deleuze, 1988 [1966])

This incessant creation (Bergson, 1913) means pasts do not die, they *live*, 'and remembering is not so much a matter of calling up an internal image stored in the mind, as of engaging perceptually with an environment that is itself pregnant with the past' (Ingold, 1993, p.153).

Outside medical camps, however, women did not unthinkingly follow their mothers' and grandmothers' advice. Indeed, outside camps in unmarked spacetimes women did not recognise their practices as being connected to Ayurveda, and they did not connect their grandmother's practices to Ayurveda, either. Outside medical camps, grandmothers' practices were dismissed as 'grandma's medicine' or *ottamoolikal*, and the relevance of the past seemed to give way to aspirations of the future in performativities of wellbeing.

During the postnatal care period in homes, for example, the issue of weight gain, traditionally accepted by women as a sign of good health for their babies and for themselves, facilitated through specific ayurvedic medicines and their grandmother's insistence, was now a point of some tension for my new mother collocutors. While women did want plumpy babies, they no longer wanted to be, they said, *too* plumpy (or *too* fatty) themselves. I repeatedly observed new mothers actively rejecting ayurvedic medicines that were known to increase body weight postpartum. *Leyham,* a semi-solid medicinal jam, prescribed to new mothers and generally administered with *ghee* was increasingly shunned by young mothers (or, at least, mixed with honey which, unlike

ghee, increases *vata* and stimulates weight loss). Medicinal goat meat soup, too, was being rejected by women because it increases *kapha* and causes weight gain. In Gramam, although Ethan and Mary paid a local man to come to the house to kill and prepare a goat in an elaborate 24-hour cooking event in which Lakshmi slept outside to keep stoking the stove overnight, Eva stopped taking the medicine after one month because, she said, it made her feel "*too* fatty". She also took her *leyham* with honey.

Figure 39: Preparation of postnatal ayurvedic goat meat soup

Such ‘transgressive acts’ or ‘counter-performativity’ (Bradley, 2013; Butler, 1990, 1993) mean that changes in social norms become possible. As Crouch says:

> Through performativities, practice, and performance individuals are able to feel; are able to think and rethink … their fluidity merging in events, nodes, or knots of complexity, awkward and of both apparent resolution and potential contradiction … if performativity and embodied practice, in their different nuances, can reconstitute life situations, or constitute the transgressive, then there is a possibility of their being constitutive of a refiguring of identities. (Crouch, 2003, p.1948)

In his broad-sweeping ethnography comparing German supermarket shoppers and Mayan coffee growers in search of ‘the good life’, Fischer (2014) shows how critical aspiration and agency (among other factors, such as dignity and fairness) are to people’s wellbeing. He says: ‘Aspiration, a hope for the future informed by ideas about the good life, gives direction to agency — the power to act and the sense of having control over one’s own destiny’ (Fischer, 2014, p.202). It was not simply a matter of resisting tradition, but having a sense of *control* (Scheldeman, 2008) over their form that young Malayalee women found one way of developing their own wellbeing, asserting their own agency. Indeed, in Kerala, many doctors told me how, in a recent trend, young mothers were coming to them asking for help to lose their postpartum weight soon after delivery. Ironically, pre-pregnancy, young Malayalee women today are more obese than any generation before them (Thankappan et al., 2010). Nonetheless, in the house surgeon’s office at Tripunitra Government Ayurveda Hospital, between their rounds, Shreya and her BAMS student friends would sit in their office, flicking through social media on their phones, looking at images of Indian Bollywood actresses who had made it to Hollywood and compare their own bodies. Often they complained that their own stomachs were “*too* plumpy” and “*too* fatty”. On one occasion, the house surgeons looked over at me and told me that I was lucky to be thin. But then, after some discussion amongst themselves, they collectively agreed that in fact I was too thin. “If you were a little more plumpy,” Shreya spoke for the group, “you would be more beautiful”.

Thin, 'Western' bodies are antithetical to plumpy (modest, moral) 'Malayalee' bodies (F. Osella & Osella, 1996). Although the house surgeons sought Western ideals, 'the West' was still largely taken as a corrupting force against tradition. The young women I met, not only in the house surgeon's office, but across Kerala, did not want to be *too* fatty, but, at the same time, they also did not want to be *too* thin; they wanted to be modern, but not *too* Western. Plumpy, thus, was a cultural shorthand for *nalla sthree* (describing an ideal physical form, mental state, natural and cultivated beauty, and moral character). In expressing their relevance as contemporary young women, my collocutors wrestled with conflicting ideals: they saw thinness as the most desirable physical shape, but plumpiness as the most beautiful, good and moral cultural form. Butler explains such conflicting ideals in Beauvior's notion of the body as a historical situation. She says:

> As an intentionally organized materiality, the body is always an embodying *of* possibilities both conditioned and circumscribed by historical convention. In other words, the body is a historical situation, as Beauvoir has claimed, and is a manner of doing, dramatizing, and *reproducing* a historical situation. (Butler, 1988, p.521)

Many young women grappled with how it was possible to be thin (or not *too* fatty) and *nalla sthree* simultaneously. They wrestled with the past (in memory), the present (in materiality) and the future they were oriented towards.

As she dressed on the morning of her wedding, Shreya layered two thick cotton petticoats under her wedding saree to make her hips appear more rounded. She explained how this was a trick to make her appear "even more plumpy", and "even more beautiful" in her wedding saree. I joked with her about all the wasted conversations we had in the house surgeon's office about being too fatty, given that now she wanted to be even larger! Shreya creased her brow and became unusually serious. "If I appear too thin," she whispered, "concerns will be raised by onlookers on my would-be's side about whether I can take care of their son as his wife". Hers was a modern 'love marriage', and still she performed to strict cultural standards — her shape during her wedding (even if it was only an illusion) presented her as *nalla sthree* and displayed her readiness to fulfil her role as a perfect wife or *utthama bhaarya*.

Marked practices, unmarked spacetimes

'[P]erformance is caught up", Thrift says, "with two realms which are too rarely considered: the many communicative registers of the body and the minutiae of spatial movement. Performance can mould bodies so that they show up on the communicative register … the subtleties of body language, the sensibilities of balance and posture, the sensory orientations of motion' (Thrift, 2003, p.2020). In this chapter, I considered wellness practices as performativities during the ayurvedic postnatal care routine (a routine typical of Malayalee households after the birth of a baby), where bodies were, to borrow Thrift's turn of phrase, moulded so that they showed up on the communicative register of *nalla sthree* and *utthama bhaarya*. In the process of exploring the spatio-temporalities of their enactment, I also looked outside the house to ayurvedic medical camps and unearthed Ayurveda — or what constitutes ayurvedic practices to Malayalee women — as less fixed than is often presented by them. Postnatal care was a marked practice of Ayurveda existing in Ayurveda's unmarked spacetimes, and medical camps were temporarily marked spacetimes in otherwise unrelated public locations. These two ayurvedic events, explored via the construct of 'spacing', offered new possibilities in understanding the spatio-temporalities of women's wellness practices.

During the ayurvedic postnatal care routine, ayurvedic and allopathic medicines were ingested, literally massaged or pushed into the body-mouth via the hands of an aya who described her practice in social, not medical terms. I turned to the spacing, to what happens *between* postnatal routine stages, to find the social, political and historical as pasts still alive in present performativities. In Aya's accounts of her routine, and in the spacing, postnatal care was performed less as 'Ayurveda' and more as a cultural insurance policy for social wellbeing. It was a matter of a tiny gendered body *becoming* on her way to the plumpy form that would generate her as a good woman or *nalla sthree* and thus secure her economic and social future as a perfect wife or *utthama bhaarya*.

The cracks of spacetime — the spacing — revealed postnatal care not as a marked practice of Ayurveda concerned only with the health of the baby in ayurvedic medical

terms, but, in the same ways as home routines played out as a matter of culture, of *being Malayalee*. Indeed, like these other forms of practising health and wellbeing, postnatal care was so commonplace and connected to culture — *so Malayalee* — that, once she paused to think about it, one collocutor in Gramam wondered why postnatal care routines were thought of as Ayurveda at all. Julia said, "We normally take Ayurveda for 28 days — *kashayam, arishtam, kuzhambu* massage, bath — this is a routine in every house, in all houses after delivery. I don't know why they call it Ayurveda". Reflecting on its meaning in everyday life, Julia suddenly felt uncomfortable calling postnatal care ayurvedic. Postnatal care's connection to the term 'Ayurveda' was, *in practice*, a fragile one.

But equally curiously, when looked back on from the distance of medical camps, with past memory coming to the fore, women viewed all their home-based practices as Ayurveda. There, it was not only postnatal care and practices during the wet season that were recognised as Ayurveda, but *dinacharya*, *ottamoolikal* and *naatuumarumu*, too. Women attended one-day medical camps with mostly ongoing, chronic health issues connected to lifestyle. Women delayed dealing with their own health issues, and actively ignored their doctor's advice. For grown women, sustaining the role of *nalla sthree* or *utthama bhaarya* ultimately involved the paradox of women's bodies, disfigured and pained in the processes of their enactments of ayurvedically-informed practices such as *dinacharya* and *naatuumarumu*, being held up as symbols of wellbeing. Young women today actively challenged and rejected certain aspects of *nalla sthree*, most particularly idealised body shape in their desire for not-too-plumpy body forms. However, as Shreya's layering of petticoats under her wedding saree suggested, culturally idealised body form and its connection to a woman's potential as *utthama bhaarya* still dominated discourse and directed lives.

Narrowing my analysis within the spacing thus disrupted and revealed new possibilities on the questions: what is Ayurveda today? And, what is wellbeing in Kerala? The spacing revealed that 'Ayurveda' was a more fluid notion than people often revealed it to be; and that although wellbeing was a matter of negotiating culturally gendered expectations in the present, pasts (in practices and knowledges) and futures (in

projected ideals and ambitions) mattered equally in one's present state of being well, of *svasta* or *soukhyam*.

I want to finish this chapter by returning to the backstep. As the year moved on during my time at Mary's House, Mary and I spent many afternoons sharing in the safety of that particular spacing, that tear in the net of spacetime. But when I first arrived, I did not yet understand the significance of the backstep in the unmarked spacetimes of Ayurveda. Then, I had not yet analysed the role of plumpy bodies and cultural notions of beauty in form, or the way women wrestled traditional values with their own senses of self. It is likely, at that time, that I did not yet know the Malayalam terms *nalla sthree* or *uttama bharya*, nor appreciate the lived realities of *kapham* bodies riddled with *vatam* in their performativity, either. And yet, one early interaction during my time there told it all.

After another busy morning of chores and hosting visitors, Mary and I sat on the backstep and said very little as we stared aimlessly outside. We were sitting together on the threshold of the backdoor. I was leaning to the right, and she was leaning to the left; we were each propped up against one side of the doorframe. I remember thinking that our position seated on the threshold was literal and metaphorical, and that somehow both felt equally real. We were literally on the line that marked the inside from the outside of the home, but, since Rose's postnatal care period was coming to an end, we were metaphorically perched there on the threshold of change, too. Within another week, Eva would take Rose and move back to live with her parents-in-law, Ethan would take Esther and Evan and go back to work in the neighbouring state, leaving only Mary and I in the house. Eventually, once Mary started living between her two homes again, I would be there alone most of the time. Usually more guarded, Mary began telling me how lonely and rejected she felt. She felt like no-one respected her, she felt like everyone was judging her, and that her husband did not care. She told me it was too hard to look after her houses. After paying Aya, there was no money left for daily household needs. Her heart was aching. Her elbow was throbbing. It was the first time I had heard Mary speak like this — she was so honest in her pain. Wiping her tears away with her shawl, and forcing herself to stand to get back to work, Mary suddenly shrugged off her pain with a deep sigh and a reassuring thought. "Anyway," she smiled

as she stood to get back to work, her thoughts trailing behind her, “Rose is even fairer now, and so plumpy …”.

6. Spatial stories: women in Kerala Ayurveda

Identifying the gendered phenomenon in Ayurveda

In this chapter I turn my attention to concentrate on marked spacetimes and the historical context of women in Kerala Ayurveda. Structured in three sections, I begin with a thematic analysis of the history (*itihasa*) and health prevention/wellbeing (*svastha*) literature Maria and I reviewed across eight libraries in Kerala (see Appendix C). Next, I structure my telling of the historical professionalising, institutionalising and commercialising of Kerala Ayurveda around the lives of six female physician collocutors, each one a pioneering woman in her field. Although I have used pseudonyms throughout this dissertation, as a way of amplifying these voices, and with their permission, I have used female doctor's real names in this chapter (and elsewhere when I have referred to them). Lastly, the most recent gendered trends in ayurvedic education (where young women are completing the Bachelor of Ayurveda Medicine and Surgery, not to practise as doctors, but to graduate, marry and return home as 'Dr Housewife') brings me back to the unmarked spacetimes of Ayurveda. Borrowing de Certeau's (1984) sense of history as 'spatial stories', I offer a final reflection on gender and the generation of the marked and unmarked spacetimes of Ayurveda.

Searching the literature and archives

As described in Chapter 1, the literature Maria and I accessed was spread out across the state in eight libraries: Government Ayurveda College Thiruvananthapuram, Government Ayurveda College Tripunitra, Government Ayurveda College Kannur, Vaidyaratnam P.S. Varier Ayurveda College Kottakkal, Vaidyaratnam Ayurveda College Ullur, Amrita Vishwa Vidyapeetham School of Ayurveda Amritapuri, The Department of Museums and Zoos and the Kerala Council for Historical Research Trivandrum. Our review, thus, developed over a number of months 'on the ground' as we rode by scooter from place to place (for a complete bibliography of texts reviewed, see Appendix C). As we visited institutions and searched bookshelves, we also visited communities and continued to *follow the people*. We asked everyone we met if they could introduce us to the oldest female ayurvedic physician they knew. This method led us to women who had

pioneered today's gendered presence in ayurvedic institutions, a number of whom I acknowledge by name in this chapter. Our time on campuses also took us into the administrative archives of college admissions. Data on student enrolments by gender, religion and caste had been kept by colleges in hand-written ledgers, but that data was not centralised or available from the Directorate of Ayurveda Medical Education; nor was it available as collated statistics from within institutions. Thus, Maria and I spent days at each location pouring over fragile, hand-written ledgers to generate the enrolment data by gender I present here.

Figure 40: Searching texts in a college library

Textual gendered bias

Searching for references to women in the annals of history and health prevention in Kerala's ayurvedic college libraries revealed an unsurprising but telling truth: outside women's health and the study of obstetrics and gynaecology (*prasuthitantra*), very little has been written on or by women. The references Maria and I located overwhelmingly referred to women in clinical contexts as patients. Very few referred to women in their capacities as assistants or doctors, and fewer still mentioned their role in preparing, administering and teaching their daughters ayurvedic remedies in homes.[55] Exceptions to this existed outside Ayurveda college libraries, most notably in the Kerala Council for Historical Research and the recent writing of Jeffrey (1992), Wujastyk (1998), Valiathan (2003) and Panikkar (2016). Nonetheless, the ancient textual narratives we cited presented an 'overwhelmingly male' (Valiathan, 2003) or 'unwaveringly male' (Wujastyk, 1998) medical science in Ayurveda. Describing *Caraka Samhita*, one of the three oldest ayurvedic texts, Valiathan writes:

> A modern reader might claim that Caraka paid scant attention to women in his teaching and practice of medicine and his theatre of action was essentially a man's world. The gods, sages, physicians, pupils, patients, attendants and all other dramatis personae in Caraka's Samhita were invariably men; male progeny was preferred and a special ritual during early pregnancy to obtain a son was prescribed approvingly; upon delivery, the attendant whispered the glad tidings of the birth of a son — not daughter — to the mother; shapely women were employed occasionally like medical appliances in the treatment of patients with illnesses such as high fever; and finally, a code of conduct cautioned that too much authority and trust should not be placed in women. It must be admitted that the attitudes and vocabulary in Caraka's Samhita are overwhelmingly male. (Valiathan, 2003, p.xiv)

Although Singh observes that ancient texts may not originally have contained such gendered bias — 'inclined towards patriarchal values, [authors] may have weeded out

[55] Cameron (2009) observes the same gendered bias in ayurvedic literature. It is interesting to note, however, as Cameron also does, that the bodies of medical anthropological and feminist medical anthropology literature on Ayurveda have focused almost exclusively on informal, non-institutionalised and non-professionalised contributions of women as mothers, midwives, and informal faith healers.

the rites to beget a female child as the texts underwent redactions … for the sake of privileging its own concerns' (Singh, 2006 p.150) — most modern sources continued the gendered legacy. Murthy, for example, in his *Biographical History of Indian Medicine*, opened by acknowledging the lives of 'great men who propounded and propagated Ayurveda' from India's 'galaxy of eminent men who have enhanced the prestige of Indian medicine over the world' (2005, p.1). Texts with titles promising an overview of Ayurveda in its entirety, such as *History of Ayurveda* (N. V. K. Varier, 2012), *A Handbook of History of Ayurveda* (Nishteswar & Vidyanath, 2008) and *Ayurveda Itihasa* (M. R. Rao, 2007), gave compelling and detailed historical overviews of Ayurveda, but became somewhat eerie in their collective omission of women in that history. Ghost-like, women existed in the pages of history not by direct reference, but by silently hovering above the use of the passive voice — a grammatical construction to which many authors unconsciously switched when they discussed aspects of Ayurveda that would have been presided over by women. For example, Varier identified paediatric formulations unique to Kerala as '… the household remedies that were used without consulting … a physician' (N. V. K. Varier, 2012, p.318) and Panikkar wrote that '… there was a wide gap between what the physician intended and what was actually administered to the patient' (Panikkar, 2016, p.280). The subjects performing the actions of using and administering remedies — subjects who were almost certainly women — were all but ignored.

