

Many Practices of Global Ayurveda: A Comparative Study of Delhi Government Hospital and Charity Hospital in Berlin



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ABSTRACT: The paper attempts to draw some comparisons between government hospitals (co-located) in Delhi and Charity hospital in Berlin. The paper is ethnographic in nature and my main focus is on the way Ayurveda functions in these two different settings. The sociological analysis of these ethnographical comparisons reveals many forms and practices of global Ayurveda. The comparison has many similarities and differences but at fundamental level not necessarily is antagonistic to each other. The fieldwork is done over two years in Delhi and Berlin where I have looked at the different models of medical integration and how they function.

BACKGROUND

As far as Ayurveda in Germany is concerned, it found its roots in quite early with the Maharishi Mahesh Yogi movement in the 1980s. Since then, it has grown up and become independent. The Maharishi Mahesh Yogi group still dominates the medical Ayurveda market in Germany that concentrated on nutrition advices, massages and oil applications (Stollberg 2001) which gave Maharishi group huge popularity both within and outside Germany. Maharishi's speciality is in the transcendental meditation. Transcendental Meditation, as Maharishi defines it, is that one simple procedure which can raise the life of every individual and every society to its full dignity, in which problems are absent and perfect health, happiness, and a rapid pace of progress are the natural features of life. Although Ayurveda was principally popularised by Maharishi Mahesh Yogi known as 'Maharishi Ayur-ved' in Germany, it also exists outside the Maharishi organisations. There have been studies done on Maharishi Ayurveda and Transcendental Meditation by different scholars (Chopra 2008; 2010; Jeannotat 2008; Ann Humes 2008). My aim in this study is to look at Ayurveda practiced outside the Maharishi organisations and Charity hospital is one of them which is the focus of my study.

In Germany, Ayurveda is one of the many forms of alternative and complementary systems of medicine. Among alternative and complementary medical systems, acupuncture is the most prominent mode of treatment in the German healthcare system. While it is hard to estimate the number of patients resorting to acupuncture, around a third of all German medical doctors use it in their own practice (Stollberg 2001, Marstedt and Moebus 2002). In the last years, acupuncture treatment was mostly covered by public health insurance companies. But there is still no official recognition of Ayurveda. Nevertheless, private insurance companies partly reimburse their members for Ayurvedic treatment. But these schemes cover only a small part of the population, the better off section (Stollberg 2005).

BACK TO INDIA

In India, mainstreaming of AYUSH as a policy commitment of Government of India gained more importance by the establishment of National Rural Health Mission (NRHM) in 2005 which aims for an integrative health structure in which alternative systems of medicine and western medicine will serve the people in the public health system (Balarajan et al 2011; Dummer and Cook 2008). Mainstreaming of Ayurveda can be seen as an attempt by the postcolonial Indian state to decolonize and promote those marginalized medical systems which have been sidelined in the dominant logic and the hegemonic practice of western medicine.

There has been a considerable change in the popularity of Ayurveda in the last few years in Germany and at present there are more institutions, more training facilities and more professional associations set up for Ayurveda. This new phase of Ayurveda has drawn attention of the professional, academic and medical community. Universities, private institutions and hospitals have shown their interest in doing research on it and even practicing it in the context of public health care systems and the treatment of chronic diseases. In Germany, research on Ayurveda is being conducted at major universities across the

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disciplines – from medicine to Indology, religious sciences, linguistics, sociology and anthropology. In the medical faculties, research is ongoing at the University of Duisburg-Essen and the Charité Medical University, as well as the Europäischen Akademie für Ayurveda in Birstein, an academic partner of the Immanuel Hospital. In Charity medical university especially, doctors are carrying out research on Ayurveda by putting it into the clinical trials. Ayurveda in India has got maximum attention in these 5-10 years and the Indian state has tried to promote Ayurveda not only at the national level but also at the international level.

