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Yogis, Ayurveda and Kayakalpa – The Rejuvenation of Pandit Malaviya

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THIS ARTICLE CONSIDERS a significant incident of rejuvenation therapy which was advertised as *kāyakaḷpa* (body transformation or rejuvenation) in 1938. Although widely publicised at the time, it has largely been occluded from the narratives of yoga and Ayurveda in the second half of the twentieth century. This article will argue that, despite this cultural amnesia, the impact of this event may have still been influential in shifting the presentation of Ayurveda in the post-war period. The rejuvenation of Pandit Malaviya presented the figure of the yogi as spectacular healer and rejuvenator, popularly and visibly uniting yoga with ayurvedic traditions and the advancement of the Indian nation. Moreover, the emphasis on the methods of rejuvenation can be seen in retrospect as the beginning of a shift in public discussions around the value of Ayurveda. In the late colonial period, public discussions on indigenous medicine tended to focus on comparing methods of diagnosis and treatment between Ayurveda and “Western” biomedicine. In the second half of the twentieth century, ayurvedic methods of promoting health and longevity were given greater prominence in public presentations of Ayurveda, particularly in the English language. The 1938 rejuvenation of Pandit Malaviya can be seen as a pivot point in this narrative of transformation.

Today a close association between Ayurveda and yoga seems axiomatic. Swami Ramdev is perhaps the best-known face of this association, promoting his own brand of “Patañjali Ayur-ved” pharmaceuticals (established in 2006) with *swadeshi* authenticity.¹ Ramdev’s line of Patañjali products, in which ayurvedic pharmaceuticals hold a prominent place, is particularly successful

¹ Newcombe (forthcoming). *Swadeshi* refers to Indian-made or produced materials and the term was closely associated with the non-violent agitation for Indian self-rule

lead by Gandhi. Swami Ramdev more specifically uses this association to protest the power of neoliberal, global capitalist firms on the Indian economy.

financially and has been called “India’s fastest-growing consumer products brand”.² Prior to Ramdev, a close association between yoga and Ayurveda has also been promoted by the Maharishi Mahesh Yogi (1918–2008) as “Maharishi Ayur-Ved” from the late 1970s onward. Sri Sri Ravi Shankar (b.1956) more recently introduced a line of “Sri Sri Ayurveda/Sri Sri Tattva” products in 2003, a trend being echoed by a number of less well known guru-led organisations.³ Maya Warrier has noted in the early twenty-first century the “mushrooming of ayurvedic luxury resorts, spas and retreats across many of India’s tourist destinations” which offer “expensive ‘relaxation’ and ‘rejuvenation’ therapy, yoga and meditation sessions, lifestyle advice, as well as beauty treatments, to affluent clients, mostly (though not exclusively) from overseas.”⁴ Contemporary Indian university syllabuses for the Bachelors in Ayurvedic Medicine and Surgery (BAMS) now require graduates to have a basic understanding of Patañjali’s formulation of yoga as well as therapeutic applications of *āsana* and *prāṇāyāma*.⁵

Presentations within a tradition have distinct shifts, as well as gradual changes through time. Malaviya’s rejuvenation treatment marks one such point of change in the public presentation of the ayurvedic tradition. I will argue that, when Pandit Malaviya turned to a wandering sadhu for an intense rejuvenation treatment, it can be understood as part of a growing trend towards exploring and promoting the potentials of indigenous healing systems. But it can also be seen as a nodal point for a change in association between yogis, yoga and ayurvedic medicine. Before detailing Malaviya’s “health cure” and its impact on twentieth century associations between yoga and Ayurveda, the relative disassociation between yoga, yogis and Ayurveda in the first quarter of the twentieth century needs to be established.

A close association between yoga, yogis and Ayurveda is not prevalent in the known pre-modern ayurvedic record. Texts in the ayurvedic canon do not

² Patañjali company turnover for 2015–2016 was reported to be in the region of USD \$750 million, and projections for subsequent years even higher (India Infoline News Service 2016).

³ For more on Maharishi Ayur-Ved see the collection of chapters by Humes, Jeannotat and Newcombe in Dagmar Wujastyk and Smith 2008 and for Sri Sri Ravi Shankar’s Art of Living Foundation, see Jacobs 2015.

⁴ Warrier 2011:86. A shift previously observed by Zimmermann (1992) and Zysk (2001).