Textual references to women's roles in Ayurveda

Historical sources explicitly identified women in the roles of attendants, nurses and midwives.[56] In *The Ideal Physician,* four speciality areas of nursing were identified: general, surgical, midwife and wet nurse (Athavale & Athavale, 2003, p.32). Further, Mitra (1974, p. 16) identified another four categories of wet nurse (thought to be present as early as the sixth century BCE in the Buddhist canon): suckling, bathing, nursing and carrying. Although these sources suggest that a level of specialisation (and demand) existed in nursing, the most likely candidates for taking on these roles and working outside the home may have been socially ostracised women. Reddy, in *Glimpses*

[56] See, for example, Athavale and Athavale (2003); Govindan (2003); Hamard Laboratories (1959); Jolly (1951); Mitra (1974); Reddy (1966); N. V. K. Varier (2012).

of Health and Medicine in Mauryan Empire, for example, quoted Matrika (Bk. II, Ch .27) as saying: 'She (a prostitute) who has lost her beauty shall be appointed as a nurse' (1966, p.14). Ironically, however, other texts suggested that, to do their job, the attributes required of female assistants were decidedly virtuous: in *sloka* from *Astangahrdayam*, for example, Vagbhata said: 'attendants should undertake their job by showing skill and efficiency; warmth, affection and understanding towards the patient; intelligence; and cleanliness of body, mind and speech' (AH 1.28a). Further, Athavale and Athavale's *The Ideal Physician* listed twenty-one qualities a nurse should possess from knowledge and skill to compassion, a steady temperament and willingness to obey. A female nurse 'is preferable,' they added, 'as love, warmth and tenderness [are] essential for nursing care [and] are natural in female[s]' (2003, p.32). Thus, even in their brief, passing textual recognition, women's roles as nurses and midwives were entangled in conflicting narratives. Non-physician attendants in Ayurveda are both male and female, but it was only female attendants who were written about in the ayurvedic corpus as rejected (deviant and lacking physical beauty) but rescued objects (deviant, but able, through Ayurveda, to use their 'natural' ability to nurse).

Clinical textual references to women

Clinically, women's diseases and the physiology of the female body featured prominently in ancient and modern textual sources.[57] Women's clinical aetiology (and not men's) was linked to individual morality. Some texts highlighted the link, given in ancient texts, between women's immoral conduct and their poor health outcomes,[58] as well as linking their immoral conduct to the ill-health of their offspring.[59] Female

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[57] See, for example, Devaraj (1994); Devi (2008); B. K. Dwivedi and Guru (2003); K. N. N. S. Gupta (1994); K. R. L. Gupta (1986b); Hamard Laboratories (1959); Jolly (1951); Lavekar (1996); M. R. Rao (2007); Singhal and Patterson (1993); Wujastyk (1998).

[58] See, for example, Bode (2008); K. R. L. Gupta (1986b); Jaggi (1973); Kulkarni (ND); Lochan (2003); Mukhopadhyaya (1974); Murthy (1968, 2005); R. Singh (1998); Unnikrishnan (2002); Usha (2010); Valiathan (2003).

[59] For example, Bhagvat Singh Jee says: 'A woman is considered nubile during the menstrual epoch, which lasts generally from the twelfth to about the fiftieth year. During the menstrual flow she is strictly prohibited from intercourse with her husband. She is enjoined to sleep on a grass bed, to shed no tears, and to take no bath. She is not to prepare her nails, and should neither run nor speak aloud. She should not apply oil or sandal to her body; and she should take care not to expose herself to inclement weather. Any disregard of these rules is regarded as being injurious to offspring. If she cried during the monthly

morality, in general, was presented as constantly teetering on the brink of immorality, where women were represented as innately dangerous or mysterious, intoxicating and drug-like. In treating female patients, for example, some texts highlighted the ethical and behavioural codes doctors should follow, and warned doctors to keep their distance from women by never being alone in a room with a woman.[60] At the same time, women were prescribed like a drug: in the seasonal routine for winter, for example, Vagbhata said: 'women who are liked with well-developed thighs, breasts and buttocks, who are enchanting, exhilarated by the use of fragrant fumes, scents and youthfulness, have warm bodies and drive the cold away' (AH 3.15). Modern history texts did not overtly present women in this way. But in their lack of critical reflection on Ayurveda's ancient texts, and in simply re-presenting *slokas* that oppressed or objectified women, authors today have made little inroad into bringing the gendered bias of textual Ayurveda into the modern era.

Recognised by name

The names of luminary male physicians of the past filled the pages of Ayurveda's history books. Skilled attendants (many of whom would have been women), however, despite their significance as one of 'the four limbs of Ayurveda',[61] were not featured in texts. Indeed, references to female identities were scattered at best. Vidyanath and Nishteswar (2008) named *Susha*, *Vishkala* and *Saraswati* as 'women specialists' in obstetrics and gynaecology. Among hundreds of mythological and historical identities in Ayurveda, from 2500 BCE until the modern period, Murthy's *Biographical History of Ayurveda* identified two women, both doctors, and both born in 1937. They were Dr Tewari, a celebrated physician and academic of gynaecology (*prasuthitantra*), and Dr

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period, the child will contract an eye disease. The smearing of the body with oil will make the child leprous. If she sleeps during the day she will become dull and sluggish. It will become deaf if she hears a very great noise, and insane if she speaks too loudly' (Bhagvat Singh Jee, 1999, p.45; see also Gupta, 1986 and Kulkarni, ND).

[60] See, for example, Athavale (2003); Krishnankutty (2001); Lavekar (1996); Murthy (2005); Valiathan (2003); N. V. K. Varier (2012).

[61] The four limbs of ayurvedic treatment are: the physician, the medicines, the therapist and the patient, and all four limbs are said to be of equal value in effective treatment (AH 1.27).

Satyavati, a pharmacologist with a PhD in general medicine (*kayachikitsa*) (Murthy, 2005, pp.261, 263, 323).

Outside libraries, in various conversations with my own collocutors, the names of *Shyamala Anumithi*, *Savithri* and *Kunki* — three midwives who conducted deliveries in Kerala in the Vedic period — were sometimes mentioned. In passing conversations with students on Ayurveda college campuses I often asked BAMS students if they could identify any well-known women in Ayurveda. The only name students put forward, however, was Dr Tewari, the author of *Ayurveda Prasuti Tantra Evam Stri Rog*a, their BAMS syllabus *prasuthitantra* text. Indeed, none of the staff I spoke with at any college could name, with any certainty, the first female graduates of their college. And although, in P.K. Warrier's (2013) *The Canto of Memories*, A. Ammakkutty Amma is recognised as the first female to graduate (in 1934) from Kottakkal Ayra Vaidya Sala's *pathasala*, during my own observations and interviews at Kottakkal, no staff or students knew her name, nor was she celebrated in any way in their Ayurveda Museum — a museum with elaborate displays highlighting significant milestones in the history of the Ayra Vaidya Sala. Dr Mahdevikutty, the 90-year-old collocutor I will introduce in the following section, said that over her lifetime, the history books she read only occasionally referred to women and did not contain details on specific individuals. "There wasn't anything done for female names and popularity," she said, nor for the particularities of their clinical practices, of which only "indications of such acts can be found in records".

Book dedications

Perhaps the most glaring anomaly in the ayurvedic corpus, however, was in its lack of documentation concerning the roles women have played in the daily practice of Ayurveda in homes across Kerala. While sparse mention was given to women's roles as midwives, assistants and most recently as doctors, virtually nothing was written on the roles women have had in propagating and practicing ayurvedic knowledge at home — the kind of practices, as I have explored in this dissertation, that are still embedded in women's daily practices today. Sitting quietly in the front of numerous texts, however, personal book dedications told another story. Verma (2008), offered his book, 'To all the

Indian women who have kept the ayurvedic tradition alive for thousands of years'. In poetic verse, Lochan (2003), also paid tribute to:

> The 'nobodies' of the currents of histography, the people who produce no books but the goods, no epics but the folklore, no arts but the handicrafts; people who do not possess great minds but large hearts, who do not have faces but arms.

Other authors dedicated their books on Ayurveda to their own mothers or grandmothers, the people they identified as their first teachers of medicine. To these authors, such dedications were a way of personally acknowledging the unsung women of Ayurveda in their own lives. For Maria and I, echoing Ortner's sentiment that 'history makes people, but people make history' (2003, p.277), these dedications were a further invitation to find the women who made its history. These dedications told us that, although largely undocumented, women *had* played a significant role in the history of Kerala Ayurveda. They assured us that the way Ayurveda hovered everywhere and nowhere in the home was not something to dismiss with an outward upward flick of a wrist, but something linked to a much larger story—it was something to explore, not on library shelves, but in women's telling of their own lives.

Figure 41: Women walking home from a community church event

Pioneering female physicians and the history of Kerala Ayurveda

Here, I trace the path of Kerala Ayurveda from its early teaching in the *guru-shishya* tradition, the memorisation of *slokas* and the practice of travelling *vaidyans*, through its processes of institutionalisation and professionalisation during the twentieth century's 'revitalisation movement', to its latest incarnation in wellness tourism. This history is told through the experiences and reflections of six pioneering female physician collocutors as a way of acknowledging their individual contributions, but also, and more generally, as a way of emphasising women's participation in Kerala Ayurveda's history, as Chawla did in *Birth and Birthgivers*, '… to recognize, document and amplify voices (and silences which enigmatically "speak") that are not usually heard' (2006, p. 12). Their stories further dislodge the boundaries between the marked and unmarked spacetimes of Ayurveda.

Dr Aryadevi, the *guru-shishya* tradition and 'the hands that make the *kashayam*'

After completing her Bachelor of Ayurveda Medicine (BAM) degree in 1978 at one of Kerala's pre-eminent ayurvedic institutions, Vaidyaratnam P.S. Varier Ayurveda College, Dr Aryadevi broke gendered norms in Ayurveda (and in Malayalee culture) by living with her teacher, her guru in the celebrated Mooss family of Vaidyaratnam Oushadhasala in Ullur as his student (*shishya*) under the teacher-student tradition (*guru-shishya parambara*) — a tradition that was traditionally passed from male teachers to male students. Students would study within their own family lineages, but also trained under the expert advice of eminent teachers, and in these instances students were taken in as extended family or *kula* of the teacher or guru in the system of teaching known as *gurukula*, the system Dr Aryadevi joined under the family Mooss. She had not come from a family lineage of doctors herself (another norm broken), but soon found herself immersed in the intellectual heart of its presence in Kerala. She reflected:

> I went to my guru and said, 'I am having BAM but I don't know anything'. He was very kind and he said, 'You live here and I will teach you'. I stayed there like a member of the family. I had to work inside, cooking, serving the children, getting the children to school—and then he would teach me. In my time, no female would go to the guru*'s*

> house or any other place [other than her family home]. At that time, my family, family's friends and all were telling my father: 'Why?' They were scolding my father: 'Why are you sending her? You give her in marriage! Why are you doing this?' But I was stern that I wanted to study Ayurveda, then only I would get married. I would not get married before studying.

Dr Aryadevi's sense of determination in breaking cultural gendered norms was a quality shared by each of the pioneering women I met. Her role as a *shishya* or student learning under a guru or teacher in *gurukula*, however, was not only unique amongst her peers but also a breaking of gendered norms in Ayurveda. 'Today,' Varier says, 'the physicians in Kerala can be classified into two groups — those who studied under the *gurukula* system and those in the modern institutions. The first group is vanishing and there is a remarkable increase in the second' (2012, p.325). When women did enter Ayurveda as physicians, they did so via institutions. Dr Aryadevi's educational experience is unique in that she straddled both worlds, not only as a female student of institutional Ayurveda, but as a female student of *gurukula* who had not come from a family lineage of physicians herself.

From its ancient origin until the late nineteenth century (that is, for the great majority of its history), students studied Ayurveda under the teacher-student tradition (*guru-shishya parambara*). Traditionally, the time it took the guru to impart his knowledge and for a student to become a traditional doctor or *vaidyan* (the term still used for doctors who practise medicine based on family lineage, not a university education, today) depended on the aptitude of each student, and not on a prescribed number of years. In *Ithihyamala*, the noted book of Kerala legends, for example, child protégé Vayaskara Narayanan Moossad (an ancestor in the Mooss family line) is said to have been an exemplary student, practicing medicine at the age of 16, having already 'mastered all the scriptures and ayurvedic texts' (Eraly, 2006, p.66). Dr Aryadevi herself studied for 17 years under Narayanan Mooss and also approached his father, the founder of the now well-known ayurvedic company Vaidyaratnam Oushadhasala, Eledath Thaikkattu Neelakandan Mooss, who, at the time, was 80 years old. He told her she had studied everything she needed to know already, but she persisted in her request to become his

student, too, and learnt under him for 11 years. Dr Aryadevi impressed on me many times that she felt like she knew very little after her college training, and that Ayurveda was best taught under *gurukula* because there are "one hundred ways to understand each *sloka*", meaning that tutoring and discussion are better than lectures and tests. "When we get a guru," she said, "our eyes are opened. I got my inner eye opened by Narayanan Mooss".

Before her time, when Kerala had no organised Ayurveda colleges, hospitals or clinics as we know them today (the first hospital and college was established in Trivandrum in 1889 and Ayurveda pharmacies and medicine factories were not established until the early twentieth century), the system of Ayurveda was defined by *gurukula* and the practice of *vaidyans* walking from house to house, prescribing treatment regimens that necessarily varied according to the plant-based medicines growing around each patient's home. The old proverb *no doctor is ruined from walking house to house; no beggar is ruined by sitting to beg* (*nadannu ketta vaiduanilla; irunnu ketta thendiyum*) points to the centrality of doctors' movement from house to house. Indeed, the author's name *Caraka*, from the authoritative ancient text *Caraka Samhita*, derives from the Sanskrit term *charak* meaning 'wanderer'.

Owing to its oral history, *Caraka Samhita* and other ancient texts like *Astangahrdayam* were written as they had been spoken in poetry form or *sloka*. *Sloka* is thought to make use of tempo and rhyme as a memory aid in recalling the science. Popular tales are told of wise physicians, taught under the *guru-shishya* tradition, who could recite whole treatises — the young legend Vayaskara Narayanan Moossad being one. Indeed, Dr Aryadevi and most other physicians I met in Kerala during my fieldwork freely quoted from *Astangahrdayam* to evidence a point they were making, or when they had trouble finding the right English words (some proudly claimed they could recite all 7210 *slokas* … should I have the time to sit and listen) (see also Wujastyk, 1998).

Over the course of Kerala's history, however, it may not only have been ayurvedic physicians who had access to the teachings of the great ancient texts. Dr Akhila in Kovalam said, "Everyone used to recite *Astangahrdayam* in Kerala, especially

dinacharya". Indeed, just a generation ago, her mother still quoted *dinacharya* at home all the time. Even the maids in her grandma's house recited *dinacharya* in Malayalam (not Sanskrit). Indeed, in his biography of P.S.Varier, the founder of Kottakkal Arya Vaidya Sala, Krishnankutty, describes articles published to great critical acclaim in the *Dhanwantari* journal that were a 'serial translation of Vagbhata's *Astangahrdayam* into Malayalam verse by P.M. Govindan Vaidyan [that] ran into many issues' (2001, p.63). The journal, which ran from 1903 to 1926, was not only for physicians and scholars, but an educational tool, which P.S. Varier ensured 'both lay people and students of vaidyam could follow' (Krishnankutty, 2001, p.73). Perhaps, the rhythmic sounds of *slokas* not only made it easier for learned male medical students to study and memorise Ayurveda in Sanskrit, but for lay men and women to also take in its lessons once translated into Malayalam.