LOCATION IN HOSPITAL

The paper is based on my study in hospitals in Berlin and Delhi. Charity medical hospital has four campuses in Germany and I have visited only one campus in Berlin. Charity hospital connects to Immanuel hospital and both these institutions exist at both the sides of the road. On one side of the road there is Immanuel hospital and on the other side, Charity OPD department. Physicians work in both charity and Immanuel hospitals. The head (chair) of this CAM and integrative medicine department is the chief physician of Immanuel hospital. The head unites and links these two institutions together.

The Immanuel Hospital is a special clinic, with departments of orthopedics / rheumatism surgery, internal medicine / rheumatology /clinical immunology, metabolic disorders / osteology and naturopathy. It has 200 beds and a large outpatient clinic. This Immanuel hospital has one department called Department for CAM and integrative medicine where people get treated both in and out patient departments. The OPD department for CAM and integrative medicine is at Charity medical university (public hospital) where people get free of cost treatment. Besides OPD, the Charity medical university and hospital has unique possibility of treating IPD patients with CAM and integrative medicine treatment which is reimbursed by the health insurance companies and this is the specialty of this hospital which is not found in other hospitals in Germany. They just not treat people who are privately insured but also all other people who are not privately insured. In CAM and integrative medicine department, Ayurveda is just one part of it. Besides treating people in both OPD and IPD, in CAM and integrative medicine department, they also do research for which they get grants from different German foundations, CCRAS and so on.

In Delhi co-located institutions, ayurvedic dispensary is integrated in government allopathic hospital that comes under the purview of medical superintendent who is always an allopath. Generally ayurvedic dispensary is controlled by its directorate where people from Ayurveda looks into the affairs of the dispensary. In co-located hospitals in Delhi the ayurvedic unit began with the aim of mainstreaming of Ayurveda by the government so that people will have more treatment options under one roof. Along with ayurvedic unit, in these institutions, homeopathic and yoga dispensaries are co-existed.

THE MODEL OF INTEGRATION

In Berlin and in Delhi, the model of integration and the intricacies of integration on one level are different. Like Ayurveda in Charity hospital in Berlin exists in the form of complementary and alternative medicine and as integrative medicine. In Europe, integrative medicine refers to combination of methods of conventional Western medicine and complementary methods of treatment such as naturopathy, homoeopathy, acupuncture and Ayurveda. By practicing Ayurveda in Germany, physicians in my study said they try to overcome the existing divisions or ideological divides between these systems. As per one ayurvedic physician, 'Ayurveda as integrative medicine has the potential to provide the best possible medical care to each individual'. In this context, scholars like Hans A Baer (2008) have argued that western medicine has become more holistic as a result of this development in the West whereas others suggest it has embarked upon a subtle process of absorbing or co-opting CAM.

As per ayurvedic physicians, working at the Charité Department for Complementary and Alternative Medicine (CAM) located at the Immanuel Hospital, practices of integration are key. Their approach is at its core integrated medicine. As per the ayurvedic physician in Department for CAM and integrative medicine, doctors are trying, based on solid scientific evidence of the best possible medical practices, to integrate everything into individual patient treatment which can be beneficial for the patient. All CAM's physicians are trained in Western medicine, but they are also in favour of science-based complementary therapies. By law, doctors in Germany are not limited to Western medical practice. Two ayurvedic physicians said, "as medical doctors, they have the right to do for the patient what they think is good for the patient, but they also have to carry the responsibility". They said Ayurveda maintains that illnesses develop from an imbalance, it is also about patient self-empowerment and self-effectiveness to activate the healing properties of the body.

