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Panel name

Ritual and Healing in South Asia

Panel description

This panel explores the categories of “ritual” and “healing” in two critical ways in the South Asian context. First, each paper discusses ritual as a theoretical concept per se by investigating ritual as, among other things, ordering activity; habitual performance; social practice; and action that defines and connects conceptual and physical spaces. Second, each paper moves from a theoretical consideration of ritual to an analysis of ritual practices that are meant to be therapeutic. Types of healing discussed include physical, psychological, and spiritual healing. Papers on this panel explore specific case studies in various locations of South Asia, and a number of them examine textual traditions that are important in South Asian history and contemporary culture (e.g., Ayurveda and *Mahabharata*).

Panelists employ a number of different methodologies to address the themes of ritual and healing, including ethnography, textual-hermeneutics, historiography, and psychological analysis. Special consideration is given to the study of ritual healing in light of factors such as, but not limited to, environmental conditions, economics, religion, politics, gender, and newly emerging media/technologies.

Panel Convener

Anthony Cerulli
Hobart and William Smith Colleges
Department of Religious Studies
300 Pulteney Street
Geneva, NY 14456
USA

Tele: 315-781-3879
Email: cerulli@hws.edu

Professional Affiliation

Assistant Professor of Religious Studies
Hobart and William Smith Colleges

List of Papers and Participants

[1] *The Authorization of Medical Practice Through the Use of Ritual in the Sanskrit Medical Classics*

Dagmar Wujastyk
University of Bonn, Germany

The ayurvedic tradition in its codified form, i.e. as described in the Sanskrit medical classics of Caraka, Suśruta, Vāgbhaṅga etc., situates itself within brahmanic culture. Ayurvedic mythology posits a lineage of knowledge transmission from Vedic gods to Vedic sages to the medical teachers associated with the ayurvedic treatises and the medical traditions they represent. The ayurvedic treatises also contain numerous other references to brahmanic customs which include descriptions of rituals that parallel those found in orthodox brahmanic religious law literature. However, scholarly research has shown that some key concepts of ayurvedic medicine are first found not in brahmanic literature, but in Buddhist sources, so that we now assume the origins of ayurvedic theory to lie outside brahmanic culture, going back to heterodox ascetic movements. The traditional account of Indian medicine is understood to be "the result of a later Hinduization process applied to a fundamentally heterodox body of knowledge to render it orthodox" (Zysk: 2000, 4). Assuming then, that medical knowledge was aligned with a hegemonic brahmanic culture in order to represent it as an orthodox science, the choice of elements of brahmanic culture used for this alignment is significant. These elements generally embed medicine within brahmanic culture, which may have been a key factor in making the practice of medicine and receiving medical treatment socially acceptable within brahmanic society. At the same time, some of these elements, and particularly rituals, are used explicitly to authorize the practice of medicine.

In this paper I will examine the use of ritual in the Sanskrit medical classics as an act of authorization both for medical practice as a whole and for specific moments in medical treatment. I will discuss how the performance of rituals forms part of the physician's professional behaviour, and how it relates to his role as a representative of a professional group and to his status in society.

[2] *Ritual and Ritualization in Malayali Toxicology and Malayalam Medical Texts*

Anthony Cerulli
Hobart and William Smith Colleges, USA

This paper explores the treatment of snakebite victims in Kerala among toxicologists who perform a procedure called *ootthu* ("blowing" in Malayalam), which involves the chewing of curative herbs and blowing of "medicinal wind" by attendants of the snakebite patient. In particular, I discuss the ways in which the activities of this

procedure collectively constitute a novel ritual in Ayurveda insofar as *ootthu* involves the following four processes: [1] social process; [2] connection of conceptual categories and physical space; [3] creation of order amid a volatile situation; and [4] signification. What is more, I contend that the practice of *ootthu* is a clinical innovation: the practice is not established as such in the Sanskrit medical texts, but appears to be a contemporary improvisation based on gurukul tradition, Malayalam commentarial literature, and Malayali physicians' knowledge of classical ayurvedic theories.