Although women like Dr Aryadevi becoming educated as Ayurveda doctors (under *gurukula* or in a degree) were a new and distinct feature of twentieth century Ayurveda, women's education in Kerala had been an established feature of life as early as the Sangam age (the first to the fifth century CE). At that time, Menon writes:

> Women enjoyed complete freedom of movement as well as the right to full education. They took part freely in all the amusements of social life. In view of the high level of female literacy the Sangam age produced many a gifted poetess. Auvvaiyar who lived about 500 A.D. was the most outstanding poetess of the age. (Menon, 2015, p.78)

Later, the emphasis on education continued, and although centralised schooling did not begin until the mid-nineteenth century, young girls had already been attending local schools in temples and engaged in home schooling by the time it did. Of the local education system in Kerala, Jeffrey explains that,

> [Although] children learned Malayalam letters, these schools did not aim to make people literate. Rather, they were intended to introduce children to aspects of life that their elders felt important — religious texts and ayurvedic medicinal remedies, for example. Memorising and reciting, not reading and writing, were the common methods of learning. (Jeffrey, 1992, p.58)

Today, Malayalam proverbs, some of which I have cited throughout this dissertation, are still part of everyday speech. Indeed, the Kerala Council for Historical Research published *Keralathile Pazhanjollukal* (2012) an anthology of more than twenty thousand Malayalam proverbs, at least a quarter of which directly refer to traditional medicine and ayurvedic philosophy. Thus, as much as Sanskrit textual sources taught Ayurveda to a select few men, ayurvedic *slokas* translated into Malayalam as well as the medicinal proverbs taught to girls in schools and recited by mothers in households across Kerala, suggest that the knowledge passed from female to female in homes and local schools may have been as significant in the propagation of ayurvedic knowledge in Kerala as the formal training of male *vaidyans* under *gurukula*.

Figure 42: Cooking in a clay pot

Further, at the time of the travelling *vaidyan*, inside the kitchen, women prepared medicines according to *vaidyans'* prescriptions. Every household had vessels called *kashaya kalam*. Those vessels were pots made from clay that were used to prepare ayurvedic herbal decoctions (*kashayam*). Dr Aryadevi described women themselves, during the period of traveling *vaidyans*, as central to the practice of Ayurveda. She said:

> Women were doing practically whatever knowledge the men were having. They [the men] were giving advice only. The practical things were done by ladies. You know, if the *vaidyan* was prescribing one medicine for you, one *kashayam*, [he'd say,] 'you have to add this ... and that … and herbs … and make the *kashayam* …', then give the prescription. But the person making the medicine — the hands that make the *kashayam* — that was a lady.

Women aren't written down in history for the role Dr Aryadevi describes above, but *vaidyans* could not have done their job without them. Using medicinal plants from their home-gardens, transforming them into ayurvedic medicines in their *kashaya kalam* clay pots, and administering the medicines to their families, women at home in the kitchen were integral to the practice and propagation of Ayurveda in Kerala. By the time she did get married, Dr Aryadevi said:

> In my family itself, not my family but my husband's family since they are a family of *vaidya,* when I first went there, the women in the house, his father's sisters and grandmother, they knew *everything*. They'd say, 'we know it', 'we are preparing it'. Nothing was new for them. They prepared everything [medicine] there in their own home, just like food.

In fact, she said:

> My guru also used to tell this story: He founded Vaidyaratnam. And, he started preparing Vaidyaratnam medicines in his own kitchen! After cooking the rice and food for the home, he would engage the ladies for preparing these things. So, from ten to eleven they would cook their own food, and from eleven to three they would prepare medicines. That's how he started Vaidyaratnam Oushadhasala. Even today women work in factories. Many ladies are there.

Women, thus, we could argue, have been behind-the-scenes of learned Ayurveda in Kerala, having used their hands to support the work of travelling *vaidyans* for thousands of years, passing on their own knowledge of pharmacopeia, not in scholarly texts, but in practice and via spoken Malayalam *sloka* and proverb. But also, beginning as it did in the kitchen of Eledath Thaikkattu Neelakandan Mooss' house, women were integral to the initial development and later success of the twentieth century's factories, too.

Figure 43: Preparing medicines at a small Ayurveda hospital

When Dr Aryadevi knelt before Neelakandan Mooss for the first time, declaring her commitment to him, he touched her head and cited *sloka* from *Astangahrdayam* to impress upon her the essence of *gurukula*. She said:

> He told me one guru is not your answer. In Ayurveda, it is written that the guru is in all your duties. This world is your guru. Not a person. You shouldn't think this person or that person is a guru. Don't think like that. It is the world itself teaching us. The world is the teacher.

For women across Kerala and throughout time, it was the (practical) world of their mother's practices that had been their teacher. But it was to be inside classrooms during Ayurveda's 'revitalisation movement' (not under their mothers or *gurukula*) that women would come out of Ayurveda's learned shadows. Indeed, when I met Dr Narayanan Mooss (Neelakandan Mooss' son and the first guru of Dr Aryadevi) at his home in Ullur, then 83 himself, he reflected that, "in my younghood, there was no such a tradition among the women to study Ayurveda. But nowadays, after starting the Ayurveda colleges, at Kottakkal, here and some other colleges, female candidates are coming". The reason why they came, takes my attention next.

Dr Mahdevikutty and Kerala Ayurveda's revitalisation movement

The Bombay Medical Registration Act of 1912 (which decreed biomedical graduates from a small number of select institutions as the only legitimate physicians in India) instigated a rapid decline in the use of traditional medicines by effectively undermining doctors practicing Ayurveda and other indigenous forms of medicine. At the same time, with Indians wearying of British rule, a movement back toward Indian nationalism was taking place in what Panikkar called a 'general cultural-intellectual regeneration' (Panikkar, 2016, p.282; see also Langford, 2002). That regeneration included attempts to revitalise Ayurveda in what became known as the 'revitalisation movement'. Langford writes:

> In turn-of-the-century publications, Ayurvedic practitioners vociferously criticized the mimicry of European lifestyle and medicine, which, they declared, was ruining the health of the country (e.g. Śarma 1908; Śarma 1910; Vaiśya 1919). It soon became apparent that in order to fight this mimicry at the level of bodily practice, it would be necessary to enact a kind of mimicry at the level of institutional practice. (Langford, 1999, pp.31-32)

In Kerala, that mimicry was led by Kottakkal's P.S. Varier. His was not only an attempt to reassert Ayurveda's relevance in a state increasingly dominated by the values of the colonisers, but also an attempt to right the fact that indigenous medicine had 'begun to suffer serious damage and ill repute' because of the 'incompetence and helplessness' of

its own practitioners.[62] It was a situation so poor that, were nothing to change, P.S. Varier believed, Ayurveda would '… become totally extinct.'[63]

Thus, responding to the colonisers' strategic de-legitimisation of indigenous medicine, P.S. Varier's strategies involved revitalising Ayurveda through a process of educating, professionalising and institutionalising Ayurveda's peoples and its processes in terms that adopted many western or allopathic scientific knowledges (Zimmermann, 1978b). Langford continues:

> By the end of the century, Ayurvedic doctors had begun to found professional associations, colleges and pharmaceutical firms (Leslie 1992). They had begun also to write textbooks organized according to a modern medical division of subjects. In establishing parallel institutions, Ayurvedic practictioners established a parallel medicine, a parallel science, a professional Ayurveda. (Langford, 1999, p.32)

Critically, P.S. Varier's strategy involved inviting women into its learned ranks. My oldest collocutor, Dr Mahdevikutty, born in 1926 in the heart of the revitalisation movement, became one of the first women to study institutional Ayurveda in Kerala.

Sipping chai one evening in her lounge-room, Dr Mahdevikutty told Maria and I stories about her time as a student and her life in an ayurvedic family. Dr Mahdevikutty came from a long lineage of *vaidyans* — her father and uncles were all traditional doctors (and her brothers had also studied Ayurveda before her at Kottakkal under P.S. Varier). Although her mother was not educated, she was also central to the family practice:

> My family were eminent in toxicology. One practice was fixing leach. Have you heard of it? My uncles would ask my mother to do it, and I got familiar with it from my mother. If my uncles wanted something they would ask my mother to do this and do that. She knew everything.

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[62] Statements made by P.S. Varier in the printed inauguration announcement for his Arya Vaidya Sala, October 1902 (cited in Krishnankutty, 2001, p.48).

[63] Dhanwantari, 16 November 1917 (cited in Panikkar, 2016, p. 277).

Like the women of the Mooss family and the women in Dr Aryadevi's husband's family, the women who worked around the physicians of Dr Mahdevikutty's family were housewives who knew *everything* about Ayurveda.

But early in the century the serious question of whether women should participate in formal higher education was also on Kerala's social agenda — indeed, public meetings were held to 'congratulate the first girl to achieve a particular milestone' in any field of formal education (Jeffrey, 2010, p.99). In an issue dated 10 March 1910, the Ayurveda journal *Dhanvanthari* reported that Rs1,500,000 (approx. $30,000 Australian, today) had been granted for a women's medical college in Delhi about which an employee of the journal commented: 'Should women be educated?' The editor, P.S. Varier, responded that women should be educated, and they should be taught Ayurveda, too (cited in Krishnankutty, 2001, p.68). Thus, for the first time in its history, women were formally encouraged to become ayurvedic physicians. Applying his ideology in practice, as early as 1917, P.S. Varier established the first incarnation of Kottakkal's teaching college in Calicut known as the *pathasala* for which admission was open to both men and women of any caste.[64] Quoting the prospectus of the Arya Vaidya's *pathasala*, Panikkar wrote: 'To begin there were five scholarships, four for boys at the rate of Rs. 8 per month and one for girls at the rate of Rs. 10' (2016, p.293). Almost twenty years later, in 1934, the first female, A. Ammukkutty Amma, graduated. And, a decade after that, in 1946 (two years after its founder Vaidyaratnam P.S. Varier had passed away), Dr Mahdevikutty studied at Kottakkal.

Despite P.S. Varier's efforts, however, Dr Mahdevikutty was the only female in the college from her first to last year of study, meaning that no other females had graduated in the four years before or after her studies. Pre-1959, when early institutions offered the four-year-long course in Ayurveda medicine that Dr Mahdevikutty completed, graduates were conferred *Aryavaidyans* (or *Ayurveda Bhushanam*). In 1959, the Diploma of Ayurveda Medicine (DAM) was the first diploma-level qualification offered in colleges.

[64] In 1924, the *pathasala* was moved from Calicut to Kottakkal so students could gain practical experience in the hospital of the Arya Vaidya Sala.

Then, from 1971, the Bachelor of Ayurveda Medicine (BAM) was offered and eight years later, in 1979, the BAM was replaced by the degree still offered today, the Bachelor of Ayurveda Medicine and Surgery (BAMS). In Dr Mahdevikutty's lifetime, thus, women's participation in institutional Ayurveda underwent dramatic change: from her being the only female student in her college, and one of a handful of female *Aryavaidyan* graduates scattered over a number of decades, to, in Dr Aryadevi's time of the BAM, a classroom where, she said, "of fifty only five or six students were female", and, finally, to a situation today where young women dominate BAMS classrooms, comprising some 90% of enrolments (a matter I turn my attention to in the final section of this chapter). Thus, we might conclude, that the revitalisation movement and efforts to institutionalise Ayurveda 'saved' the science (Warrier, 2013), and gave women, for the first time, the opportunity to come forward as learned physicians. However, for all its good, revitalisation was not without consequence for some. Dr Syamala, one of Kerala's foremost celebrated ayurvedic physicians in obstetrics and gynaecology (*prasuthitantra*), and whose story I turn to next, understood the shadow side of revitalisation all too well.

Dr Syamala, midwives and the consequences of revitalisation

In 1990, Dr Syamala became the first person (not only the first woman, but the first person) to obtain a PhD in Ayurveda in Kerala. She was supervised under Dr Tewari (the author of the BAMS *prasuthitantra* text referred to when I asked students about women in Ayurveda, and one of only two women whose names were cited in the ayurvedic textual corpus). Dr Syamala's career saw her become a college principal, a key academic advisor in developing curriculum in a number of colleges, a head physician at a women's hospital, and later, sought after as a consultant in her own practice. Hers is a story of institutional triumph. But, given her specialisation in *prasuthitantra,* it is also a story that parallels the much larger forced movements of women as midwives and specialists in ayurvedic maternal health, and the impact of biomedicine — what people liked to call 'the Allopathy Mafia' — in those movements.

Throughout most of India, indigenous or traditional midwifery (*dai*, or *aya*) practices are not synonymous with Ayurveda (Chawla, 2006) — although there is, Singh (2006, p.137) wrote, an 'orientation' that 'pervades both the hands-on care of the *dai* heritage … and the classical Indian medical knowledge of Ayurveda'. Throughout Kerala's history, by contrast, Ayurveda has been firmly entrenched in traditional midwifery practices and maternal health care, with ayurvedic midwives overseeing the full spectrum of maternal health — they delivered the babies, but also provided specialist advice to lay women who administered pre- and postnatal care routines. Reflecting on the changes that had occurred in her lifetime, Dr Syamala told me how women in Kerala had always delivered at home, following ayurvedic practices with the experienced support of other women in the household and the village *aya.* Indeed, she remembered deliveries taking place in homes from her own childhood memories. Then, she said, there was a short period where doctors or midwives from hospitals would visit women in their homes to deliver babies. This trend gave way during the mid–late twentieth century, when women started delivering in hospitals (both ayurvedic and allopathic). Then, some twenty years ago, deliveries in Ayurveda hospitals ceased and now, she said, "everybody delivers in Allopathy hospitals". Indeed, according to a 2007–08 Ministry of Health and Family Welfare district level household survey, 99% of Malayalees deliver their babies in allopathic hospitals—the highest percentage in India (IIPS, 2010). Thus, neither traditional ayurvedic midwives nor ayurvedic doctors have a role in delivering babies in Kerala today.

Although the revitalisation movement was hailed for its role in 'saving' Kerala Ayurveda, and in the process, gave women like Dr Mahdevikutty, Dr Aryadavi, and Dr Syamla the opportunity to become doctors, it did so by valuing literate scholarship above other forms of learning. Thus, revitalisation also had dire consequences for traditionally trained *vaidyans*, and especially for specialist women such as midwives. In 1917, for example, curriculum of the *pathasala* began with a focus on teaching Sanskrit and ancient ayurvedic texts '… supplemented with instruction in physiology, anatomy, chemistry, *midwifery* and surgery incorporated from the Western system' (Panikkar, 2016, p.293, emphasis added). Panikkar writes:

> The revitalization movement essentially operated within the literature tradition, and its social universe remained within the confines of literate groups—those who knew Sanskrit and English. A large number of popular practitioners who were not literate and had no textual knowledge were inevitably marginalized by the movement. In fact, the leaders of the movement decried the ignorance and inefficiency of these practitioners, and one of the stated aims of the movement was to create in their stead a body of knowledgeable physicians. The impact of professionalization, in particular, was quite adverse on this group, as they in comparison were deemed untrained and unqualified…. (Panikkar, 2016, p. 300)

Thus, traditional modes of knowledge transferred in Malayalam — whereby practitioners had 'not written their versions of history,' but used 'song and story, ritual and domestic custom that "speak" their "history"' (Sagar, 2006, p.264) and, for midwives, where 'the birth itself was the primary site for learning' (Mehrotra, 2006, p.173) — were no longer deemed legitimate against formal, textual institutional training in Sanskrit with ideas borrowed from biomedicine in English. Midwives were pushed out of their domain of knowledge not only by the Allopathy Mafia, but by the institutionalisation of Ayurveda itself.

This has led many traditional midwives to focus, as Aya in Gramam has done (Chapter 5), on the postnatal period. However, for women like Aya, their role in postnatal care is also under siege. Doctors and the lay public often cited safety and efficacy concerns to me in building their arguments for employing what they now saw as the only reliable type of postnatal carer: those from recruitment companies who had been trained as aged-care, postnatal and domestic-help professionals, rather than village women, like Aya, who inherited their knowledge and developed it over a lifetime of practice. Mehrotra argues that,

> … the public health system has perceived traditional midwives as a necessary evil whom they need to 'train'. *Dai*-training courses have been widely conducted to provide rudiments of medical training to *dais*. Typically, the 'trainers' have no awareness of the methods *dais* already practice. They consider *dais* to be dirty, superstitious and ignorant. (Mehrotra, 2006, p.194)

One recruitment company manager in Cochin, who explained her company's marketing strategy to me, said they had recently launched a 'midwife package' using their own branded medicines and their own trademarked 28-day routine. The manager gave me a brochure which promised their customers (not, I noted, their 'patients' or 'new mothers') a high quality product and service because the company honoured the advice of the ancient sages and used medicines which followed ancient recipes, but also, because they used 'best-practice modern techniques'.