They said Ayurveda in Charity hospital is integrated in such a way that a combination of therapies is applied in patient's treatment. There is no conflict exist here, they are not either Ayurveda or western medicine, and they are both at the same time. Ayurvedic doctors said their aim is not to indulge in philosophy or contradictions. For them, it makes no difference whether the patient is taking Ayurveda or western medicine. For him, what is more important is usefulness and effectiveness of medical systems. So they do not tell patients to stop taking all the types of western/ conventional treatments. If the patient is taking they

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have no problem. Patients here in Germany do not take these medical systems either or options. They come here for something which is missing in conventional medicine. Here, integrative medicine comes here. They want something additional to what they are having in conventional medicine. As doctors after seeing the deficit in conventional medicine, they try to add, change and combine alternative medicine with conventional medicine based on individual patient case. All the physicians in Charity hospital along with training in Western medicine are also trained in various CAM therapies like Chinese medicine, acupuncture, yoga and Ayurveda. They generally have additional qualification in CAM.

The situation in Delhi is different from Charity hospital Berlin. In co-located institutions in Delhi Ayurveda and allopathy are being co-located under one roof in which Ayurveda exists in the form of dispensary. Despite their co-location in one setting, both of these medical systems stay as separate by maintaining their distinct identities. There is no conscious integration or mutual exchange happening between these medical systems. Cross referral takes place very rarely. In my research, in government ayurvedic health institutions in Delhi, the co-location of Ayurveda with allopathy do not give Ayurveda an equal status with allopathy rather creates new hierarchies between these two medical systems. For instance, on the one side the patient's strength in allopathy is 1000 or even more than that and in Ayurveda it is only 30-50. Secondly, ayurvedic doctors are not able to treat the patients in an effective manner due to the lack of infrastructure, medicines and adequate space. The space provided for Ayurveda is only one room and one small pharmacy and there are only 3 staffs like ayurvedic doctor, pharmacist and one attendant. In this dispensary, the doctor has to do all the tasks such as entering patients name in the register, seeing the patient and so on. From my observations and from my interaction with patients and doctors in Delhi, it becomes clear that Ayurveda is integrated in such a manner in public health setting where people sometimes are trying all the treatment options at the same time and they are not sure about the efficacy of any of these medical systems. In co-located medical setting, patients take medicines from all the departments such as allopathy, Ayurveda and homeopathy for the same disease situations.

Unlike Charity hospital, the patient load is relatively high in Delhi hospitals and they do not have adequate facilities to treat people. Another point is that unlike German ayurvedic doctors, ayurvedic doctors in Delhi are not trained in western or other alternative medical system. Whatever training they have got in western medicine in their BAMS, MD / MS, wsth that training they were neither well versed with allopathy or with Ayurveda. Few ayurvedic doctors have even pointed out this in my study that the poor quality of medical education and absence of mutual exchange between ayurvedic and allopathic doctors are often responsible for their poor performance in government institutions in which they neither treat patients as per Ayurveda nor they can do a mixture of both medical systems. Ayurvedic doctors even prescribe only allopathic drugs in order to compete with their allopathic counterparts.

METHOD OF DIAGNOSIS AND TREATMENT

In regard to disease diagnosis, it is found that German ayurvedic doctors spent half an hour or even more than that with patients. But there is also a difference/ a hierarchy exists at the level of publicly insured and privately insured patients in terms of the treatment method. In two days OPD, the two ayurvedic doctors see 7-10 patients per day. There is a special format for the diagnosis, the short format and the long format. They do a regular 'ashta and dasavidha pariksha'¹. Because they said maximum patients have already done so many tests and they usually have come with bundle of test reports. They have come in Ayurveda since they want something other than tests. They want a correct assessment of their personality, in terms of their existence. If they find something is missing in the test reports, they advice them to do some more pathological tests. They want something which they do not get in western medicine. They do not want more tests. They want classic ayurvedic tests. In Charity ayurvedic OPD, as the doctors said, they usually find patients who have already undergone many western medicine treatments and they have come in Ayurveda at the chronic stage. Minority patients prefer CAM as the first treatment option. In German doctor's case, their treatment especially includes panchakarma, herbs and in addition it includes aahar, bihar, meditation, yoga and mantra recitation.