⁵ Central Council for Indian Medicine

(2014, 2017). In contemporary BAMS programmes yoga is sometimes combined with the specifically ayurvedic recommendations for self-care and community health, e.g., “Swasthavritta & Yoga,” and sometimes taught separately as an independent topic of Yoga. These current associations have also been clarified through conversations with Kalyan Gans, a student in the Jamnagar Ayurvedic University BAMS programme. For changes to ayurvedic education in modern India see also Langford 2002.

generally refer to the practices of yoga and meditation as part of their therapeutic framework before the twentieth century.⁶ Kenneth Zysk has concluded that teachers and practitioners of Ayurveda continued to maintain “the relative integrity of their discipline by avoiding involvement with Yoga and other Hindu religious systems.”⁷ Jason Birch has recently done a survey of texts which can be considered part of the *haṭhayoga* canon. He concludes that as far as frameworks of health and healing are evident in the *haṭhayoga* manuscripts,

yogins resorted to a more general knowledge of healing disease, which is found in earlier Tantras and Brahmanical texts, without adopting in any significant way teachings from classical Ayurveda. In some cases, it is apparent that yogins developed distinctly yogic modes of curing diseases.⁸

It appears that until very recently, the necessity of a yogi dealing with the physical body while aspiring towards *mokṣa* created specific forms of self-therapy amongst the ascetic community; in contrast, the ayurvedic tradition focused largely on a physician-led model of health and healing.

Yet there are also intriguing traces of entanglement. Some texts, i.e. the *Satkarmasaṅgraha* (c. 18th century) and the *Āyurvedasūtra* (c. 16th century), show specific and interesting points of dialogue between ayurvedic *vaidyas* (physicians) and yogic *sādhakas* (practitioners/aspirants).⁹ Another interesting text identified recently is the *Dharmaputrikā* (c. 10–11th century Nepal) which suggests a greater integration of ancient classical medicine and yogic practices at an early date than has previously been found. In particular, the *Dharmaputrikā* has a chapter named *yogacikitsā*, i.e., “therapy in the context of yoga”.¹⁰ Other texts that may better help scholars trace the history of entangled healing traditions in South Asia are likely to emerge in the coming decades. But to date, scholarly consensus holds that Ayurveda and yogic traditions are better characterised as distinctive traditions which have some shared areas of interest.

However, from the early twentieth century onwards, there are increasing overlaps between the yogic and ayurvedic traditions of conceptualising the body and healing in the textual sources. This appears to be particularly relevant when thinking about how to imagine the body, with some attempts to synthesise and

6 The *Carakasamhitā* does contain an interesting explanation of yoga as both spiritual liberation and the means for attaining it. However, this section is not directly related to the application of treatments for either specific complaints or increasing longevity,

see Dominik Wujastyk 2011 for details on this very interesting passage.

7 Zysk 1993: 213.

8 Birch 2018.

9 See Birch 2018 and Slatoff 2017.

10 See Barois forthcoming.

visualise chakras from the yogic traditions into an ayurvedic understanding at the beginning of the twentieth century.¹¹ Health and healing through Indian “physical culture” techniques, which included the incorporation of postures (*āsana*) and breathing techniques (*prāṇāyāma*), was being developed in several different locations around the 1920s onwards.¹² But it is particularly difficult to gauge what India healers and *vaidyas* were doing in their daily practices until the later twentieth century.

The way medicine in this period has been understood has been framed more from the historical record of extant, printed documents, rather than through descriptions from indigenous practitioners themselves on the nature of their activities. Rachel Berger explains the situation at the turn of the twentieth century as found in official documents and most Anglophone discourses: “The experience of medical practitioners was marginalised and alienated from the greater discourse of a mythical – and fallen – ancient medical past, while pre-colonial practices and institutions were retained and reframed to fit the new model of colonial medicine.”¹³ Colonial efforts to control and promote medical treatment in India have been well documented by medical historians. It is generally accepted that colonial framings of the body and its relation to race and nationality had profound impact on the formation of institutions and public debates.¹⁴ The extent to which these efforts actually resulted in fundamental changes to the practice of indigenous *vaidyas* and other healers has begun to be explored, but it’s hard to get a clear descriptive picture of medical practice from the extant historical sources.

Medical historians have begun to examine vernacular literature relating to the practice of medicine in nineteenth- and early twentieth-century India. Bengali, then Hindi translations of the canonical ayurvedic texts were produced and circulated amongst the literate populations. There are also a variety of journals, dictionaries and advertisements from the late colonial period. Berger characterizes the large variety of Hindi pamphlets produced in the early twentieth century as focusing on illness, remedy, and Ayurveda more generally. These would often incorporate eclectic and local cures alongside aphorisms (*śloka*) from Sanskrit works and can be identified into particular genres:

11 See Mukharji 2016: 205–25 and Haṃsasvarūpa Mahārāja 1903?) as well as Dominik Wujastyk 2009.

12 Joseph Alter has emphasised the development of yoga and naturopathy as health care systems in India through Gandhi’s initiatives, see Alter 2004, 2005a,b, 2010, 2014. Singleton (2010) provides an excellent starting place for understanding the transform-

ations of the international physical culture movement on the presentation of *āsana* in India. For a summary of the development of yoga in contemporary India, see also Newcombe 2017.