Further, in another very recent trend, some women are now choosing to admit themselves to postnatal wards in Ayurveda hospitals for their 28-day postnatal treatment, rather than employ an *aya* at home. Although the postnatal wards I observed during my fieldwork were still mostly empty, doctors confirmed that there had been some recent increases in demand for inpatient ayurvedic postnatal care. Thus, the role of the traditional midwife as postnatal carer is also becoming marginalised as the field of postnatal care commercialises, professionalises *and* institutionalises. That given, in Gramam, Aya's emphasis on the social implications of Rose's form as she performed the postnatal routine could be interpreted as a kind of business plan, tapping into the affective registers that drive Malayalee social structures and notions of beauty to emphasise her own value, up-selling her services in the last foot-hold she has in the maternal health landscape.[65]

[65] Although Aya's manipulation of affect was probably not deliberate or consciously calculated, and comparatively less sinister, Thrift (2008) also considers the intentional use or engineering of affect by governments and multi-national companies for political and commercial gain.

Figure 44: 'Ready-made' medicines and medical instruments on a hospital trolley

Today, an increasing number of women deliver babies by caesarean section (I was often told that up to 70% of deliveries in Kerala are now by caesarean section). Ayurveda hospitals, however, are not equipped for conducting deliveries by caesarean or medical emergencies. But, Dr Syamala said, the push toward deliveries in allopathic hospitals began before caesarean sections were commonplace. In Kerala, it has been standard practice for women to seek sterilisation immediately after the birth of the second or third child for as long as she has been practising medicine. In 1994, however, Dr Syamala's application to conduct postpartum sterilisation (PPS) was rejected by the Medical Council — a fact she saw as effectively ending her career delivering babies. Since then, the Medical Council have not approved licences to any ayurvedic doctors in Kerala. So, "we had to stop PPS". This single fact, she told me, is what forced women into allopathic hospitals where biomedical doctors could conduct the PPS procedure. Then, once delivering babies was established as a practice of biomedicine, the push

towards caesarean sections began and deliveries by ayurvedic physicians in Ayurveda hospitals became a distant memory on the birthing landscape in Kerala.

Dr Sreedeviamma, Dr Lalitha and the creation of modern Ayurveda

Dr Sreedeviamma has four brothers and a sister, but of all the siblings only she showed genuine interest in Ayurveda. Her *vaidyan* father took her under his wing. By the time she became the first woman to open a private hospital in Kerala, she had comfortably positioned herself within the great heritage of five generations of Ayurveda doctors in her family. Dr Lalitha, too, the first female doctor to open an Ayurveda medicines factory in Kerala, came from a family lineage where her father, a man she described as "an old country *vaidyan*", wanted her to study Ayurveda. Although she did not know him well (her father died young, in his mid-40's; his own father, too, had died young being struck by lightning as he travelled from place to place as a *vaidyan*), she still believed she had the innate or inherited talent, the *punyam*, in her blood. For Dr Sreedeviamma that *punyam* had also been passed down for more than a hundred years through the male line in her family. Now, however, it was interpreted by her as an inherited *family* (not exclusively *male*) *punyam*. She explained:

> This is in me. It's a family *punyam*. It was given to my father, then it was given to me. My forefather, my father, my uncle, they gave it me. Now, when I'm gone, I want to give it to my daughter. This is Ayurveda, my family, my patriarchs' wishes, and so I'm living according to them.

Perhaps Dr Sreedeviamma's father was pragmatic and simply realised that without change, the family lineage would end with him. Perhaps, in her, he saw a natural ability too good to ignore. Whatever his reason, his act of educating his daughter changed their lineage to one where gender was no longer a barrier in the succession of formal ayurvedic teaching. "If my father was alive," Dr Sreedeviamma said, "I would be with him, no doubt, because he was my guru, my friend, everything". Like Mooss, Varrier and Dr Mahdevikutty's father before them, the fathers of Dr Sreedeviamma and Dr Lalitha were at the forefront of a monumental shift in Ayurveda's learned patriarchal history. Indeed, the fifth and sixth generational succession of Dr Sreedeviamma's family lineage

will be passed from her to her daughter, meaning that, for the first time, it will be passed from female to female.

It was not only the blessing of their fathers, nor their inherited *punyam*, however, but their own ambition and drive, their own conscious rejection of gendered norms, which ultimately saw Dr Sreedeviamma and Dr Lalitha's success. Dr Sreedeviamma pushed and pushed for her success: "Women do not get proper acknowledgment, but my mother, how much she did for Ayurveda! My grandma, how much she did for Ayurveda! And me, how much I suffer for this." She told me how, her whole adult life, people had constantly chastised her, saying she took on too much risk investing in property for her hospital. Dr Lalitha, too, graduated and went on to become a government District Medical Officer, overseeing all Ayurveda hospitals in Trivandrum before opening her pharmacy and factory after her retirement. While most of her colleagues were enjoying their retirement, she had started a new business, meaning her days now stretched from 5 am until 10 pm — "Contact is there [with colleagues], but nobody is working. Nobody is interested. After retirement, why should they? But, if we rest, nothing will happen. Nobody will be engaged like me, I think," she said. Reflecting on a popular image of the ancient physician Susruta in which a female attendant is depicted entering the scene from outside and carrying a bowl of medicine, Dr Lalitha said:

> In those days, the *vaidyans* were making the ladies do the jobs of pounding and *kashayam* preparation. But the ladies experienced an interest. They thought: 'We also know about it, and can do these ourselves!' Whatever we are engaged in, won't we [women] feel that? We ask: 'Why can't we do it ourselves?' Won't we feel that?

Hers was an intelligent, entrepreneurial mind that saw opportunity, not norms by which to conform. When I asked Dr Aryadevi, too, where she found the confidence to push against gendered social pressures (to study and live with her guru rather than marry), she said, "Other women were there at the time, too. Mooss taught other women, my seniors, but they did not go on to make names for themselves. I practice because I made that decision — I *will* practice." Their drive, their sense of ability and autonomy set these women apart, but also, wider systemic and social circumstances (revitalisation and new

educational opportunities, as well as supportive fathers) provided the context within which their ambitions could thrive.

Figure 45: An ayurvedic pharmacy displaying 'ready-made' medicines

Indeed, the changes to the system that occurred in their lifetimes were immense. In 1889, the first Ayurveda teaching hospital opened in Thiruvananthapuram. By 1926, formal government ayurvedic education had reached central Kerala, and later in the twentieth century, private and government Ayurveda institutions expanded across the entire state, with a Government Ayurveda College opening in Kannur in 1991 (Government Ayurveda College, 2015-2016). Until 2003, these were the only Ayurveda

colleges in Kerala. Then, in 2003, seven new colleges opened across the state (N. V. K. Varier, 2012, p.337) and today many more private colleges exist. In 1902, P.S. Varier opened the first Ayurveda dispensary in Kerala selling ready-made medicines.[66] By 2010, ayurvedic dispensaries in Kerala treated 5,841,487 outpatients (John & Jacob, 2016, p.33), and across India, there were 8533 licenced pharmacies with more than 7000 companies manufacturing ayurvedic medicines (N. V. K. Varier, 2012, p.330). Finally, in 2014, the national government department responsible for Ayurveda under the Ministry of Health and Family Welfare, was established as the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH). Locally, an AYUSH District Medical Officer (the role Dr Lalitha once held in Trivandrum) was employed to oversee the *panchayat* and municipality responsibilities within each of the State's fourteen districts.[67]

Ayurveda's most recent incarnation in ayurvedic resorts, targeted to wellness tourists and a new international market is not overseen by AYUSH, however, but by Kerala Tourism. Indeed, still finding themselves at the forefront of change, Dr Sreedeviamma had recently invested in a new property and upgraded her hospital to cater to foreigners, and Dr Lalitha, along with her son, now run a successful resort in Kovalam Beach, Kerala's main hub of wellness tourism.

Dr Sreelatha and ayurvedic wellness tourism

Dr Sreelatha was the first female doctor to practise Ayurveda in wellness tourism. In 1990, Somatheeram opened its doors just south of what was to become the wellness tourism hub of Kovalam Beach (the location of Dr Lalitha and her son's resort today). But in 1994 when she joined it, Somatheeram was a single building and the area, she said,

[66] Although others were already manufacturing indigenous medicines elsewhere in India, Varier was first to bottle *kashayams* (Krishnankutty, 2001).

[67] Today, in a unique model of decentralisation, Kerala's local governments (of which there are three levels in rural areas known as *panchayats* and two levels in urban areas known as municipalities and municipal corporations), have responsibility for aspects of public health including dispensaries, primary health centres, family welfare, immunisation, sanitation, *taluk* hospitals (*taluk* is an administrative division smaller than a district), and district hospitals (see John & Jacob, 2016 for a detailed analyis of the effictiveness of local government in healthcare in Kerala).

"was like a *kugramam*", a remote village. Meeting in her office at Somatheeram — now a resort with 60 bungalows, purpose-built traditional houses and a hotel on a beachfront headland (having won Kerala Tourism's Best ayurvedic Centre award every year for the past decade) — Dr Sreelatha told Maria and I that most people, in the early days, "would look at me asking: 'Where is that girl going?' 'Is it a hotel?' 'Is she working in a hotel?'" She told us that "the people did not know who I was, that I was a doctor. They wondered if I was a massage lady [a prostitute]." Then, the field of wellness tourism was undeveloped and unregulated. Today, by contrast, Kerala Tourism has a quality-control certification process where tourist resorts of the calibre of Somatheeram are given the highest 'green leaf' classification, while other highly reputable resorts are awarded an 'olive leaf' classification. There are now 84 certified ayurvedic resorts in Kerala (Kerala Tourism, 2017).

Outside green and olive leaf resorts, however, I still observed hundreds of unregulated 'ayurvedic resorts' operating in tourist enclaves, and many hotels offering guests Ayurveda spas and treatments. These tourist enclaves were virtually unrecognisable as 'Ayurveda' to Malayalees. The tourism hub of Kovalam Beach, for example, was completely devoid of businesses and tourists from April to October during the hot and wet seasons (the best time, according to Malayalees, to practice Ayurveda). Once the tourist season (from November to March) arrived, however, the small beachside village erupted with 'ayurvedic resorts'. In February 2016, I counted 75 businesses advertised as ayurvedic resorts in one afternoon. Here, the *kashyams* first bottled by P.S Varier in 1902 and fermented *arishtams* were advertised as 'Ayurveda wines'; fabrics infused or dyed with common ayurvedic herbs and powders like *triphila*, turmeric and neem were transformed into products such as yoga mats and t-shirts meaning tourists could exercise on and wear their medicine. When I told her about this trend, one physician collocutor joked: "What happens when you wash your *triphila* t-shirt? Does it decoct a *kayshyam*?" And menus in restaurants sold 'ayurvedic dishes', such as '*vata* lassi' and '*tridoshic* dhal'. One restaurant I frequented during my fieldwork in Kovalam Beach had 'healthy' ayurvedic dishes on the same menu as a range of alcoholic drinks and international fare (including pizzas and burgers, and even a French breakfast which offered: 'croissant, café-latte and a cigarette').

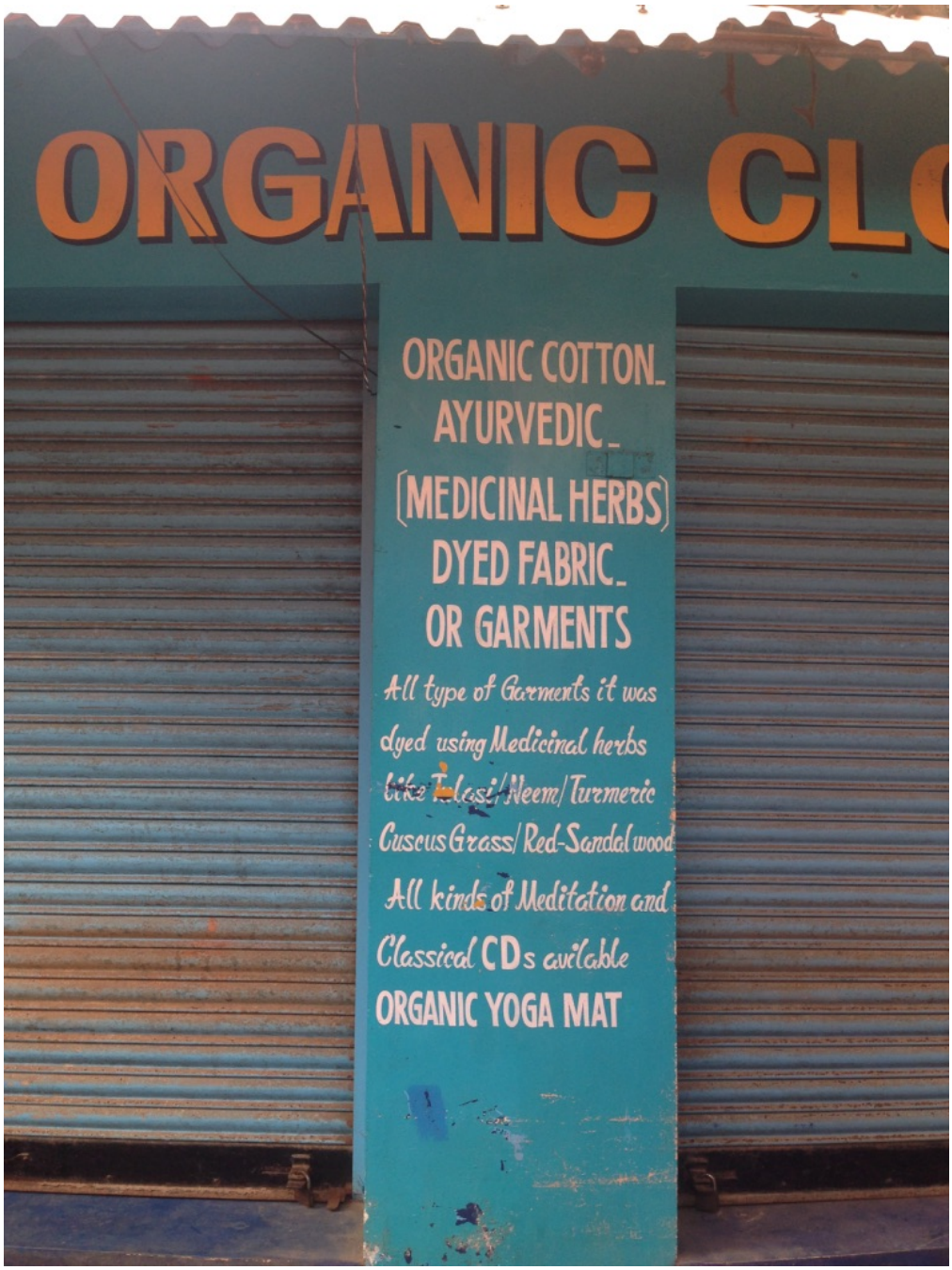

Figure 46: Shop at Kovalam Beach offering ayurvedic products; closed during rainy season

Although statistics on the gender and age of wellness tourists were not collected by Kerala Tourism, literature on wellness tourism and the use of 'alternative medicine' shows these fields as clearly gendered, too (Keshet & Simchai, 2014; Sointu, 2012). In the field, resort and hospital managers in tourist areas told me that women, aged between 40 to 50 years, made up some 80% of their wellness tourists. In 2012–13, the last year Kerala Tourism collected statistics in the Continuous Tourist Survey, 3.1% of all

tourists who visited Kerala did so explicitly for health treatment, with 48% of them specifically citing Ayurveda as their reason for travelling. The bulk of tourists visiting Kerala (87.3%) cited 'leisure, recreation and holiday' as their main reason for travel, and 2.78% of those tourists identified 'Ayurveda/yoga/spa' as their main source of attraction (Department of Department of Tourism, 2013, pp. 158-159). During my fieldwork, Kerala Tourism launched an online one-month single entry visa program to make it easier for foreigners to visit as wellness tourists (medical tourists fell under a different visa category), alongside an already successful campaign to attract more wellness tourists around the slogan 'Kerala: Home of Ayurveda'.

At the Global Ayurveda Festival in Calicut in 2016, the Kerala Tourism stall displayed a giant poster with the evocative message:

> Of all the places on earth there is just one that is literally shaped by a tradition of Ayurveda which goes back to thousands of years. In this secret preserve surrounded by the Indian Ocean, some of the world's most experienced practitioners open up the healing secrets of Ayurveda every day. Here, the sunshine and the very air work as a healing balm, while a unique way of life celebrates this ancient tradition. Welcome to the home of Ayurveda. Welcome to Kerala.

For tourists, Ayurveda was presented as serene (and non-violent, as Zimmermann (1992) shows in *Gentle Purge: The Flower Power of Ayurveda*) and marketed as a way of escaping consumerism, of slowing the modern world down, of *connecting* and bringing the past into the present — 'Ayurveda,' says Langford (2002, p.269), 'once offered as the cure for the cultural malaise of the colonized, is now offered as the cure for the cultural voids of ex-colonists'. Ironically, this 'image' of Ayurveda and ayurvedic wellbeing existed in contrast to the individualistic practices of tourists I observed undergoing treatments in resorts and hotels at Kovalam Beach: before and after treatments tourists were sunbathing, drinking beer, smoking cigarettes and purchasing an endless array of 'ayurvedic' consumer products targeted to foreigners; products that were only for sale during the peak tourist season before Kovalam boarded up its shops and resorts to see out another wet season. In her comparative essay on the notions of 'welfare' and 'wellbeing', James writes: '"well-being" as a concept is not geared to the needy. In

contemporary usage, in practice, it is part of a gloss on the promotion of consumer interests in the enhancement of "self" (2008, p.70).