[3] *On the Healing Dimensions of Astrological Counseling in India*

Audrius Beinorius
Center of Oriental Studies, Vilnius University, Lithuania

Still often discussions of South Asian medical systems omit astrology or suggest that astrologers diagnose but do not cure. Anthropological perspectives traditionally sought explanation of divination's bases in latent social functions and psychosocial effects. Such attitudes overlook critical aspects of astrological advisory sessions, especially those aspects which deal with the increasing person's awareness of their experiential situation and providing the psychological solutions aiming to maximize the client's creative adjustments to his contemporary situation. In my paper based on the fieldwork done in Kolkata I am going to analyze: how do astrology divination processes play role in therapeutically effective healing responses? My point is that astrological counseling is a process of symbolic construction which is intended to explore the person's existential situation, and works as a form of therapeutic counseling which shows some points of similarity to Western psychoanalytic processes. The very act of consulting an astrologer can be considered a ritual, a discursive ritual by itself in which particular selves and hence society itself are re-created and confirmed. Astrological or 'psycho-dramatic' performance constructs a narrative – a vision of life – that, embodying the cultural ethos, reaffirms the integration of the individual within the cosmos. Pujaris, who maintains the temples for planetary deities represent an important institution of Indian astrological culture and the ritual worship (*puja*) are performed weekly for healing purposes.

[4] *Rituals and Healing: The Case of the Jain Community in Medieval India*

Shalin Jain
S.G.T.B. Khalsa College
University of Delhi, India

This paper discusses the role of textual values imbedded in biographies of Jain monks, didactic stories, and hymns dealing with rituals and specific cases of healing in Medieval

India. The symbolic gestures and traditions of the Jain community cultivated such a genre. In addition to personal ascetic practices, for most Jain texts of the period, ritual life centered on temples during the period of study. The organized Sects and their propagators were performing rituals and acts of healing to enhance their influence while for individuals it was a matter of faith. This not only fulfilled the obligation of charity (dana) and public service but also helped to satisfy the individual's need for achieving the proper mental attitude for guidance by following the proper rituals. Many a Jain hymns have been credited with the miraculous power of healing. The Jain religious composers and authors intentionally emphasized upon the links between used rituals and the resulting healing to strengthen the ties between their gacchas and particular castes and clans. The ritualism of Jains and aspects of healing associated with it at times looks to be ambiguous as theoretically Jainism neither favoured miracles nor approved use of rituals for such purposes. Yet while considering ideological moorings of any individual, sect or institution either religious or secular, one has to remember that it never totally reflects into the empirical reality. Rather incorporation of many such beliefs and practices was intended to define and strengthen the bonds and influence of the Jain ascetics and sects.

[5] *Rejecting Ritual in Siddha Medicine*

Richard S. Weiss
Victoria University, New Zealand

In their bid for scientific legitimacy, practitioners of traditional siddha medicine have often rejected the use of ritual in medical practice. Since the 1930s, South Indian Tamil vaidyas have linked ritual practice to superstition and to North Indian domination. Many vaidyas have argued that rituals are historical accretions that have reduced the effectiveness and prestige of an earlier scientific medicine. They have come to see medical ritual not as having therapeutic value, but as expressing, and even as repeating, the political and cultural subjection of the Tamil people. This rejection of ritual has been literally written into siddha medical knowledge, as textbooks used in siddha medical colleges since the 1960s are largely devoid of ritual injunctions, even though they draw extensively from earlier medical texts in Tamil that instruct vaidyas to perform a variety of rituals. This paper thereby examines an instance of the politicization of medical ritual in modern South Asia.

[6] *The Doctrine of prāṇa in Ayurveda and the Mahābhārata and Its Use in Ritual Healing from Classical to Modern Times*

Frederick M. Smith
University of Iowa, USA

The *Mahābhārata* states that it is encyclopedic in scope, that all knowledge is contained within its copious boundaries. It is no surprise, then, to learn that it is densely packed with material on Ayurveda. Among the doctrines that are found in Ayurveda but which spill over into many other realms of Indian science and religion is that of *prāṇa*, breath or, more accurately, the specialized energies that are the internal transformations and applications of breath. The *Anugītā* or “Secondary *Gītā*” is a fairly long tract (more than 1000 verses) in the *Āśvamedhika parvan* of the *Mahābhārata*, the *parvan* or section dedicated to the horse sacrifice (*aśvamedha*) of the Pāṇḍava king Yudhiṣṭhira. The *Anugītā* is an interlude in this *parvan*; it does not discuss the *aśvamedha*. However, it contains a number of important passages on topics related to Ayurveda, including fascinating discussions on the processes of birth and death, and others on the nature of *prāṇa*. These discussions supplement those in the early ayurvedic texts, and, along with the material in these texts, contribute to later understanding of *prāṇa* as it is used in yogic and tantric traditions as a force to be used in healing situations, many of which are conducted ritually. In this paper I will outline the theory of *prāṇa* described in the *Anugītā*, discuss its points of similarity and difference with what is found in early ayurvedic texts, discuss some of the healing rituals in which this knowledge is utilized in recent yogic and tantric texts, and will describe practices that advocate ritually induced control of *prāṇa* in yogically inspired medical clinics today. I will, thus, illustrate how this ritual use of *prāṇa* in medical situations is an old and continuous tradition.