13 Berger 2008: 58.

14 See Ramasubban 1982; Arnold 1993; Harrison 1994; Hodges 2008; Berger 2013; and Mukharji 2016.

The first is the product targeting the power (or lack thereof) of Indian men, often having to do with the sapping of his virility through disease. The second are the ads aimed for information about babies and the family, usually through books or through enriched medical products (or food substances). The third category advertised indigenous food products for a healthy nation.¹⁵

Of these categories, the material targeting the virility and sexual potency of Indian men has attracted the most historical attention and has the most overlap with traditional *rasāyana* formulations.¹⁶ A systematic study of the extent to which *rasāyana* techniques and formula were promoted in the vernacular literature in the early twentieth century has yet to be conducted.

Certain categories and techniques did appear to be emphasised in printed discourse though, and these did not emphasise *rasāyana* treatments. For example, the *Ayurvediya Kosha*, the Ayurvedic Dictionary, published by Ramjit and Daljit Sinha of Baralokpur-Itava from 1938–1940 was intended to be

a definitive ayurvedic interpretation of pathology (*rog-vigyan*), chemistry (*rasayan-vigyan*), physics (*bhotikvigyan*), microbiology (*kadin-vigyan*), as well as to the study of deformity.¹⁷

Neither yoga as a treatment method, or restorative or rejuvenation treatments appear to be a significant element of the conception of this work.

An interesting document of this period which contains a large variety of first-hand accounts by ayurvedic medical practitioners is the *Usman Report* (Usman 1923) which offers an unusual snapshot of ayurvedic, Unani and Siddha practitioners' responses to a set of questions about their practices. However colonial concerns were still clearly central in the framing of the questions put to practitioners. This report was commissioned by the government of Madras, focusing on those qualified practitioners of the ayurvedic, Unani and Siddha systems of medicine. It became known by the name of its chairman Sir Mahomed Usman, K.C.S.I. (1884–1960).¹⁸ The report was partially initiated in response to a series of colonial reports and investigations into "Indigenous Drugs" which sought to explore the possibilities of producing cheap and effective medicines on Indian soil.¹⁹ The *Usman Report* voiced explicit concerns that such mining of indigenous ingredients, without understanding the traditional systems and compounds

¹⁵ Berger 2008: 159 f.

¹⁶ See Alter 2011 and Dagmar Wujastyk 2017: 8 (in this volume) on the connections between *rasāyana* and virility treatments (*vṛṣya*).

¹⁷ Berger 2008: 143.

¹⁸ See Usman 1923 and Dominik Wujastyk 2008.

¹⁹ For some examples of these reports see Dey and Mair 1896 and Bahdur and Avargal 1921.

in which the plants were used, amounted to “quackery” on the part of biomedical physicians.²⁰ The summary findings largely justify the case for further state support of these indigenous forms of medicine. It is clear that the majority of the population was more likely to have access to traditional rather than “western trained” medical professionals; in the name of promoting the general health of the Indian population, the authors argued that harnessing the power of traditional medical practitioners was vital. Pragmatic concerns were seen to be more important than creating a single mode of explanation for ill-health.

However, the written submissions betray a clear concern to clarify the theoretical assumptions which underlie what the report identified as the major traditional Indian medical practices. There were over 180 written submissions, and over forty oral reports were transcribed; these reports came from all over India and in a number of regional languages.²¹ These written submissions were primarily concerned with ascertaining the key principles and treatment modalities of each of the three systems of Ayurveda, Unani and, to a lesser extent, Siddha medicine.²² The survey responses often focus on explaining and justifying *tridoṣa-vidyā* (“knowledge of the three humours”) and other categories of pathology and diagnosis. The primary challenge being addressed in this work seems to be the conceptual discord between germ-theories of disease and descriptions of imbalance as the framework for understanding illness. Indigenous practitioners were urged to keep more careful records of their efficacy in curing specific complaints in order to justify public health expenditure on promoting systems of registration and education for indigenous medical arts.²³ An idea that Ayurveda was able to promote wellness and longevity more effectively than biomedicine was certainly present in the *Usman Report*, but this was particularly in response to dealing with chronic illnesses.²⁴

An appendix to the *Usman Report* summarises the syllabus of sixteen institutions of ayurvedic, Unani or Siddha medicine at this time. As discussed by Dagmar Wujastyk in this volume, *rasāyana* is an integral part of the classical ayurvedic canon and most major works devote a chapter to the subject.²⁵ Here, we can see that the classical works attributed to Suśruta and Caraka as well as

20 Usman 1923: 27.

21 The Ayuryog project is currently translating the submissions in Tamil, Telugu, Malayalam, Oriya and Kannada.

22 However, there is a closer association between the Siddha practitioners and yoga, although the overlap of specific yogic practices as treatment methods is not clear in the way the questions are framed and

answered. For example, the Siddha submission by Swami Virudai Sivagnanayogigal Avargal, to the Usman committee (Usman 1923: part 2, 330–40), translated from Tamil for the Ayuryog project.