"Among Malayalees," Dr Sreelatha said, "for them, Ayurveda will feel like it's nothing." But the branded-ness and marked-ness of Ayurveda in wellness tourism meant that locals often flicked their wrists dismissing their own everyday practices of Ayurveda saying, "you foreigners know more about Ayurveda than us Malayalees" (*njangal malayaalikalekkal nannayi, ningal videshikalkk ayurvedathe kurich ariyaam*). However, commercial ayurvedic products were now also reaching beyond tourist sites. They were offered in the form of expensive but healthy Ayurveda-inspired eateries in non-tourist urban locations not dissimilar to those in tourist enclaves. These restaurants were catering to health-conscious young Malayalee professionals with disposable incomes. Further, high-end Ayurveda was also slowly making its way into Malayalee culture with luxury brands like Forest Essentials now in Kochi's LuLu Mall. Super-speciality private Ayurveda hospitals also had an increasing presence in Ayurveda's marked spacetimes promising Malayalees modern scientific approaches to ancient wisdoms.

Figure 47: Fishing boat with an advertisement for medical care at Kovalam Beach

Spatial stories

Stories, writes de Certeau, 'traverse and organize places; they select and link them together; they make sentences and itineraries out of them. They are spatial trajectories … They make the journey, before or during the time the feet perform it' (de Certeau, 1984, p.116-117). de Certeau's concept of 'spatial stories' is a useful starting point for thinking through the collective experience of Ayurveda's pioneering women when compared against 'the story' of textual sources. Textual Ayurveda would have us believe that women have been *nowhere* (or nowhere special) in its history; women's own narratives, by contrast, suggest that women have been vital and *everywhere* in Ayurveda's generation and success across Ayurveda's marked and unmarked spacetimes. Women's stories tell of women's presence *with their hands* in Ayurveda's unmarked spacetimes. But also, from Dr Mahdevikutty graduating from the Arya Vaidya Sala in 1946 to Dr Sreelatha's critical participation in the advent of ayurvedic wellness tourism, women's stories position Malayalee women as the co-creators of Ayurveda's modern-day marked registers and fields.

de Certeau's notion of space, like my own, is one produced in practice. Space is, he says 'in a sense actuated by the ensemble of movements deployed with it' (de Certeau, 1984, p.118). But those movements, for de Certeau, are not given or apolitical, but rather form part of the political agency of society's less powerful inhabitants. He sees the powerless and their exercise of agency and autonomy in the practices and spaces of daily life as a matter of 'tactics'. In tactics, people resist their own reproducing of hegemonic norms by rearticulating in their own telling, their own creation and different inhabitation of space. It is Malayalee women's tactics in Ayurveda, thus, that have been the emphasis of this chapter.

Further, borrowing Linde and Labov's (1975) notions of 'the map' and 'the tour', de Certeau constructs two distinct types of oral narrations of space. He says:

> The difference between the two modes of description obviously does not consist in the presence or absence of practices (they are at work everywhere), but in the fact that maps, constituted as proper places in which to exhibit the products of knowledge, form

> tables of legible results. Stories about space exhibit on the contrary the operations that allow it, within a constraining and non-'proper' place, to mingle its elements anyway. (de Certeau, 1984, p.122)

In my own ethnography, 'the map' could be taken as the corpus of textual Ayurveda and 'the tour' as women's telling of their lived experiences. The tour was Dr Lalitha's telling of history in what women were doing 'behind the scenes' in the image of Susruta's surgery; the tour was Dr Aryadevi's description of the role of the travelling *vaidyans* as largely academic and women's role as the practice of Ayurveda; the tour narrated the choices available to women for delivering babies as a matter of rejected postpartum sterilisation applications and the 'allopathy mafia'. These were the (gendered) stories that the map (i.e. Ayurveda's textual corpus) had written out, or in de Certeau's prose, the way textual Ayurveda 'has slowly disengaged itself from the itineraries that were the condition of its possibility' (de Certeau, 1984, p. 121), having separated itself from 'the practices that produce it' (ibid., p. 122).

Figure 48: Billboard on a city street for a specialist Ayurveda hospital

Next, as the story continues, I turn my attention to the BAMS and the position of women in ayurvedic education today.

A qualification for marriage

There is one medical entrance examination, the Medical and Dental Entrance Exam, for entry into all medical degrees in Kerala. Students with the highest scores are offered places or 'seats' in biomedicine (MBBS) and those with the lower scores are offered dentistry (BDS), homeopathy (BHMS) or Ayurveda (BAMS). Many first-year female Ayurveda students I spoke to were hoping to gain entrance into the MBBS but, having been unsuccessful on their first attempt, were offered the BAMS. These students spent their first year of the BAMS busy studying to re-sit the MBBS entrance exam while they were studying Ayurveda. When I asked Dr Rupa, a house surgeon in her final year of the BAMS at Tripunitra how many of her classmates wanted to be biomedical (allopathy) doctors, she laughed and said she thought 90% were "very fond of allopathy". She explained their attraction to biomedicine based on familiarity with the subjects:

> In our plus-two time [senior high school], we are studying biology, anatomy, physiology, but in our first-year studies [in Ayurveda], we are studying *padaartha*, *padaartha vijnana*, *itihaasa*[68] and it's a very different world. But all people don't like that. That's why they are [trying to gain entry to the MBBS] again.

This, however, is not a new phenomenon. As early as the 1970s, female students also wanted to become biomedical, and not ayurvedic doctors. Dr Aryadevi told me she too "wanted MBBS".

At that time:

> Students who finished the BAM could later complete a condensed MBBS in 18 months. So, I went to my course. Of the six ladies there [in the BAM], three were like this

[68] Substances; the science of substances; history.

> [studying BAM to take up the MBBS]. But when we came to the third year of the BAM, the MBBS condensed course was stopped. We were so sad.

Many teachers told me how it was parents, not students who drove this trend, supporting their daughters in trying one last time for the qualification they knew would secure their daughters the best prospects on the arranged marriage market. In *Ayurveda Itihasa (History of Ayurveda)*, Rao writes that,

> … ayurvedic courses have become a backdoor entry to the candidates who could not get a seat in MBBS. [Only] a few students preferred ayurvedic courses because their parents were living on Ayurveda and it would be fetching for them if they continue their ayurvedic practice. (M. R. Rao, 2007, p.533)

By *living on Ayurveda*, Rao is referring to today's Dr Lalitas and Dr Sreedeviammas who hail from ayurvedic families. For most, however, studying Ayurveda was not a matter of lineage or even choice but a matter of default after unsuccessfully gaining entry to the MBBS. Most students 'are attending Ayurvedic college only because they did not receive high enough exam scores (or exercise enough influence in high places) to entre biomedical colleges. Only a small percentage of students have chosen Ayurveda of their own free will, usually because their parents are Ayurvedic practitioners' (Langford, 2002, p.130). Dr Sreelatha commented on her own choice, saying, "If telling you the truth, actually my father inspired me to study Ayurveda because he always wanted me to be a doctor. In the olden days, it was not 'we are choosing', but our parents are choosing".[69]

[69] Arranged marriages, of course, are not only a matter of choices being made for young women, but young men, too. In a study of young upper-caste Hindu men in Banaras, India, Derne (2009) found that individual wellbeing is constructed not by individual gaols, but by being guided by their social/family group. 'Indeed, men seem to experience a loss of well-being when their own desires move them to act against social pressures. Many men handled this by altering their action to conform with social demands. Krishna Das Singh, twenty-five, described himself as "hating" the woman his parents wanted him to marry. Krishna broke "all the pots and pans in the house and reject[ed] the marriage hundreds of thousands of times." But ultimately Krishna felt compelled to marry due to his parents' appeals to family honor" (Derne, 2009, p.133).

Figure 49: Families taking photos of a BAMS graduation ceremony

In her research on female ayurvedic practitioners in Nepal, Cameron asks:

> As women's education improves, an important question that arises is whether and why women choose careers in health care, particularly in traditional medicine. Does a society value female healers and formally trained practitioners of indigenous medicine? Here, we can examine how women develop as professional practitioners, as a site of engagement among gender, culture, health and modernity. Women regularly may be put in the position of confronting contradictions between professional aspirations and cultural norms for women. Beginning with doctors-in-training, we can look at how aspects of career choice, women's educational experiences, and their support systems are thought to be shaped by society's perceived expectations of women. (Cameron, 2009, pp. 297-298)

In Kerala, the perceived expectations of women move along one trajectory from education to marriage in which a career does not form part. The Matrimonial section of

newspapers, as discussed in Chapter 3, advertise brides and bridegrooms' intentions to marry. Families can search the classifieds by the categories of 'district' or 'religion'. However, there is also a separate category reserved exclusively for 'doctors'. Many of the classifieds in this section highlight a prospective bride's desirable qualities, without listing her actual qualification. "These will be BAMS, BDS or BHMS doctors," a marriage broker in Trivandrum told me when I pointed out my observation. He went on to explain that females with an MBBS, a biomedical degree, will always list their qualification, but all other doctors (dentists, homeopaths or ayurvedic doctors) omit their exact qualifications and just have the prestige of being in that section of the classifieds, as a doctor. With the title of 'Dr' carrying great cultural and symbolic capital on the arranged marriage market, and entry to the BAMS having the lowest entry-level score, one research scholar collocutor, Dr Harith, told me that Ayurveda had become "a kind of soft target for women". While a biomedical qualification was seen as superior to all other degrees, a degree in Ayurveda offered a connection to history and culture, which, Dr Harith suggested, had led to the popular view that young women who study Ayurveda hold "traditional values, meaning Ayurveda lady doctors are more obedient, more well-behaved". Young BAMS graduates are attributed the qualities of a good woman or *nalla sthree*, meaning her 'credentials' all but guarantee prospective bride-groom families a perfect wife or *utthama bhaarya*. BAMS brides, thus, are highly prized on the arranged marriage market.[70]

[70] The notion of a 'good family' (like a 'good woman') exists in Kerala, too. Busby details the qualities of a good family and its value in fixing arranged marriages with a 'suitable boy' (Busby, 2000, pp.101-3).

Figure 50: Handwritten college admission register

The data Maria and I obtained from government colleges (Table 1) shows that in 1972, almost 80% of enrolments in Kerala's Government Ayurveda Colleges were male. By 2016, however, more than 80% were female. That is, enrolments by gender had inverted within four decades. During the 1990s, rates hovered around 50% male to female. In the early 2000s, male enrolments steadily declined and in the past decade, male enrolments have reached as low as 6%. While degree qualifications in general have recently seen increased female enrolments, the dramatic surge in BAMS enrolments, although particular to Kerala, is also mirrored in other places. In 2009 in Nepal, for example, although enrolments were already at 80% the same year in Kerala, Naradevi Ayurvedic Teaching Hospital had 50% female enrolment (Cameron, 2009). Not only in Kerala, but in other parts of the world in the past few decades, learned Ayurveda — a system commanded by males for some five thousand years — has become dominated by females.

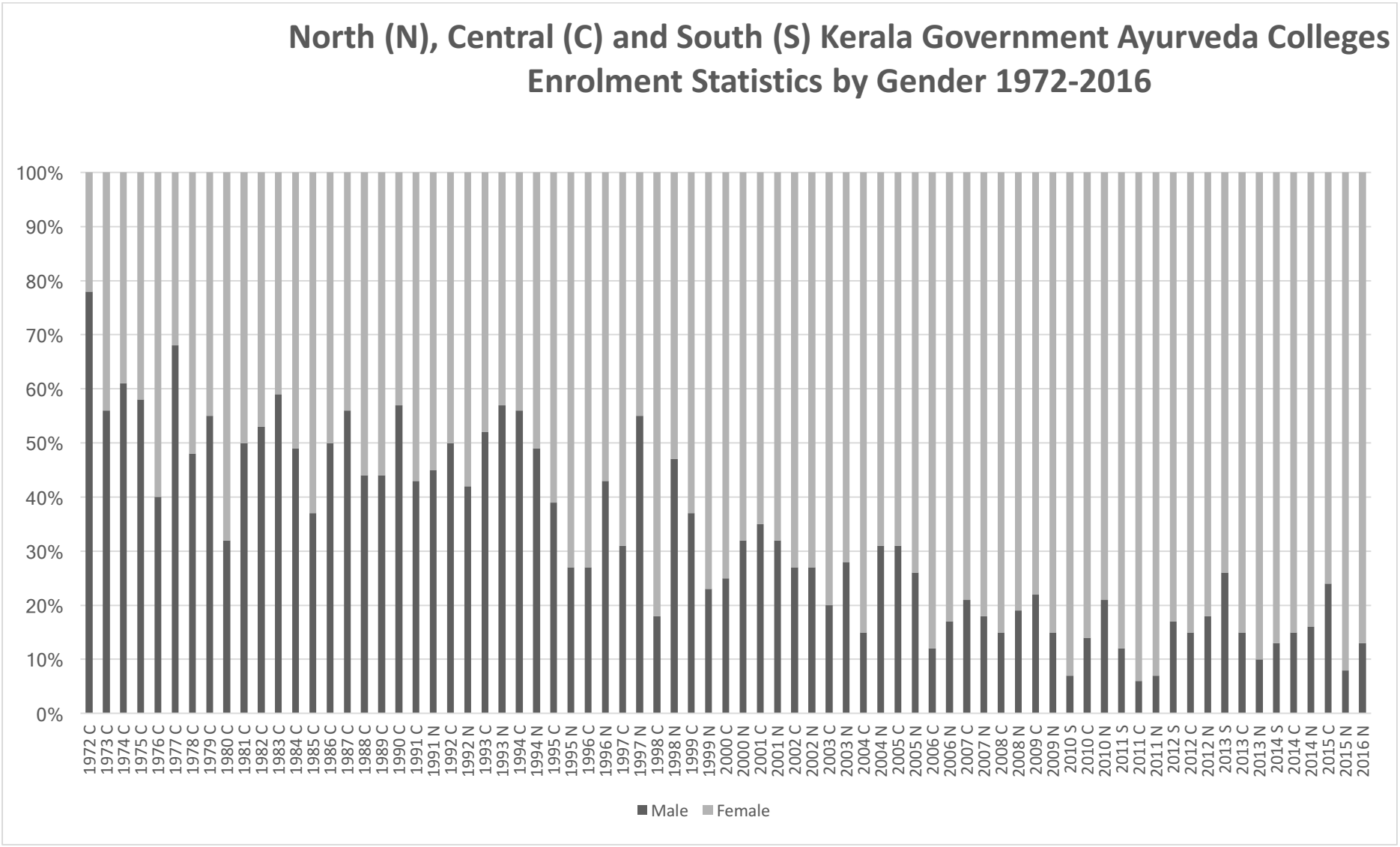

Table 1: Decline in male enrolments and increase in female enrolments from 1972–2016 in Kerala Government Ayurveda Colleges

Given the prominence of women in ayurvedic education, it is tempting to argue, as Cameron has, that bio-medicine (being dominated by men) could stand to learn from Ayurveda and that, '[t]oday's [Ayurveda] women medical professionals, if encouraged and supported, could serve as role models for aspiring female doctors of non-Western medico-science traditions' (Cameron, 2009, p.303). In Kerala, however, most of the new graduate female doctors I came to know during my fieldwork married soon after they graduated and did not go on to further study or clinical practice. Completing a BAMS (or any degree), being married within a year of graduation and having a baby the year following marriage, were culturally expected norms; these were the perceived expectations I spoke of earlier, and the only trajectory socially encouraged for young women. This meant that while some (those with the blessing of their new in-laws), may have gone on to specialise in postgraduate degrees, many would conceive within the first year of marriage and stop (or never really start) their careers altogether. Far more women train as Ayurveda doctors in Kerala than will ever practise ayurvedic medicine.

At the government hospital in Tripunitra one morning, talking with some house surgeons in their office between rounds, the topic of conversation was marriage and life after the BAMS. One of the house surgeons, Dr Sachika said:

> I think those who select a BAMS girl, they want the wife to sit at home as a housewife, rather than practise as a doctor. They want to tell people that she completed a BAMS and is a doctor. It is like a joke. Most of the girls do not practise after marriage here in Kerala.

I asked her if she was afraid that this might happen in her situation and she replied, "No, my would-be is also an ayurvedic doctor and he is also planning for PG [post-graduate study] and for starting a hospital, an ayurvedic hospital; that's why [I'm not afraid]. We can join [forces]."