On the other hand, in Delhi, although doctors say that they treat patients as per ayurvedic theory (based on doshas, dhatus) but in actual practice they spend 2-4 minutes on an average for each patient in an OPD. But there are some exceptional cases found in some institutions where patients are given 5-10 minutes for diagnosis in which patients are asked about disease history, symptoms and some preventive measures like physical exercises for the patients to follow up. This is not institution specific rather this is very much doctor-specific and sometimes also case-specific. But this is rarely found in one or two government ayurvedic institutions in Delhi. Diagnosis is done without following ayurvedic philosophy in most of the institutions where a doctor

¹ Rogi pariksha or the examination of the patient is done in a detailed eight fold (ashtasthana pariskha) and ten-fold (dasavidha pariksha) processes to understand clearly the condition of the doshas and by doing this, proper diagnosis is done.

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treats the patient symptomatically. Doctors ask questions like *kya hua hai aap ko, kab se hai aur abhi kaisa lag raha hai*. After asking two-three questions like this, they prescribe medicines. Diet restrictions are also not strictly followed for the patients in Delhi hospitals. There are some general food restrictions like to avoid spicy, oily and non-vegetarian food. Again this is found in very few patients cases. So we can say sometimes due to this less hour spent for diagnosis, patients are not able to make a difference between Ayurveda and allopathy in Delhi government hospitals. So Ayurveda in Delhi government health institutions after failing to treat the patient holistically has fallen into the trap of biological reductionism where patients are diagnosed only in terms of symptoms. In response to this, doctors said the diagnosis cannot be done in a government hospital as it was done earlier during the time of vaidya taking detailed history of the patient, his disease situation, what kind of treatment they have taken till now, background of the patient and family history. This is because they see so many patients per day due to which it is practically impossible for them to do diagnosis as per ayurvedic theory (such as doshas, dhatus, malas). But this is even true of doctors in institutions who see only 10-20 patients per day.

MAKING OF PATIENTS' CHOICE

When it comes to patients' view on selection of medicine or medical system it is clear that the limitations of western medicine played a more significant role in choosing ayurvedic treatment. This is true both of Charity and Delhi hospitals. In my fieldwork I found that the final decision to use Ayurveda was highly influenced by members of the respective personal network. Advice from close friends or relatives majorly leads people to choose ayurvedic treatment in both the settings. My fieldwork also shows that patients coming exclusively for ayurvedic treatment are very few. However maximum patients in these two settings come for ayurvedic treatment after consulting allopathy that is after unsuccessful allopathic treatment (when they did not get cure from allopathy). In government hospitals and dispensaries of Delhi, unsuccessful allopathic treatment, for instance, when it causes excessive side effects and when it does not give satisfactory result in chronic disease situations like arthritis, joint pain, diabetes, hypertension, chronic indigestion, hyperacidity, gastric problem and chronic respiratory cases people prefer alternative medicine such as Ayurveda, homeopathy and siddha. People go for Ayurveda in government institutions since they find it equally cheap like allopathy. Likewise, in Charity hospital, as per doctors, 90-95 % patients come for the treatment of chronic diseases like chronic back pain, chronic rheumatic diseases like osteoarthritis, rheumatoid arthritis, psycho somatic diseases, metabolic diseases like diabetes, hypertension and neurological conditions like Parkinson disease. Among these, majority patients come for rheumatic diseases and psycho somatic diseases. People come for ayurvedic treatment mainly in cases of stress related disorders, back pain, psychosomatic disorders unlike Delhi. People come in Ayurveda in Charity hospital also after unsuccessful allopathic treatment.

So, it is clear that majority of patients in Ayurveda in Delhi health institutions and in Charity hospital come after they have consulted allopathy and mostly they have undergone all types of diagnostic tests in allopathy. In case of need, patients are referred to diagnostic tests by the ayurvedic doctors in both the settings.