23 Usman 1923: part 2, 6.

24 Usman 1923: part 2, 7, 55, 79, and 80.

25 Dagmar Wujastyk 2017.

the works attributed to Vāgbhata, amongst a few others are part of the standard materials covered.²⁶ All of these works contain chapters on the subject of *rasāyana*. Vāgbhata's *Aṣṭāṅgahr̥dayasaṃhitā* (early c. 7th century), which attempts to bring the *Suśrutasaṃhitā* and the *Carakasaṃhitā* into a single coherent text, was widely used in the period between 1400–1850, as Dominik Wujastyk's evaluation of manuscript collections shows, and continues to be an important resource for the practice of Ayurveda in Kerala in particular.²⁷ As Dagmar Wujastyk notes in this volume, both the *Suśrutasaṃhitā* and the *Carakasaṃhitā* describe different *rasāyana* recipes and procedures, although they share ideas about appropriate methods of treatment, i.e. the necessity of preliminary treatments of internal cleansing, followed by a mild diet for regaining strength, and then treatment proper with the chosen tonic over a period of time.²⁸ Significantly, the *Aṣṭāṅgahr̥dayasaṃhitā* opens with passages on how to promote longevity before detailing the other major divisions of ayurvedic practice. In classical ayurvedic textual presentation, disease can be caused by wrong mental attitudes – an idea which mirrors contemporary presentations that blend yoga and Ayurveda more explicitly. However, *āsana* and *prāṇāyama* do not form any part of the treatment methods or longevity prescriptions in premodern ayurvedic texts. Although these texts and therefore, theoretically also *rasāyana* practices, are part of the syllabus, formal courses of study in 1923 appear to be framed in ways that mirrored the preoccupations of colonial medicine, e.g. anatomy, physiology, *materia medica*, pathology, and therapeutic prescriptions. While we cannot infer an absence of *rasāyana* from the repertoire of ayurvedic teaching and practice from the *Usman Report*, it is clear that rejuvenation was not a major focus of activity for ayurvedic practitioners at this time.

For example, nowhere in the *Usman Report* does there appear to be a mention of the more complicated methods of *rasāyana* treatment such as *kuṭīpraveśa/kuṭīpraveśika*, conducted “inside a hut” in contrast to the simpler *vātātāpika* “in wind and sunshine” treatment as outlined in the *Carakasaṃhitā*. The *kuṭīpraveśika* treatment, as will be detailed below, was costly and time-consuming and does not appear to have been commonly practiced.²⁹ Neither did the *Usman Report* highlight the purification and cleansing practices, which are an important prerequisite to *rasāyana* practices, as an important or distinctive feature of Ayurveda.³⁰ The individual testimonies in the *Usman Report* also reveal only scattered

26 *Usman Report*, Appendix III to Vol. 1 (*Usman 1923*: 117–34) summarises the syllabus of sixteen institutions of Ayurvedic, Unani or Siddha medicine at this time.

27 Dominik Wujastyk 2003: 193–5.

28 Dagmar Wujastyk 2017.

29 Dagmar Wujastyk 2015.

30 In modern globalized ayurvedic practice, the panchakarma (*pañcakarman*) practices are probably the most well-known

references to yoga (as either philosophy or *āsana*) or *prāṇāyāma* (breathing exercises) as an experimental technique for ayurvedic *vaidyas*.³¹ While the preservation and extension of life is an essential part of the ayurvedic canon, interests of professionalization, pathology, diagnosis and treatment were clearly at the forefront of early twentieth-century presentations of Ayurveda.

Therefore, in 1938, when one of the most prominent activists for Indian advancement and independence approached a sadhu for rejuvenation treatment, it was a novel matter of national and international interest.