Although colleges did not have statistics available on the rates of employment post-degree, I was told again and again that most new female graduates would not go on to practise medicine. Their best chance of practising in Kerala was if their husbands were

also ayurvedic physicians, but even then, Dr Aryadevi said, their husbands will do most of the work, and "the BAMS wives might visit patients but they are not seriously practising". In *A Job of Her Own*, statistics from across India suggest that only 10–15% of educated women work, 45% of young Indians believe married women should not work and women do 90% of the housework — 'the highest proportion in the world' (*The Economist*, 2018, p.15). Of course, in Kerala, conditions for women in education and paid employment are widely recognised to be the most favourable in India (Jeffrey, 1992). 'None of this, however, has sanctioned greater sexual freedom for women or greater choice in selection of marriage partners' (Jeffrey, 2010, p.43). What still rings true for Kerala and other parts of India is that '[f]amilies scouting for wives for their sons are looking for their own future carers and housemates, given the tradition of brides moving into the in-laws' family home. Most seek an educated mother for their grandchildren rather than extra income' (*The Economist*, 2018, p. 15). Reflecting on Kerala's gendered enrolment statistics in the BAMS and young women's poor employment prospects, Dr Harith said:

> Initially I joked that, you know, we were thinking of educational reforms, I said: 'With all these women learning, what is the use?' Because, you know, it's the Indian context. I mean, if it was in the West, I would have remarked differently. But here, many of them don't do anything. I mean, just, you know, the parents need to teach their daughters and make them doctors or some respectable profession — so Ayurveda is an easy way to make doctors of their daughters.

Young women's participation in ayurvedic medical education in Kerala does not mirror their participation as physicians in the workforce. As Dr Aryadevi expressed it, "Ayurveda nowadays is only a qualification for marriage".

Dr Housewife

Dr Hanita was a young, newly graduated physician when I first met her in her family's beach-side clinic at Kovalam. I congratulated her on completing her degree and becoming a doctor. She thanked me graciously and then told me what a sorry state of affairs Ayurveda had found itself in, with most parents of her classmates not caring about Ayurveda, or whether their daughters would go on to practise medicine. "They

just wanted to fix the marriage", she said, and the best way to do that is to have a daughter who has trained to be a doctor. I wondered what the groom — not his (or her) parents — might want. Dr Hanita raised an eyebrow and said, "Men just want a Dr Housewife". A few months later, when her own wedding was fixed, her groom's educational qualifications were printed in full after his name on the wedding invitation while her degree title was omitted and only the prefix 'Dr' was printed before her name.

Figure 51: A bride's gold jewels and make-up laid out on the bed on the morning of her wedding

Once a young bride becomes a Dr Housewife, she will defer to her new mother-in-law's knowledge of home remedies above the knowledge she gained from five and a half years of studying medicine at university. Indeed, after completing their Bachelor of Ayurveda Medicine and Surgery, I witnessed many new graduate female Ayurveda doctors return home, or, if recently married, move into their husband's family home,

and put their years of medical training and knowledge aside to accept and follow the home remedies and habits of their grandmothers, mothers, mothers-in-law and aunties.

After her marriage and graduation, for example, in the kitchen of her new home, Shreya, her mother-in-law and I often prepared food together. As we cooked, I would ask question after question about the medicinal properties of various ingredients. Shreya knew the answers to my questions. I knew that she knew because of the endless conversations we had on the qualities of substances in the House Surgeon's office on the hospital wards at Tripunitra Government Ayurveda Hospital. But also, because after lunch we might rest on the front porch with her father-in-law or sit on the back step alone, and she always added her own ideas to whatever we had been discussing earlier in the kitchen. In the kitchen, however, she only ever deferred to her mother-in-law. In Gramam, too, Eva mostly deferred to Mary and her older aunties during the postnatal care period. Indeed, older aunties and neighbours who visited the house during the postnatal care period subjected Eva to an endless stream of advice and criticism. She absorbed their comments and rarely spoke back, only occasionally questioning aunties with whom she was especially close. Unless they went on to practise Ayurveda as physicians, young female physicians behaved no differently to Eva in the home, and many young women told me that their qualification had very little practical relevance in their daily life. When I asked Dr Hanita whether she would go on to practise as a physician or become a Dr Housewife she shrugged with both hope and realism and said, "I want to practise, but that we cannot know".

BAMS brides who marry non-resident-Indians (NRIs), however, if they do not stay in Kerala and do not live with their husband's parents while he works overseas, join their husbands overseas. Dr Lalitha's son, a doctor who travelled regularly to Europe to promote their seaside Ayurveda resort to potential wellness tourists, had noticed that without the cultural constraints present in Kerala, these women were practising freely as physicians, in demand, and carving prosperous businesses for themselves. Dr Harith, too, told me he had seen a lot of Malayalee women settled overseas, having secured NRI husbands. He met these women at international conferences, professionally educating themselves, confidently engaged in Ayurveda practices, and, he said, "becoming

professionally very active as the NRI doctors of European and American citizens. You can see their body language is different when compared to female Ayurveda physicians who have never left Kerala". This fact is creating a curious trend: Kerala's arranged marriage market is shaping the gendered face of Ayurveda locally, accounting for significant increases in female enrolments in the BAMS, training doctors who will never practise as doctors. But it also has global reach via NRI brides with BAMS qualifications who are practising medicine overseas. Kerala, it could be said, is not training doctors for her own state, but for the rest of the world where demand for Ayurveda is rising and the gendered cultural expectations after marriage do not limit women's ability to practise as physicians.

History and the marked and unmarked spacetimes of Ayurveda

This chapter has concerned Ayurveda's (gendered) stories as they have been produced and reproduced (generated and emergent) over time. Stories mark out spatial boundaries and their telling (alongside the practises described in Chapter 5, in the postnatal care routine and in medical camps) pushed and blurred the boundaries of Ayurveda's marked and unmarked spacetimes as stable 'sites' of gendered activity.

In the formation of boundaries of space, de Certeau offers:

> … every description is more than a fixation, it is a culturally creative act. It even has distributive power and performative force (it does what it says) when an ensemble of circumstances is brought together. Then it founds spaces. Reciprocally, when stories are disappearing (or else are being reduced to museographical objects), there is a loss of space: deprived of narrations (as one sees it happen in both the city and the countryside), the group or the individual regress toward the disquieting, fatalistic experience or a formless, indistinct, and nocturnal totality. (de Certeau, 1984, p.124)

Stories, in de Certeau's estimation, like practices in their performativity, found space. Through stories, the marked and unmarked spacetimes of Ayurveda find their significance. Prior to institutionalisation, today's unmarked spacetimes (spacetimes now full of degree-qualified Dr Housewives who feel like they know very little about Ayurveda), were once the marked spacetimes of Ayurveda full of women reciting

proverbs and idioms and recitations of *Astangahrdayam* in Malayalam, full of "housewives who knew everything about Ayurveda" (*veettammamaarkk Ayurveda-the kurichu ellam ariaamaayirunu*). Then, before the advent of ayurvedic hospitals, clinics, factories and resorts, women practised Ayurveda *with their hands* while *vaidyans* moved from house to house, diagnosing and prescribing medicines. For most of its history, thus, today's unmarked spacetimes were Ayurveda's *only* spacetimes. And throughout that history, women were integral to its practice and production. Having been written out of its textual history, however, women's stories have disappeared from the narrative and women's practices reduced to museographical objects — their loss of space (de Certeau, 1984) evidenced in the unmarked spacetimes of Ayurveda.

In *Feminization and Marginalization*, Mary Cameron (2010) explores the positions of physician women in the clinical practice of Ayurveda in Nepal. She notes, as I have done here, the increase in young women enrolling in ayurvedic medical education and asks: 'does a growing feminization of Ayurveda lead to its diminished status or does its diminished status — it receives far fewer resources [than biomedicine] from the Nepali government and international donors — lead to its feminization?' (Cameron, 2010, p.43). In a similar vein, we might question todays marked and unmarked spacetimes in Kerala: are unmarked spacetimes unmarked because they centre around the gendered wellness practices of the home, or has the gendered nature of wellness practices and the loss of women's stories in the wider cultural-historical narrative of Ayurveda led home-based Ayurveda to feminise, disappear, absorb into *nowhere*?

Ortner (1972) argues that the universal secondary status of women manifests as a matter of women being seen as closer to nature and men as closer to the more highly evolved concept of culture. In the unmarked spacetimes of Ayurveda, where Malayalees unknowingly follow its practices, grandma's medicine stood as metaphor for nature and Ayurveda for culture: women's practices were dismissed as nothing — as the simple use of plants from the house plot (plants they did not even plant themselves), while men's practices in Ayurveda were recognised as the science or system of medicine. As such, women like Deepit's grandmother and Dr Sreedeviamma's mother had been driving and propagating Ayurveda from their homes for generations, but their knowledges and

practices were overlooked, left behind-the-scenes. They were overlooked, certainly, by a society that did not easily distinguish in itself (the not inherently gendered issue of) an 'ayurvedic' way of living from a 'Malayalee' one, but also, they were overlooked in what were undeniably gendered terrains around the home (Harcourt & Escobar, 2005).

I asked my oldest collocutor, 90 year-old Dr Mahdevikutty — a woman who remembered a childhood without institutional Ayurveda, when Ayurveda was not on billboards and in buildings but only held in the knowledges, practices and plants around the home — what the difference between Ayurveda and home remedies was? She replied: "Ayurveda mostly means home remedies". To her mind, today's marked and unmarked spacetimes were of little consequence. For Dr Mahdevikutty, Ayurveda is the science of (everyday) life.

Figure 52: Food-as-medicine collected from the *parambu*

7. Concluding remarks: becoming well

In these concluding remarks, I would like to bring the notion of wellbeing itself back into focus. From the interconnected themes of my data to the disparate literatures I have moved between throughout this dissertation, there are five summarising points I will draw concerning wellbeing. They are: the paths of wellbeing are the spatio-temporal 'lines' (Deleuze & Guattari, 1987; Ingold, 2011) along which life is lived; along the paths, wellbeing is ingested; along the paths, wellbeing is performed; the paths are gendered; wellbeing is a state of movement and flux, of becoming well.

First, the paths of wellbeing are the spatio-temporal 'lines' along which life is lived. When we are well, when nothing much is working against our health or wellbeing, wellness can be understood as the current along which the lines flow: wellness, we might say, inspires 'the push' I introduced in Chapter 1. Nonetheless, paths of wellbeing — what, in this ethnographic context, formed as the unmarked spacetimes of Ayurveda — go unrecognised in daily life. They are the unremarkable, the given, the inconspicuous in everyday lives. Following Corsín Jiménez (2003) and Ingold (2011), I have argued that space 'is what people do, not where they are' (Corsín Jiménez, 2003, p.140); that spacetime is generated in practice.

Practices that form our daily routines are practices with which we are constantly engaged. It is our spatio-temporal relationship with them, the all-the-time-ness of our engagement, that makes them disappear — everywhere and nowhere — in daily life. For the women I came to know in Kerala, daily care routines or *dinacharya* and seasonal care routines or *rtucharya* generated the unmarked spacetimes of Ayurveda. Malayalee women moved along with the current or flow of unmarked spacetimes, participating in and carrying on with daily life, responding to their niggling ailments and "health complaints" (to life's inevitable *doshic* flux) with home remedies or *ottamoolikal* and grandma's medicine or *naattumarunnu*.

Other practices that were intermittent by nature (going to hospital, studying in college, buying ready-made medicines, but also enacting the postnatal care routine, consuming *karkkidakanji* in the wet season, attending medical camps) formed the marked spacetimes of Ayurveda. Rather than disappearing into the flow of daily life, such practices stood out, 'marked' in their capacity to disrupt or at least interrupt the paths of wellbeing. Thus, it was not only their visibility on the landscape in hospitals and factories that signified them as marked spacetimes, but my collocutors spatio-temporal engagement with the practices that define them.

Second, along the paths of wellbeing, wellbeing is ingested. In Kerala, I have argued, the body-mouth is a site of ingestation between the body and the world. The practices of preparing and consuming *ottamoolikal* and *naattumarunnu* are taught from mother to daughter in everyday routines. Wellbeing is not ingested by swallowing a tablet or (only) by consuming food through the mouth. Rather, it is ingested via the whole body and mind acting as a mouth — in skin that swallows, by hands that chew, with hearts that taste and minds that penetrate and affect the qualities of substances ingested. When the body is not taken as a fixed or bounded-off subject, but a 'thing' in the 'thing world' pulsing and vibrating with 'the stuff' — the materiality of the universe (the earth, water, fire, air and ether of which it is merely a part) — its promiscuous bodily processes conceptually dislodge the body from being a structure of rigid anatomical features, to becoming a heap: a heap that is more-than-individual. The body-mouth acts in multiplicities with other body-mouths as it sensuously engages with and ingests the world; it is a permeable membrane of communion and adjustment with the *doshic* world.

Third, along the paths of wellbeing, wellbeing is performed. I explored this in two ways: firstly, in the 'spacing' of 'performativity' (Crouch, 2003, 2010a) as culturally idealised form moulded from the first days of life toward plumpy or *kapham* body-mouths that would, eventually, become riddled with *vatam*. And secondly, as performed in 'spatial stories' (de Certeau, 1984) via the history of women in Kerala Ayurveda and the way (gendered) stories have created and caused the loss of marked spacetime. Looking in the spacing and through spatial stories, the distinctions of what constitutes marked and

unmarked spacetimes was disrupted. Todays unmarked spacetimes, only a century ago, were the only spacetimes of Ayurveda in Kerala. At the turn of the twentieth century, as the 'revitalisation movement' progressed, wellbeing practices were 'left behind' in the home as illness practices made their way into hospitals and factories (and later as consumer practices made their way into wellness tourism and high-end shopping malls).

Fourth, practices within the marked and unmarked spacetimes of Ayurveda are gendered. Women dominate the marked spacetimes of Ayurveda as patients in hospital and as wellness tourists in resorts, but also, today, they dominate ayurvedic education comprising 90% of student enrolments across the state's Ayurveda colleges. The paths of wellbeing, too, as unmarked spacetimes of Ayurveda are full of contested gendered practices. In Kerala, those practices include women, in general, as 'physicians of the house', but also young women as Ayurveda physicians who do not practice as doctors but return home from medical school as 'Dr Housewife'. Roles are changing. In the home during postnatal care, women's knowledges are fading as joint families are replaced by nuclear family structures and women do not absorb, as a matter of daily life, the pre- and postnatal practices of their aunts and cousins as they birth children. Having been edged out of the marked spacetimes of Ayurveda, paid midwives have most recently filled the gap in home-based postnatal care. Ideals are changing, too. Young women resist tradition in seeking not-too-plumpy form.
However, what is valued is still moulded by influential gendered and cultured ideals as *nalla sthree* and *uttama bharya*, as the good woman and the perfect wife. In the achievement of form, therefore, gendered body-mouths are produced and performed in an endless succession. The past (as gendered ideal) and the future (as potentiality in new roles and ideals) 'mix' together in the materiality of present states of being.

What, then, of *well*being? I opened this thesis introducing Kerala Ayurveda and textual ayurvedic notions of wellbeing as 'the practice of being in one's own natural state' or *svasthavritta*. But also, in much Western academic discourse, as 'a *state* of being comfortable, healthy and happy'. Wellbeing, if taken as a state, as *the particular condition that someone or something is in at a specific time,* is an innately temporal construct. Since time (which is not time, but spacetime) moves and morphs according to

what people do (to their jobs as midwives and their studies in Ayurveda and their rejection of postpartum *leyham,* for example), wellbeing is in fact a matter of movement: less a practice of well*being* and more a practice of well*becoming* (Rapport, 2008). 'Our passage through time and place is not a succession of states. Our experience is that of duration, a dynamic continuation of movement and sensation' (McHugh, 2009, p.210). Our movement (our 'wayfaring' along 'bundles of lines' or paths) is not a series of moments or points of being well, but a dynamic continuation of the locally and culturally conceived movements and sensations that *are* – that *present* (not re-present) – wellness. 'Health [or wellbeing] is not so much a state as a process' (Alter, 1999). Those movements and sensations in Malayalee homes involve the *muttam*, *thottam*, *parambu* and *vazhiyarikile*, the way medicinal substances grow there, and the ways bodies, often in pain, move as body-mouths consuming that world.

The marked and unmarked spacetimes of Ayurveda are forever generating. Rose will grow into the body Aya has primed. She will (via the efforts of her mother and grandmother) mould to social expectation. Of course, she may also resist expectation and change its cultural course, too. Nonetheless, following in the footsteps of her grandmother and mother as she participates in ayurvedic *dinacharya* and *rtucharya* in the home, she will likely endure joint pain for the wellbeing of her own family, and to evidence her own status as *nalla sthree*. She may, one day, employ an ayurvedic aya to oversee her own daughter's postnatal care. In Kerala, the practices and knowledges of Malayalee women, in their 'more-than-human, more-than-textual, multisensual worlds' (Lorimer, 2005, p.83), suggest that 'life, in short, is a movement of opening, not of closure' (Ingold, 2011, p.4). Their practices of becoming well, too, (and in short) are a movement of opening.