[7] Honour, ritual healing and the paradoxes of modernity in the Garhwal Himalayas

Karin Polit

University of Heidelberg, Germany

In this paper I will explore how expensive healing rituals in Chamoli Garhwal are part of people’s naturalised and misrecognised system of healing, strongly linked to interconnected systems of symbolic and economic capital (following Bourdieu). Chamoli people, so I argue usually perform their rituals of healing for reasons deeply interwoven with their sense of honour and their heartfelt respect for the deities. Any treatment, be it biomedical or ritual, must be initiated by another family member. A healing ritual is somehow more honourable than biomedical treatment, especially for young daughters-in-law, because a ritual is never restricted to the healing of one person, one woman alone. An affliction is never restricted to an individual, but affects the whole family, especially if it is also connected to fertility. As such, individual treatment is a matter of dishonour and shame (*sharam*), whereas the ritual or collective therapy is accepted and can even help to raise the family’s symbolic capital of honour.

Using a specific case study – a line of rituals done in favour of a barren woman - I will analyse how practices of healing are closely related to concepts of gender and family values. Individual well-being, I will argue, is subordinate to the well-being of the family. In such a situation, processes of modernization including new discourses entering Chamoli through multiple channels can have a different hysteresis effect. In this discourse ritual practices become practices of backwardness and superstition. At

the same time this discourse turns against ritual practices directed towards the woman's well being and the relations to her natal kin.

[8] *Traditional Ritual Healing in India and the Traikakuda Ointment: Remarks on the Interpretation of the Atharvavedic Spells 19.44-45*

Leonid Kulikov
Leiden University, Netherlands

This paper concentrates on some aspects of the traditional ritual healing methods, going back as far as the Vedic times and using a peculiar Traikakuda (literally, “three-peaked”) ointment. The analysis is based, foremost, on evidence from two spells of the Atharvaveda (Śaunakīya), 19.44-45, as well as from some ancillary late Vedic and post-Vedic Sanskrit texts belonging to the Atharvanic tradition, such as Śāntikalpa and Kauśikasūtra. It will be argued that a thorough linguistic, philological and historical analysis of the text helps to shed light on the healing techniques and methods that are used in the corresponding ritual. Furthermore, I will discuss the character of the diseases which are supposed to be healed by using the Traikakuda ointment. These include, in particular, jaundice, some types of tumor and a few kinds of fever. I will argue that a detailed analysis of the text contributes to better understanding of the application of this ointment, in particular, its use against bad dreams. It will also be demonstrated that using new evidence from the Paippalāda recension of the Atharvaveda (based on the Atharvanic tradition preserved in Orissa) may clarify the interpretation of some difficult passages in the Śaunakīya recension and, eventually, help to elucidate the details of the corresponding ritual.

[9] *Tibetan Medicine Goes West: Mutual Counter-Adaptation and Other Techniques Employed by Doctors and Patients*

Ilona Manevskaya
University of Manchester, England

My paper concentrates on the anthropological aspects of the functioning of Tibetan medicine (TM) in Russia and its cultural representations and adaptation by doctors of TM and patients. Tibetan medical system intertwines with Buddhist teachings, and Tibetan doctors may employ religious rituals, astrological calculations, merit making and exorcism (in case of demon attack or spirit possession) as part of their healing practices. However when working with patients of different cultural and religious background, doctors are forced to reinterpret and/or readjust their religious and medical practices. In some cases, they may even, consciously or unconsciously, free their medical discourse from religious and ritual elements.

This paper offers an insight into how doctors and patients manage with cultural differences when pursuing a common goal – restoring health. There are a number of

mechanisms used, consciously or spontaneously, by TM doctors and their patients in intercultural settings which help to facilitate the process of understanding between the parties involved in such dialogue. These include, among others: [1] Mutual counter-adaptation: TM doctors and patients re-formulate their explanatory models in terms which make sense to both parties. This often results in using quasi-biomedical terms. Patients and practitioners may switch frameworks relatively freely, without much concern about underlying theoretical assumptions. [2] Exoticisation: this technique simplifies complexities, uses existing stereotypes, and produces new stereotypes. It operates through colourful visual images and epithets. [3] Hybridization: TM is de-contextualised and fragmented; some elements of its concepts and modalities are recombined with other Asian medical practices, such as acupuncture and soo-jok, or with other forms of alternative systems and even with biomedicine, according to the beliefs and experiences of doctors. A detailed study of such mechanisms and techniques helps to understand the nature of the new healing practices and rituals, emerging in the European context on the basis of ancient Asian traditions.