1. PANDIT MALAVIYA'S HEALTH CURE³²

MADAN MOHAN MALAVIYA (1861–1946) was an Indian educationist and politician notable for his role in the Indian independence movement. He trained as a lawyer and was well-known for his activity as a newspaper publisher, becoming increasingly dedicated to nationalist and Hindu causes. He was involved with the founding of Banaras Hindu University (BHU) and served as Vice Chancellor from its establishment until 1938, then as a Rector until his death. Additionally, he was elected president of the Indian National Congress party in 1909, 1918, and 1933; he generally argued for moderate and constitutional activism.³³ He also powerfully argued for Hindu unity, re-conversion to Hinduism, and removing “untouchability” from Hinduism. Malaviya was extremely active and very much in the public spotlight. On various occasions, he publically supported or challenged Gandhi’s proposals and was arrested for his agitations for independence.³⁴ The year before his rejuvenation treatment, Malaviya had retired from active politics due to his elderly age and failing health.³⁵ It is logical that such a man would feel in need of some rest and regeneration. That this high-profile individual chose a relatively unusual and intense treatment ensured global media coverage.

ayurvedic interventions. Lists of what counts as panchakarma are, however, not standardized. They often include *vamana* (emetics), *virecana* (purgatives), *basti* (enemas), *nāsya* (medicinal nasal oils) and *raktamokṣana* (blood-letting). The ayurvedic texts describe the preliminary cleansing procedures in *rasāyana* treatments, which are not referred to as *pañcakarman*, as including the use of emetics, purgatives, blood-letting and sweating therapy.

³¹ For example in Usman 1923: part 2, 51, a Dr Prasadhi Lal Jha of Cawnpore proposes various experimental treatments in-

cluding: “Fasting cure (cf. Ayurvedic Upvas), Chromopathy (cf. Shit-Ushna Virya Rus) through the influence of the varying sun’s rays, Countmattei’s [sic] different electricities, Respiratory exercises (cf. Pranayam), Physical exercises (cf. the Hatyog Asana or exercises used for the development of the physical body not for worldly object alone but for Yogic purposes also).”

³² Title taken from Anon. 1938f.

³³ Anon. 1946.

³⁴ Mariau 2008.

³⁵ Misra 2016: 283.

According to his own report, Malaviya was urged by supporters to meet an Udāsi sadhu called Tapasviji who had recently completed a successful rejuvenation treatment in Uttar Pradesh.³⁶ Shriman Tapasviji (c. 1770?–1955) was also known as Tapsi Baba, Bishandasji Udasi, Bishundasji, Baba Bishnu Das, Tapsi Baba Maharaj, and Swami Bishundasji (as well as other variants); he was widely reported to be much older than he looked and to have undergone radical rejuvenation three times, most recently in the early 1930s.³⁷ According to Malaviya, who enquired about the sadhu in the local area:

A lot of people had seen the Tapsi Baba as a decrepit old man, the most sober estimate of his age being between 65 and 70 years, before he entered the cottage for his treatment. Others put his age much higher. But when he came out after 40 days, he looked not more than 40 years.³⁸

After meeting Tapasviji on the introduction of a Swami Anand, Malaviya was impressed and became convinced that he would benefit from a similarly intense rejuvenation practice, despite his weak state of health. A friend, Pandit Harr Datt Shastri, committed to undertaking the same treatment in a nearby hut parallel to Malaviya.

According to Malaviya, the two friends entered separate huts, 50 feet apart, on January 16, 1938 and emerged forty days later on February 24, 1938.³⁹ As reported in *The Hindu*, Malaviya, aged 76:

entered a dark chamber, in a bungalow on the Ganges bank, from which light and air had been practically shut off to produce conditions similar to those existing inside a mother's womb. Within a couple of days, the cycle of day and night was lost to the Pandit who now slept soundly for several hours in the day and used to sit up late in the night to meditate and study by the ghee lamp which was permitted. He lived on a diet of milk, butter, honey and "aonla" and was

³⁶ Mooss 1938: 22–9. "Udāsi sadhu" is a common name for an initiate of the Udāsīn Akhārā which was founded by Śrī Cand (1494–1629), son of Guru Nanak and initially connected to Sikhism. Since the austerities of the order were not in line with Guru Nanak's teachings, Śrī Cand started a new order that later on was associated with Śaiva cults. For more on the yogic practices of *sannyāsa* in contemporary India, see Bevilacqua 2017.

³⁷ In contemporary press reports he was most frequently referred to as Tapsi Baba. However, for the remainder of this article he will be referred to as Tapasviji, following the name used by his two hagiographers, Anantha Murthy (1968) and Sharma (1940).

³⁸ Mooss 1938: 23.