Appendix A: *Dosha* in the Body

Dosha	***Sloka* from *Astangahrdayam* on the qualities, location and impact of *dosha* on the body/mind**
Vata **(air and ether)**	• *Vata* is evidenced though its innate qualities of being dry, light, cold, rough, subtle and moving (AH 1.10b). • *Vata* is primarily located in the colon, but also exists in the thighs, hips, ears, bones and skin (AH XII.1). • *Vata*, in its normal state, protects the body bestowing enthusiasm, exhalation, inhalation and all movement. *Vata* initiates natural urges of the body, maintenance of the tissues and coordination of the senses (AH XI.1.1/2–3). • In excess (when aggravated or in individuals with a constitution or *prakrti* dominated by *vata*), *vata* causes emaciation, debility, the need for warmth, tremors, bloating and constipation, insomnia, disorientation, incoherent speech, dizziness, confusion and anxiety (AH XI.5.1/2–6).
Pitta **(fire and water)**	• *Pitta* is evidenced though its innate qualities of being slightly oily, sharp, penetrating, hot, light, foul-smelling, free-flowing and liquid (AH 1.11a). • *Pitta* is primarily located in the small intestine, but also exists in the stomach, sweat, sebaceous glands, blood, plasma and eyes. (AH XII.2). • *Pitta* attends to digestion, body temperature (heat), vision, hunger, thirst, lustre and complexion, intelligence, courage and softness (suppleness) of the body (AH XI.1.1/2–3). • In excess (when aggravated), pitta causes yellowish colour in stool, urine, eyes and skin. Excess pitta also causes hunger, thirst, burning sensations and difficulty sleeping (AH XI.6.1/2).
Kapha **(earth and water)**	• *Kapha* is evidenced though its innate qualities of being unctuous, cold, heavy, slow, smooth, slimy and stable (AH 1.6). • *Kapha* is primarily located in the chest, but also exists in the throat, head, pancreas, joints, stomach, plasma, fat, nose and tongue (AH XII.3). • *Kapha* gives stability, lubrication, stability of the joints, and the capacity to control emotions with qualities such as patience (AH XI.1.1/2–3). • In excess (when aggravated), *kapha* debilitates digestion, causes nausea and excess salivation, lethargy, feeling of heaviness, whiteness in stool, urine, eyes and skin, chills, looseness of limbs, difficulty breathing, cough and excessive sleeping (AH XI.7–71/2).

Appendix B: The Six Tastes in Ayurveda

Taste	*Sloka* from *Astangahrdayam* on the impacts of the six tastes on the body and in the formation of disease
Sweet	• Sweet taste will be heavy and sticky in the mouth, providing a feeling of contentment and comfort to the sense organs. It is liked, even by ants. Accustomed from birth, sweet taste produces strength in the tissues and, beyond the initial stages of life, is especially good for children, the aged, the wounded and emaciated. Sweet taste improves your complexion, hair, sense organs, and *ojas* (vital energy). It causes stoutness and strength of the body (it helps in healing fractured bones) and is good for the throat, increasing breast milk and prolonging life. Sweet taste mitigates *pitta* and *vata* and also mitigates poisoning. It is not, however, easily digestible and in excess produces diseases from fat and *kapha*, obesity, dyspepsia, unconsciousness, diabetes, thyroid issues and cancers (AH 10.2;7–9).
Sour	• Sour taste stimulates digestive activity (*agni*) and as such is a good appetiser. It is unctuous and good for your heart. Although hot in potency, sour taste is a coolant when applied externally and relieves burning. Sour taste causes satiation and moistening in the body, tingling teeth and squinting of the eyes. It is easily digested. It helps inactive *vata* to move in a downward direction, but also aggravates *kapha* and *pitta.* Used in excess, sour taste cause flabbiness of the body and loss of strength. It can lead to giddiness, itching, anaemia, herpes, swelling, thirst, fever and even smallpox and blindness (AH 10.3; 10–11.5).
Salty	• Salty taste removes rigidity in the body. It clears the channels and pores, penetrates into the tissues, lubricates and increases digestive activity. Salty taste also improves the taste of other foods. It causes sweating and baldness, greying of hair, wrinkles and other skin conditions. It increases *pitta* and *vata*, and can cause lacerations and bursting of tissues, having an effect on the

	body like poison. Too much salty taste diminishes the strength of your body (AH 10.3.5; 12–13).
Bitter	• Bitter taste cleanses the mouth but overwhelms the palate, making other tastes imperceptible. It can cure a diverse range of illnesses, including: anorexia, worms, thirst, poison, leprosy and other skin diseases, loss of consciousness, fever, nausea, and burning sensations. It mitigates *pitta* and *kapha*. It is cooling and has a drying effect on moisture in the body, fat, marrow, faeces and urine. It's easily digestible, cleanses breast milk and the throat. It is also said to increase intelligence. In excess, bitter taste causes depletion of the body's tissues and diseases of *vata* origin (AH 10. 4; 14–16).
Pungent	• Pungent taste cures diseases of the throat and indigestion. It alleviates allergic rashes and other skin diseases as well as swelling in the body. It has a drying effect on food but also on fat, moisture and greasiness in the body. It's a digestive that increases hunger and improves taste. Pungent taste eliminates all the *doshas*, breaks up hard masses, dilates the channels and mitigates *kapha*. Overuse causes thirst, fainting, tremors and pain in the body. In excess it will deplete sperm and ovum and the strength of the body (AH 10.5; 17–19).
Astringent	• Although not easily digestible, astringent taste mitigates *pitta* and *kapha* and cleanses the blood. It has a drying effect on the body, reducing moisture and fat, squeezing and healing ulcers. Its drying effect means astringent taste is water-absorbent and thus has a constipating effect. It can also cleanse but dry the skin. It is cold in potency and hinders the digestion of undigested foods. In excess, it causes stasis of food without digestion, flatulence, pain in the heart region, thirst, emaciation, loss of virility, obstruction of the channels and constipation (AH 10.5.5; 20–21.5).

Appendix C: Bibliographic list of texts in Ayurveda libraries in Kerala

Maria and I reviewed representations of women in English and Malayalam ayurvedic history and health prevention texts across eight libraries in Kerala. They were the libraries at: Government Ayurveda College Thiruvananthapuram, Government Ayurveda College Tripunitra, Government Ayurveda College Kannur, Vaidyaratnam P.S. Varier Ayurveda College Kottakkal, Vaidyaratnam Ayurveda College Ullur, Amrita Vishwa Vidyapeetham School of Ayurveda Amritapuri, The Department of Museums and Zoos and the Kerala Council for Historical Research Trivandrum. In total, 144 texts were reviewed: of them, 34 referred to women.

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Appendix D: Free-listing medicinal plants around homes

This list of 257 plant names was collected from women, using the method of free-listing (where women created verbal lists of plant names off the top of their heads) in 30 Hindu, Christian and Muslim households across north, central and south Kerala. Women mostly identified plants in spoken Malayalam, but often knew the common English name as well as the Latin/scientific name. To corroborate plant varieties and names, Maria and I consulted experts at the State Medicinal Plants Board, Trivandrum. We also used a number of texts: Udayan and Balachandran's (2015) *Medicinal Plants of Arya Vaidya Sala Herb Garden*, Nair and Mohanan's (1998) *Medicinal Plants of India with Special Reference to Ayurve*da as well as Kumar and Kumar's (2013) *An Inventory of Trees and Shrubs of Government Botanical Garden and Zoo, Thiruvananthapuram.*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Aanachoriyan	ആനച്ചോറിയൻ	Elephant nettle	*Laportia crenuleta*
Aanachuvadi	ആനച്ചുവടി	Prickly leaved elephant's foot	*Elephantopus scaber*
Aathachakka	ആത്തച്ചക്ക	Custard apple / Sugar apple	*Annona squamosa*
Aavannakku	ആവണക്ക്	Castor oil plant	*Ricinus communis*
Acassia	അക്കേഷ്യ	Acassia	*Acacia ausiculiformis / tortilis*
Adakka	അടക്ക	Areca palm / Betel nut palm	*Areca catechu*
Adalodakam	ആടലോടകം	Malabar Nut	*Justicia adhatoda*
Adathaappu	അടതാപ്പ്	Aerial potato	*Dioscorea bulbifera*
Adniya	അട്നിയ	Desert rose	*Adenium obesum*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
African cheera	ആഫ്രിക്കന് ചീര	Spinach tree	*Chidoseolu caconitifoliu*
African malli	ആഫ്രിക്കന് മല്ലി	Mexican coriander / Long coriander	*Eryngium foetidum*
Agasthi / Agathi	അഗസ്തി/ അഗത്തി	Swamp pea	*Sesbania grandiflora*
Akil	അകില്	Aloe wood	*Aquilaria malaccensis*
Almaram	ആൽമരം	Banyan tree	*Ficus benghalensis*
Amara	അമര	Guar / Cluster bean	*Cyamopsis tetragonoloba*
Amari / neelaamari (neelambari)	അമരി/ നീലമരി (നീലാംബരി)	Indian indigo	*Zornia gibbosa*
Ambazham	അമ്പഴം	Hog plum / Wild mango	*Spondias pinnata*
Anjili	ആഞ്ഞിലി	Wild jack	*Artocarpus hirsutus*
Annanthaali	അണ്ണാന്തോളി	(Name unknown)	*Dendrobium ovatum*
Anthurium	അന്തുറിയം	Tail flower / Anthurium	*Anthurium andreanum*
Appa	അപ്പ	Goatweed	*Ageratum conyzoides*
April flower	ഏപ്രില് ഫ്ലവര്	Blood lily	*Haemanthus multiflorus*
Arali	അരളി	Oleander	*Nerium oleander*
Arana	അരണ	Australian red cedar / Indian mahogany	*Toona ciliata*
Arinelli	അരിനെല്ലി	Star gooseberry	*Phyllanthus acidus*
Arogyappacha	ആരോഗ്യപച്ച	Arogyappacha (M)	Trichopus zeylanicus
Aryaveppu	ആര്യവേപ്പ്	Neem	*Azadirachta indica*
Asokam	അശോകം	Ashoka	*Saraca asoca*
Atthi	അത്തി	Country fig tree	*Ficus rascmosa*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Ayyampana	അയ്യംപാന	Wort boneset	*Eupatorium ayapana/ Triplineri (vum wah)*
Beans	ബീന്സ്	Green Beans (String beans)	*Phaseolus vulgaris*
Bhasma tulasi	ഭസ്മ തുളസി	Basil	(Name unknown)
Bonjikkaya (Passion fruit)	ബോഞ്ചിക്കായ (പാഷന് ഫ്രൂട്ട്)	Foetid passion fruit	*Passiflora foetida*
Brahmi	ബ്രഹ്മി	Bacopa	*Bacopa monnieri*
Chaamba	ചാമ്പ	Water cherry / Watery rose apple	*Syzygium aqueum*
Chaarapacha	ചാരപച്ച	(Name unknown)	*(Name unknown)*
Chandanam	ചന്ദനം	Sandal	*Santalum album*
Changalamparanda	ചങ്ങലംമ്പരണ്ട	Adamant creeper/ Bone setter	*Cissus quadrangularis*
Chappangam (Pathimugham)	ചപ്പങ്ങം (പതിമുഖം)	Brazil wood	*Caesalpinia sappan*
Cheera	ചീര	Spinach	*Spinacia oleracea*
Chembakam / Poomaram	ചെമ്പകം / പൂമരം	Frangipani / Pagoda tree	*Plumeria rubra*
Chembarathy	ചെമ്പരത്തി	Hibiscus	*Hibscus rosa-sinensis*
Chembu	ചേമ്പ്	Taro	*Colocasia esculenta*
Chena	ചേന	Elephant foot yam	*Amorphophallus paeoniifolius*
Cherukadaladi	ചെറുകടലാടി	Small prickly chaff flower plant	*Cyathula prostrata*
Cherula	ചെറൂള	Cherula(M)	*Aerva lanata*
Cherunaarakam	ചെറുനാരകം	Lemon / Lime	*Citrus lemon*
Cheruppayar	ചെറുപയര്	Greengram / mung	*Vigna radiata*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Chethi / Thetti / Thechi	ചെത്തി/ തെറ്റി/ തെച്ചി	Jungle Geranium/ Jungle flame ixora	*Ixora coccinea*
Chini/ sinnimaram	ചിന്നി/ സിന്നിമരം	Birch leaved acalypha	*Acaly fruticosa*
Chittamrithu	ചിറ്റമൃത്	Bile killer / Moon creeper / Tinospora	*Tinospora cordifolia*
Choriyanam/ thoova	ചൊറിയണ്ണം/ തൂവ	Indian stinging nettle	*Tragia involucrata*
Chunda	ചുണ്ട	Common night shade/ Turkey Berry/ Poison berry	*Solanum erianthum/ Solanum torvum/ Solanum violaceum*
Daaliya	ഡാലിയ	Dahlia	*Dahlia pinnata*
Edana	എടന	Cinnamon	*Cinnamomum verum*
Elanji	ഇലഞ്ഞി	Asian bullet wood	*Mimusops elengi*
Ellakkaya	ഏലക്ക	Cardamom	*Elettaria cardamomum*
Erikku	എരുക്ക്	Crown Flower / Milkweed	*Calotropis gigntea*
Erivalli/ Vaakakkodi	എരിവള്ളി / വാകക്കൊടി	Toothache plant	*Spilanthes calva*
Euphorbia	യൂഫോർബിയ	Crown of thorns/ Kiss me not	*Euphorbiamilii*
Evergreen	എവെര്ഗ്രീന്	Asparagus fern	*Asparagus setaceus*
Gandharajan	ഗന്ധരാജന്	Bush gardenia / Cape jasmine	*Gardenia jasminoides*
Garudakodi (Eshwaramulla)	ഗരുഡകൊടി (ഈശ്വരമുല്ല)	Indian Birthwort	*Aristolochia indica*
Grampoo	ഗ്രാമ്പു	Clove tree	*Syzygium aromaticum*
Hydrangea	ഹൈഡ്രാന്ജിയ	Common hydrangea	*Hydrangea macrophylla*
Ilavu maram	ഇലവ് മരം	Silk cotton tree	*Bombax malabaricum*
Inchi	ഇഞ്ചി	Ginger	*Zingiber officinale*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Insulin chedi	ഇന്സുലിന് ചെടി	Spiral ginger	*Costus pictus*
Irumbampuli	ഇരുമ്പന്പുളി	Tree sorrel	*Averrhoa bilimbi/carambola*
Jamanthi	ജമന്തി	Marigold	*Crysanthemum indicum*
Jathikka	ജാതിക്ക	Nutmeg tree	*Myristica fragrans*
Kaachil	കാച്ചില്	Asiatic yam	*Dioscorea alata*
Kaattuchena	കാട്ടുചേന	Wild elephant foot yam	*Amorphophalus paeoniifolius*
Kaattukaduk (Aaryanvaal)	കാട്ടുകടുക് (ആര്യന്വാള്)	African spider flower	*Gynandropsis gynandra*
Kaattukarthavu	കാട്ടുകാര്ത്താവ്	African basil	*Octimum gratissmum*
Kaattukoval	കാട്ടുകോവൽ	Cantaloupe	*Cucumis melon*
Kadalasu chedi/ Poov	കടലാസ്സ് റോസ്	Bougainvillea	*Bougainvillea spectabilis wilde*
Kadamb	കടമ്പ്	Burflower	*Neolamarckia cadamba*
Kadugu	കടുക്	Brown Mustard	*Brassica juncea*
Kadukka	കടുക്ക	Gallnut / Black myrobalan	*Terminalia chebula*
kaithachakka	കൈതചക്ക	Pineapple	*Ananas comosus*
Kalampotti / Kilukiliuppa	കലംപൊട്ടി / കിലുകിലിപ്പ	Kilukiluppa (M)	*Crotalaria retusa, verrucosa*
Kallurukki	കല്ലുരുക്കി	Kallurukki (M)	*Pouzolzia zeylanica*
Kalyanasowgandhikam	കല്ല്യാണസൗഗന്ധികം	Common ginger lily	*Hedychium coronarium*
Kambili narakam	കമ്പിളിനാരങ്ങ	Savelly orange / Pomelo	*Citrus aurantium / Citrus maxima*
Kanakambaram	കനകാംബരം	Tropic flame	*Crossandra infundibuliformis*
Kanikonna (Karnikaram)	കണികൊന്ന (കര്ണികാരം)	Indian laburnum	*Cassia fistula*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Kanthari mulaku	കാന്താരി മുളക്	Bird chilli	*Capsicum frutescens*
Kappakizhangu	കപ്പകിഴങ്ങ്	Tapioca	*Manihot esculenta*
Kappi	കാപ്പി	Arabian coffee	*Coffea arabica*
Karimbu	കരിമ്പ്	Sugarcane	*Saccharum officinarum*
karimthakkali	കരിന്തക്കാളി	American black night shade	*Solanum americanum*
Karinochi	കരിനൊച്ചി	Five leaved chaste tree	*Vitex negundo*
Karinthaara	കരിന്താറ	(Name unknown)	*(Name unknown)*
Kariveppila	കറിവേപ്പില	Curry leaf	*Murraya koengii*
Karlakam	കര്ളകം	Indian birthwort	*Aristolochia indica*
Karmmusa (Pappaya)	കര്മുസ(പപ്പായ)	Papaya tree / Pawpaw	*Carica papaya*
Karpoora tulasi (violet colour) Shiva tulasi	കര്പൂര തുളസി/ ശിവ തുളസി	Clove basil	*Ocimum gratissimum*
Karukapullu	കറുകപുല്ല്	Bermuda grass	*Cynodon dactylon*
Kasthurimanjal	കസ്തൂരി മഞ്ഞള്	Cochin turmeric	*Curcuma aromatica*
Kasumavu	കശുമാവ്	Cashew nut tree	*Anacardium occidentale*
Katappilavu	കടപ്ലാവ്	Breadfruit tree	*Artocarpus incisus*
Kattadi	കാറ്റാടി	Australian pine	*Casuarina litorea*
Kattarvazha	കറ്റാര്വാഴ	Aloe	*Aloe vera*
kattuvaka / nenmenivaaka	കാട്ടുവാക / നെന്മേനിവാക	East India walnut	*Albizia lebbeck*
Kayyonni	കയ്യോന്നി	Trailing Eclipta	*Eclipta prostrata*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Keezharnelli	കീഴാർന്നെല്ലി	Phyllanthus	*Phyllanthus amarus*
Kiriyathu	കിരിയാത്ത്	Green chiretta	*Andrographis paniculata*
Kodakan/ Kudangal	കോടകൻ / കുടങ്ങല്	Indian Pennywort / spade leaf	*Centella asiatica*
Kodampuli	കൊടംപുളി	Malabar Gamboge	*Garcinia gummi-gutta*
Kondattam mulaku	കൊണ്ടാട്ടം മുളക്	(Capsicum?)	*(Name unknown)*
Koorkka	കൂർക്ക	Chinese potato	*Coleus parviflorus*
Koova (Kaattumanjal)	കൂവ (കാട്ടുമഞ്ഞള്)	Indian arrowroot	*Curcuma angustifolia*
Koovalam	കൂവളം	Bael / Holy fruit tree / Wood apple	*Aegle marmelos*
Koval	കോവല്	Ivy gourd	*Coccinia grandis*
Krishnakranthi	കൃഷ്ണക്രാന്തി	Krishnakranthi (M)	*Evolvulus alsinoides*
Kumbalanga	കുമ്പളങ്ങ	Ash gourd	*Benincasa hispida*
Kurumthotti	കുറുന്തോട്ടി	Bala (S)	*Sida alnofolia*
Kurumulaku	കുരുമുളക്	Black pepper	*Piper nigrum*
Kuthiramugham	കുതിരമുഖം	Elephant ear	*Caladium hortulanem*
Lakshmi taru	ലക്ഷ്മി തരു	Paradise tree	*Simarouba glauca*
Lavalolikka (roobikka)	ലവലോലിക്ക (റൂബിക്ക)	Coffee plum/ Indian cherry	*Flacourtia jangomas*
Maanga inchi	മാങ്ങ ഇഞ്ചി	Mango-ginger	*Curcuma amada*
Maathalam	മാതളം	Pomegranates	*Punica granatum*
Madhura tulasi	മധുരതുളസി	Stevia	*Stevia rebaudiana*
Madhuracheera	മധുരച്ചീര	Chekkurmanis / Lettuce tree	*Sowropus antrogynus / Pisonia grandis*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Mahagani	മഹാഗണി	Mahagony	*Swietenia macrophylla*
Mala veppu	മലവേപ്പ്	Bead tree	*Melia azedarach*
Malathangi	മലതാങ്ങി	Velvet leaf pareira/ Malathangi (M)	Cissampelos pareira/ Stephania wightii
Malli	മല്ലി	Coriander	*Coriandrum sativum*
Mandaram	മന്ദാരം	Orchid	*Bauhinia acuminata*
Mangosta	മങ്കോസ്റ്റ	Mangosteen	*Garcinia mangostana*
Manichedi	മണിചെടി	Money plant	*Epipremnum aureum*
Manjadi	മഞ്ചാടി	Red lucky seed / Coral wood	*Adenanthera pavonina*
Manjal	മഞ്ഞള്	Turmeric	*Curcuma longa*
Mashipacha	മഷിപച്ച	Mashipacha (M)	*Peperomia pellucida*
Mathan	മത്തന്	Pumkin / Squash gourd	*Cucurbita maxima*
Mavu	മാവ്	Mango	*Mangifera indica*
mokkanithandu / chenkuva	മൊക്കണിതണ്ട് / ചെങ്കുവ	Crepe ginger	*Costus speciosus*
Moosambi	മൂസംബി	Sweet lime	*Citrus limetta*
Moovila	മൂവിലെ	Moovila (M)	*Pseudarthria viscida / uraria picta*
Mottakose (Cabbage)	മൊട്ടക്കൊസ് (കാബേജ്)	Cabbage	*Brassica oleracea*
Mukkutti	മുക്കുറ്റി	Mukkutti(M)	*Biophytum sensitivum*
Mula	മുള	Bamboo	*Bambusa bambos*
Mulaku (Pachamulaku)	മുളക് (പച്ചമുളക്)	Chilli (green/red)	*Capsicum annuum*
Mulla	മുല്ല	Jasmine	*Jasminum sambac*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Mullaathi	മുള്ളാത്തി	Soursop tree	*Annona muricata*
Mullencheera	മുള്ളൻ ചീര	Prickly amaranth / Spiny pigweed	*Amaranthus spinosus*
Munja	മുഞ്ഞ	Head ache tree	*Premna serratifolia*
Munthiri	മുന്തിരി	Grapes	*Vitis vinifere*
Murikku	മുരിക്ക്	Indian coral tree	*Erithrina indica*
Muringa	മുരിങ്ങ	Drumstick tree	*Moringa pterygosperma*
Murivukooty	മുറിവുകൂട്ടി	Coral plant / Physic nut	*Jatropha multifida*
Muthanga	മുത്തങ്ങ	Nut grass	*Cyperus rotundus*
Muyalchevian	മുയൽചെവിയൻ	Hirankhuri	*Emilia sonchifolia*
Mylanji	മൈലാഞ്ചി	Henna	*Lawsonia inermis*
Nandyarvattam	നന്ദ്യാർവട്ടം	East Indian rosebay	*Tabernaemontana divaricata*
Nanju	നഞ്ചു	Purging croton	*Croton tiglium*
Neelaummam	നീലഉമ്മം	Devils weed	*Daturametel*
Neermathalam	നീർമാതളം	Three leaved caper	*Crataeva magna*
Nelampala	നെലംപാല	Nelampala (M)	*Grangea madraspatana*
Nelli	നെല്ലി	Indian gooseberry / Amla	*Phyllanthus emblica*
Neyvalli	നെയ്വളളി	Neyvally (M)	*Morinda umbellata/ Stophanthus wightianus*
nilambaranda / cherupulladi	നിലമ്പരണ്ട / ചെറുപുള്ളടി	Nilambaranda (M)	*Desmodium triflorum*
Nilappana	നിലപ്പന	Black musali	*Curculigo orchioides*