SOCIAL BACKGROUND OF PATIENTS

If we will look into the social background of patients, in case of Delhi majority patients are from lower socio-economic background like rickshaw pullers, workers, government employees like peons, security guards, people who work privately and have their own small shops. Poor people from distant villages in other states like Bihar, Haryana, and Rajasthan also come here for ayurvedic treatment after listening to others who have already been to these institutions. One can say that Ayurveda in the government health institutions in Delhi can be availed by the poor people and people from lower middle classes. On the other, Ayurveda in the private health set up is expensive which is primarily accessed by the middle and upper middle class community in Delhi.

As I have shown in case of Delhi, the similar hierarchies also prevail in Germany in terms of Public and privately insured patients. The category of patients in the Department of CAM and integrative medicine in Charity hospital is broadly divided into regular patients (in and out) and trial group (research) patients. Within the category of regular patients, there is another division between publicly and privately insured patients. Here in Charity hospital the treatment provided to these two categories of patients is slightly different. Since privately insured patients are reimbursed the whole money spent on their treatment, and the publicly insured patients, some percentage of it. All the privately insured patients are given proper care and massage therapies and panchakarma treatment like Abhyanga, Swedana² whereas publicly insured patients are given only consultation and

² Panchakarma therapy consists of five therapies such as vaman (therapeutic emesis), virechan (therapeutic purgation), basti (therapeutic enema), nasya (therapeutic evacuation of vitiated *dosha* from head) and *rakta mokshana* (therapeutic blood cleansing). These main therapies are preceded by some pre-treatments like *snehana* or *abhyanga* (oleation, herbal oil massage) and *swedana* (herbal steam bath). Abhyanga is a whole body massage with specific herbal oils. This massage is usually followed by a medicated steam bath (*swedan*). *Swedana* is a process to

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medication. And if any person (publicly insured) needs more than this, then they have to pay on their own. All of the regular patients get some kind of ayurvedic treatment. One can say that how different models of integration come with different types of hierarchies which are prevalent in both the settings. Another point is that the background of patients is also different in both the settings. In one setting since better off people are coming, it is possible for them to follow the diet pattern and they can also take time consuming treatments like panchakarma and massage. In another setting there are people who are from lower socio-economic background, in this case, people hardly get all the medicines from the dispensary.

WHOSE AYURVEDA IS MORE AUTHENTIC AND 'PURE'?

To quote one ayurvedic physician in Charity hospital, "Ayurveda is more than just a medical system; it also includes the spiritual and the psycho-mental realm. Ayurveda is holistic in its very sense". In Ayurveda, physicians look not only at the body, but rather integrate everything that can be gained from the patient. "That's one of the reasons that medical analysis from the western point of view is not sufficient". Ayurveda is a complex system of medicine. This is much more than medicine. This takes a lot of philosophical aspects. The treatment procedure is according to the classical texts such as Charak Samhita, Bhagvata and Susruta. It covers all the aspects, physiological and psycho-mental, spiritual aspects, day-to-day aspects of diet, life style.

Similarly, most of the doctors interviewed in Delhi concur that Ayurveda is a science deeply embedded in our culture. Likewise, they emphasise that Ayurveda has a history of 5000 years. In Ayurveda, physical, mental and spiritual well being of the patient is important, just like the World Health Organisation (WHO) which defines health in terms of physical, mental and spiritual well-being. They discussed about ayurvedic treatment in terms of two components: a) preventive and b) curative. Preventive aspect of Ayurveda includes personal hygiene, daily routines and appropriate social behaviour. The curative treatment consists of use of drugs and specific diets.

One can see that how ayurvedic doctors in both Berlin and Delhi have tried to view Ayurveda as a holistic medical system and this is where they made a difference between Ayurveda and western medicine. At the same time, there is a debate on whose Ayurveda is more authentic and purer.