³⁹ Mooss 1938: 24. If these dates are correct, the time inside the huts was forty days, not forty-five as some media accounts suggest.

not allowed to shave or bathe. In the morning and evening he was given the medicine which itself costs nothing, but its preparation in a forest 30 miles away is a long process. One “dhak” or “palas” tree and several mounds of cow dung cakes comprised the fuel for preparing one day’s dose.⁴⁰

In all accounts Tapasviji administered the treatment, but he had the assistance of two others, Krishnadas and Anandswami. Krishnadas was described by *The Illustrated Weekly of India* as responsible for preparing the medicine, “which was done in a *palas* forest, about 30 miles from Allahabad. The forest was placed at the disposal of Pandit Malaviya by one of the princes”.⁴¹ Krishnadas was a long-term devotee of Tapasviji who is described in Ananda Murthy’s hagiography as a reincarnation of the Baba’s long-dead son.⁴²

Through comparing the various accounts, a fairly comprehensive description of the treatment can be built up. One of the newspaper accounts provides some interesting detail about the method of preparation of the medicine used for Malaviya’s treatment in the forest:

Every fourth day Tapsi goes forth into the distant jungle to supervise the preparation of medicines from rare herbs. The main ingredient is from the dhak tree. Such a tree is cut down and the bottom of the tree is hollowed to form a cup where bark and precious dried herbs are placed. The cup is covered with dried cow dung which is ignited. The fire burns all day, and by evening the medicine is ready to be taken back to Allahabad where more secret herbs are mixed in. By this time it forms a dust-like powder.⁴³

The Illustrated Weekly of India identified *aonla* (also known as *amla*, “Indian Gooseberry,” or emblic myrobalan) as one of the main ingredients in the

40 Anon. 1938f. As Dagmar Wujastyk (2015: 68) explains: “This may have been the recipe found in *Aṣṭāṅgahr̥dayasaṃhitā*, *Uttarasthāna* 39.28–32, according to which emblic myrobalan fruits are cooked inside a Flame of the Forest (*palāśa*) log and then mixed with honey and ghee. The prescription specifies that the patients can drink as much milk as they like and that they should avoid cold water during the one-month treatment. This correlates with Pandit Malaviya’s description of his diet and regimen. Tapsi Baba changed the recipe

by adding four more herbal powders to it “calculated to increase the efficacy of the medicine.” Dagmar Wujastyk (2015: 65) also describes another interesting rejuvenation with the *palāśa* bark in *Carakasamhitā*, *Cikitsāsthāna* 1.4.7.

41 Lal 1938.

42 Anantha Murthy 1968: 222–26 Krishnadas predeceased Tapasviji sometime in the early 1950s; Tapasviji’s reaction to his death is recorded in Anantha Murthy 1968: 277–81.

43 Anon. 1938d.

mixture heated in the tree-*puṭi* (fire pit) and specified that the milk used must be taken fresh from black cows.⁴⁴ In another account, Tapasviji is reported to have explained that there are four main herbs, which must be gathered at particular times of the year, used to coat the *aonla* in the compounding. Malaviya reports that what he consumed twice daily was brought from the forest by railway before eight each morning and consisted of two ounces of the *aonla* medicine, two ounces of butter and “nearly” two ounces of honey, reportedly prepared according to the “method laid down in Vagbhut.” Beyond the medicine itself they were only allowed to drink the fresh milk of a black cow throughout the period of treatment. Despite this diet restriction Malaviya claims to have gained nine pounds during his sojourn in the purpose-built hut (*kuṭī*).⁴⁵

In her explorations of the history of *rasāyana* practices, Dagmar Wujastyk has noted that although the specific *kuṭīpraveśika* treatment undergone by Malaviya is found in the classic compendia of both Caraka (*Carakasamhitā*, *Cikitsāsthāna* 1.1.16–20) and Suśruta (*Suśrutasaṃhitā*, *Cikitsāsthāna* 29.10), later ayurvedic works no longer give full descriptions of this more complicated method. On this basis and the other experimental treatment of Vaidyaratnam P. S. Warrier described in the *All-India Ayurvedic Directory* of 1938, Wujastyk has suggested that *kuṭīpraveśika* treatment might have been preserved in ascetic communities and was not a part of the standard ayurvedic treatment modalities in the early modern period.⁴⁶

Dagmar Wujastyk (2015) describes *kuṭīpraveśika* treatment as specified in the *Carakasamhitā* in detail. Significantly, prior to entering the *kuṭī*, the texts recommend an internal purification through oleation and purging the stomach and bowels, processes now associated with the five cleansing methods called “panchakarma” (*pañcakarman*). Wujastyk argues that although spectacular rejuvenation is promised by the full techniques, the practice does not appear to have been commonly undertaken. The expense in terms of both time and money for such treatments is likely to have been prohibitive.