Spoken Malayalam	**Malayalam**	**Common name**	***Latin/Scientific name***
Nishaagandhi	നിശാഗന്ധി	Queen of night	*Epiphyllum oxypetalum*
Nithyakalyani/ Shavamnari	നിത്യകല്യാണി/ ശവംനാറി	Madagascar periwinkle	*Catharanthus roseus*
Nithyavazhuthana	നിത്യവഴുതന	Clove bean	*Ipomoea muricata*
Njaval	ഞാവല്	Black plum/ Java plum	*Syzygium cumini*
Njerinajampuli (Njeriyanpuli)	ഞെരിഞ്ഞന് പുളി (ഞെരിയൻപുളി)	Fox grape	*Cayratia trifolia / Solena amplexicaulis*
Njottanodian	ഞോട്ടാനൊടിയന്	Country gooseberry	*Physalis angulata*
Noni	നോനി	Indian mulberry	*Morinda citirfolia*
Odichukuthy	ഓടിച്ചുകുത്തി	Jamaica vervain	*Stachytarpheta jamaicensis*
Omam (Ayamodakam)	ഓമം (അയമോദകം)	Ajowan (sanskrit: ajamoda yavanika)	*Trachyspermum ammi*
Ooram	ഊരം	Common purple mallow	*Urena lobata*
Orila	ഓരില	Salpan	*Desmodium gangeticum*
Paalmaram	പാല്മരം	(Name unknown)	*(Name unknown)*
Paaval	പാവൽ	Bitter gourd	*Momordica charantia*
Padathali / Paadakizhangu	പാടത്താളി/ പാടകിഴങ്ങു	Pata root	*Cyclea peltata*
Padavalam	പടവലം	Snake guord	*Trichosanthes cucumerina*
Palmuthukk	പാല്മുതുക്ക്	Giant potato	*Ipomoea mauritiana*
Pancharapazham	പഞ്ചാരപഴം	Jamaican cherry	*Muntingia calabura*
Panichadayan	പനിച്ചടയന്	(Name unknown)	*(Name unknown)*
Panikoorkka	പനികൂർക്ക	Countryborage/ Indian borage	*Plectranthus ambonicus*

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Paninir (Panineerchembakam)	പനിനീര് (പനിനീര്ചെമ്പകം)	Cabbage rose	*Rosa damascena*
Parpadakam	പര്പ്പടകം	Daman pappar/ Parpadakam(M)	*Hedyotis corymbosa/ Diffusa*
Parvalli / Nannari	പാര്വള്ളി / നന്നാറി	Black creeper	*Ichnoarpus frutescens*
Pathumani poovu	പത്തുമണി പൂവ്	Ten o'clock plant / Table rose	*Portulaca grandiflora*
Pattunoolpuzhucheti	പട്ടുനൂല്പുഴുചെടി	Mulberry	*Morus alba*
Pavizha mulla	പവിഴ മുല്ല	Coral jasmine	*Nyctanthes arbor-trisris*
Payar (Achinga)	പയര് (അച്ചിങ്ങ)	Peas / Cowpea	*Vigna unguiculata*
Peechinga	പീച്ചിങ്ങ	Sponge gourd	*Luffa cylindrica*
Pera	പേര	Guava tree	*Psidium guajva*
Peraal	പേരാല്	Banyan tree	*Ficus benghalensis*
Peruvelam	പെരുവേലം	Bhates	*Clerodendrum infortunatum*
Pethavara	പേത്തവര	Coffee senna	*Cassia occidentalis*
Petunia	പെറ്റൂണിയ	Petunia	*Ruellia simples*
Pichi	പിച്ചി	Wild jasmine	*Jasminum grandiflorum*
Plavu / Chakkamaram	പ്ലാവ് / ചക്കമരം	Jackfruit	*Artocarpus heteophyllus*
Plum	പ്ലം	Plum	*Prunus domestica*
Pongallyam	പോങ്ങല്ല്യം	Maharukh	*Ailanthus triphysa*
Ponnankanni cheera	പൊന്നാങ്കണ്ണി ചീര	Sessile joyweed	*Alternanthera sesillis*
ponnariveeram	പൊന്നാരിവീരം	Coffee-senna / stinking weed	*Senna occidentalis*
Poovarasu	പൂവരശ്	Indian tulip tree	*Thespesia populnea*

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Puliyarila	പുളിയാറില	Creeping oxalis / Indian sorrel	*Oxalis corniculata*
Pushkaramulla	പുഷ്കര മുല്ല	Pushkaramulla (M)	*Psilanthus travancorensis*
Puthina	പുതിന	Mint	*Mentha viridis*
Puttachunda (Putharichunda)	പുട്ടച്ചുണ്ട (പുത്തരിച്ചുണ്ട)	Yellow-berried nightshade	*Solanum virginianum*
Puvankurunal	പൂവാന്കുരുന്നില്	Ash-coloured Fleabane	*Vernonia cinerea*
Raktha chandanam	രക്തചന്ദനം	Red sandalwood	*Pterocarpus santalinus*
Rama tulasi	രാമതുളസി	Common basil	*Ocimum basilicum*
ramacham	രാമച്ചം	Vetiver	*Vetiveria zizanioides*
Rambootan	റംമ്പൂട്ടാന്	Rambutan	*Nephelium lappaceum*
Rosa	റോസ	Rose	*Rosadamascena*
Rubber	റബ്ബര്	Rubber	*Hevea brasiliensis*
Rumbha/ Biriyani chedi	രംഭ/ ബിരിയാണി ചെടി	Pandan leaves	*Pandanus amarillifolius*
Sambar cheera	സാമ്പാര് ചീര	Flame flower / Ceylon spinach	*Talinum portulacifolium*
Sankhupushpam	ശംഖപുഷ്പം	Clitoria	*Clitoria ternatea*
Sappota	സപ്പോട്ട	Sapodilla	*Manilkara zapota*
Sarpagandhi	സര്പഗന്ധി	Snake root	*Rauvolfia serpentina*
Sarvasugandhi	സർവ്വസുഗന്ധി	All spices	*Pimenta dioica*
Sathavari	ശതാവരി	Wild asparagus	*Asparagus racemosus*
Savaala chedi	സവാള ചെടി	Red Onion	*Allium cepa*
Seemakonna	ശീമകോന്ന	Spotted gliricidia (Quickstick)	*Gliricidia sepium*

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Thakkali	തക്കാളി	Tomato	*Lycopersicon esculentum*
Thambavalli	തമ്പവള്ളി	(Name unknown)	*(Name unknown)*
Thanikka	താന്നിക്ക	Bedda nut tree	*Terminalia bellirica*
Thazhuthama	തഴുതാമ	Hogweed	*Boerhavia diffusa*
Thekku	തേക്ക്	Teak	*Tectona grandis*
Thengu	തെങ്ങ്	Coconut tree	*Cocos nucifera*
Thippalli	തിപ്പല്ലി	Indian long pepper	*Piper longum*
Thiruthali	തിരുതാളി	Thiruthali (M)	*Ipomoea marginata/ Obscura*
Thottavadi	തൊട്ടാവാടി	Touch me not / Sensitive plant	*Mimosa pudica*
Thumba	തുമ്പ	Leucas	*Leucas aspera*
Tulasi/ Krishna tulasi/ Karuthathrithavu	തുളസി/ കൃഷ്ണതുളസി/ കരുതത്രിതാവ്	Holy Basil / sacred basil	*Ocimum tenuiiflorum*
Ulli chedi (Cheru ulli, Chuannulli)	ഉള്ളി ചെടി (ചെറു ഉള്ളി, ചുവന്നുള്ളി)	Onion- Small	*Allium cepa linn*
Ummam	ഉമ്മം	Thorn Apple / Devils weed	*Datura metel*
Vaadamalli	വാടാമല്ലി	Globe amaranth	*Gomphrena globosa*
Valampuli	വാളംപുളി	Tamarind	*Tamarindus indica*
Valiya naranga	വലിയ നാരങ്ങ	Toronja	*Citrus maxima*
Valli uzhinja	വള്ളിയുഴിഞ്ഞ	Balloon vine	*Cardiospermum halicacabum*
Vallicheera/ vashalacheera	വള്ളിചീര/ വഷളചീര	Wine spinach / Indian spinach	*Basella rubra*

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Vankadalaadi	വന്കടലാടി	Chaff flower	*Achyrathes aspara*
Vatam kotta (Badaam)	വതം കൊട്ട(ബദാം)	Almond	*Prunus amygdalus (Terminalia catappa)*
Vattakanni	വട്ടകണ്ണി	Vattakanni (M)	*Macaranga peltata*
Vayambu	വയമ്പ്	Sweet root	*Acorus calamus*
Vazha	വാഴ	Banana / Plantain	*Musa paradisiaca*
Vazhuthina	വഴുതനങ്ങ	Eggplant / Brinjal	*Solanum melongena*
Vellari	വെള്ളരി	Cucumber	*Cucumis sativus*
Vellila	വെള്ളില	Vellila (M)	*Mussaenda frondosa/ glabrata*
Veluthullichedi	വെളുത്തുള്ളിചെടി	Garlic plant	*Adenocalymna alliaceum*
Venda	വെണ്ട	Lady's finger	*Abelmoschus esculentus*
Vettilakodi	വെറ്റിലകൊടി	Betel leaf vine	*Piper betle*
Vettupala / Danthappala	വെട്ടുപാല/ ദന്തപ്പാല	Pala indigo / Sweet indrajao	*Wrightia tinctoria*
(Name unknown)	(Name unknown)	Bird of paradise/ Crane flower	*Strelitzia reginae*

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