In my interaction with two ayurvedic doctors in Charity medical hospital, they said over the last decade, Ayurveda in South Asia is seen in terms of 'Vital-herbal therapy' and panchakarma treatment-purification techniques, aausadhi section and not as a whole medical system approach. And from the structure of ayurvedic hospitals, the structure of the hospital seems to be very similar to western medicine hospital such as ward rooms, doctor's room. Instead of red pills you get green pills or powders, instead of ultra sound you will find Naadi pariskha. Instead of calory reduced foods, you get panchakarma foods. What is being done in Nepal, India and Sri Lanka, it is very much not in accordance with the traditional texts. The psycho-mental and spiritual aspects are not found in Ayurveda treatment centers in these countries. There are very few institutions which cover all these aspects, but majority institutions lack this. To put it in an extreme fashion, Ayurveda as an alternative system of medicine, alternate to allopathy, has adopted the methods and ways of western medicine for the treatment of patients. The whole medical system approach of Ayurveda somehow seems to be in defensive mode. These are the perceptions as western ayurvedic physicians (21st century) on South Asian Ayurveda.

They also said, in Germany, Switzerland, Austria and other European countries, they do whole system medical approach of Ayurveda than the countries of origin of Ayurveda like India. Ayurvedic physicians or physicians who are working with Ayurveda in Germany and other countries, vital therapy has minor importance in European countries. Panchakarma and herbal therapy are two aspects of Ayurveda. They also give importance to other factors like dietary advice, life style consultations, Sattva vijaya³ (psycho-mental treatment aspect), Daiva vyapasraya (spiritual way of healing), rituals, treatment with mantras, yoga are much more important in Ayurveda treatment in Germany and other European countries. Ayurveda has made its way since the eighties in certain European countries. It has considerably changed. Ayurvedic physicians said Ayurveda is being practiced in Charity hospital as a whole medical system. This is what the patients are seeking for in Ayurveda. If you look at the patients, they do not want only another pill, substituting conventional pills for Ayurveda pills or getting cleansing treatment. They want this to a certain extent but they just do not want this. They want the kind of holistic treatment which they do not find in western medicine. They are such as guidance for better life style, self treatment advice, inclusion of psycho-mental treatment aspect, yoga and meditation, guidance in the spiritual context, how to choose certain mantras, yagnas in a larger therapeutic context. They sometimes also

induce sweating by using steam of special herbs specific to the *dosha* and ailments of a person. This herbal steam bath opens the pores and flushes and cleanses the system through the skin.

³ Sattva Vijaya refers to the protocol, the ayurvedic therapies, which restore the connection between heart, mind and self.

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want cross references for other spiritual treatment options. So it is a wide mixture in terms of what they get from patient as wishes or questions. As a result, it includes all these tools mentioned in classical texts. Based on my observations in case of two in patients, they were diagnosed in a detailed manner and they received panchakarma treatment for 45 minutes each such as swedana and virachana. These two patients are privately insured patients and one patient (old lady) is suffering from fibromyalgia syndrome with anxiety and depression and the other patient (old man) is suffering from knee arthritis.

So, on the one hand, German ayurvedic doctors have made claims that they practice pure and authentic Ayurveda by giving emphasis on the spiritual and psycho mental aspects and practicing Ayurveda as per the classical texts and on the other hand, ayurvedic doctors in Delhi made a claim that they practice authentic and pure Ayurveda. For ayurvedic physicians in Delhi, German ayurvedic doctors are doing what a psychiatrist is doing and in Germany they use Ayurveda more in terms of extra-medication purposes by just focusing on massage and panchakarma. In India, they give emphasis on both medication and panchakarma. People in Germany get treated only for stress related disorders and psychosomatic disease conditions but people in India get treated for other disease situations like allergic and skin disorders, digestive disorders and surgical cases. Here in Delhi they use Ayurveda more in terms of medicine in which they also add panchakarma therapy but not only panchakarma and massage like German ayurvedic doctors.

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