As noted in reports surrounding Malaviya’s treatment, all the medicines might be obtained without cost from the indigenous forests. However, the sum of the process involved was time-consuming and expensive. The construction of a purpose-built hut (*kuṭī*) was itself a significant undertaking, and the time away from work or providing for a family would also be costly. In Malaviya’s treatment, each man procured their own volunteer for the job of attending to them daily and administering the medicine provided by Tapasviji. Malaviya reported that his son fulfilled these duties. One contemporary newspaper

44 Lal 1938.

45 Mooss 1938: 24 f.

46 Dagmar Wujastyk 2015: 74 and Mooss 1938: 29–32.

report suggested the overall cost of this treatment in 1938 could “run from \$2,000–\$17,000,” putting it out of the reach of most individuals. Nevertheless, after Malaviya’s success, newspapers reported that several offers to sponsor Gandhi’s rejuvenation were forthcoming.⁴⁷

There were strict restrictions on the activities of the two men in the hut during the course of treatment. They were not to emerge from the hut day or night, to experience neither sunlight nor open air. They were not allowed to bathe, shave or experience massage. For several hours during the day, it was arranged that pandits would sit on the veranda outside the hut and their voices could be heard reciting verses of the “*Rudrabhishek puja*” and the *Bhagavadgītā*. Personal reading material was permitted but they were advised “not to exert themselves too much in that way either.” While only the attendant administering medicine was supposed to enter the hut, Malaviya reported that the two men were also permitted an occasional visitor.⁴⁸

The effects of Malaviya’s treatment were considered universally positive but less extreme than promised in the *Carakasamhitā*, *Suśrutasaṃhitā* or Vāgbhaṭa’s *Aṣṭāṅgahṛdayasaṃhitā*.⁴⁹ In his own long testimony, Malaviya explains that,

in fairness to Tapsi Babaji, he told me beforehand that a new set of teeth will not come out, nor would the nails fall off by the treatment he was giving me. He did expect that my hair would largely become black and I would look and feel as if I was twenty years younger.⁵⁰

Malaviya concurred with the effectiveness of the treatment and noted he felt more confident and walked more upright.

The Hindu, which did not offer photographs in its coverage of the incident, described it as “A Wonderful Change:”

His wrinkles had practically disappeared. His gums had gone stiff. Rumours of new teeth growing, were however, discredited. His face was fleshy and cheerful. ... Compare with this the bowed and emaciated figure of the old Pandit when he delivered the Convocation address of the Allahabad University on December 14. This was the last occasion when Malaviya appeared in public before the Kayakalpa treatment; and after a few introductory sentences he seated himself in a chair to deliver his address. Such was the state of his health. Today despite his white moustache he hardly looks sixty.⁵¹

47 Anon. 1938d.

48 Mooss 1938: 24 f.

49 For more details and translations, see Dagmar Wujastyk 2015 and Dominik Wu-

jastyk 2003: 126–9.

50 Mooss 1938: 27.

51 Anon. 1938f.

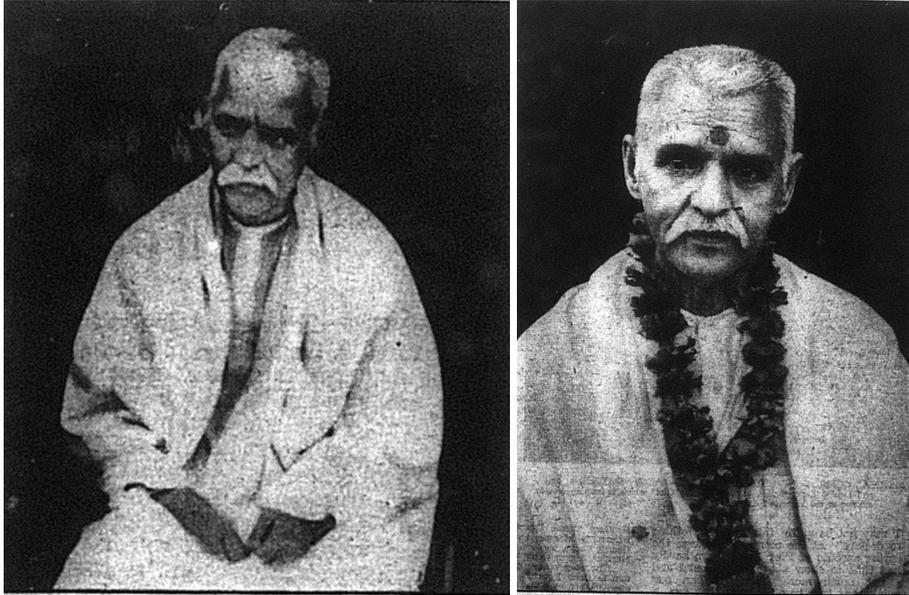


Figure 1: Before and after pictures of Pandit Malaviya as appeared in *The Illustrated Weekly of India* of 20 March 1938 (Lal 1938).

However, Malaviya did not consider the treatment an unreserved success. He was troubled by insomnia during and after the course of *kuṭīpraveśa*. Malaviya reflected that he would have benefited much more fully if he had prepared himself for the *kuṭīpraveśa* with a course of “Panch Karma,” a course of ayurvedic cleansing practices recommended in ayurvedic sources, and then allowed time to regain strength before commencing the *kuṭī* treatment. He also suggested that his friend, Pandit Harr Datt Shastri achieved greater benefits by starting the process at a younger age (he was fourteen years Malaviya’s junior) and in better health.⁵²

Pandit Harr Datt Shastri described the treatment as psychologically hard, but ultimately very beneficial:

For the first 2 to 3 weeks I felt at times weakness and depression, occasionally accompanied by loose motions or nausea. But just after a couple of days of my starting the treatment, I began to feel distinct improvement in my eye-sight which was very weak and defective for many years. This kept me up in that dark cellar and at the end of the course I felt immensely improved in general health. All wrinkles on

⁵² Mooss 1938: 26.

my face disappeared, body became more muscular, my hair became perceptively darker and, as so many of my friends suggested, I looked younger at least by 15 years. Above all I found I could concentrate and contemplate better than before.⁵³

Malaviya was somewhat embarrassed by the extent and tone of the media's interest in his treatment. Upon his exit from the hut, Malaviya commented that, "I was sorry to learn that the treatment was very much advertised and that very exaggerated hopes were created about its results".⁵⁴ The tone and interest in the treatment varied depending on context, but it was syndicated by the Associated Press as well as being attended to by a variety of "correspondents" for major global newspapers in India.

The concern Malaviya expressed about the exaggerated reports is evidenced by one found in *The Daily Telegraph*, usually considered to be a sober broadsheet. On 19 January 1938, *The Daily Telegraph* ran a short note that Malaviya:

has entered a specially prepared chamber on the banks of the Ganges for rejuvenation treatment by Sannyasi, who is reputed to be 172 years old. ... it is claimed that after 10 days treatment the pandit will look 20 years younger in every way.⁵⁵

The "exaggerated hopes" which Malaviya spoke of are clear in this report. Malaviya's political activities were widely covered in British newspapers, his activities in this arena having direct impact on British colonial interests. This news item is focused on the extreme end of the claims being made, in what might be best described as a condescending tone. Unlike in the United States, where syndicated accounts of the report were widely reprinted in small-town papers, British papers generally did not pick up the feature as an item of interest.⁵⁶

The Indian press on the other hand were both more thorough and circumspect in their descriptions of Malaviya's health cure. While *The Times of India* only listed a short note on the entry of Malaviya into the *kuṭī*, there were lengthy features describing the result given in *The Hindu*, *The Illustrated Weekly* and in several contemporary pamphlet publications.⁵⁷ Although not a miracle cure, the general consensus was that Malaviya did visibly benefit from the treatment.

53 Swami 1939: 26.

54 Mooss 1938: 24.

55 Anon. 1938c.

56 Searches in United States Newspapers on www.newspaper.com revealed wide coverage of Malaviya's treatment and the term "kaya kalpa" which will be considered further in the article. UK local newspapers

are less easy to digitally search than those from the United States, but through multiple databases I found very few references to Malaviya's 1938 treatment.

57 Lal 1938; Anon. 1938f; Swami 1939. There were also a few classified ads for "Kayakalpa" treatment in Indian newspapers in 1938.

We will now consider the preservation of rejuvenation techniques in ascetic milieus and the extent to which this overlapped with ayurvedic practice at the time of Malaviya's treatment.

2. KĀYAKALPA, YOGIS AND AYURVEDA

MALAVIYA ENDS HIS PERSONAL ACCOUNT of his treatment with a warning that although sadhus may have special knowledge of *kāyikalpa* treatment, "wherever it is decided to resort to the Kayakalpa Chikitsa of either the first or the second type, it should be done in consultation with and under the guidance of the most capable and experienced Ayurvedic practitioner".⁵⁸ As mentioned in the introduction, the term "*kāyikalpa*" (body transformation) is not found in Sanskrit medical works, nor medieval Sanskrit works on yoga, and it seems to only rarely occur in Sanskrit alchemical works.⁵⁹ However it is part of rejuvenation traditions associated with yogis, ascetics and the Tamil Siddha medical tradition as *kāyakarpam*. Contemporary ascetics and sadhus in India use the term *kayākalpa* and it appears to be associated with a variety of rejuvenation techniques and the results of those techniques.⁶⁰ Most accounts of Tapasviji's credentials emphasise his own prior self-rejuvenation and secrets acquired in a life of ascetic wandering as the primary validation for acting as a physician. It is also possible that Tapasviji engaged more formally with ayurvedic physicians at some point.⁶¹ According to Malaviya's account, he appears to have been familiar with Vāgbhāṭa's *Aṣṭāṅgahṛdayasaṃhitā*.⁶² The extent to which Malaviya's own treatment was supervised by an ayurvedic physician (*vaidya*) is not entirely clear. In some accounts, Tapasviji is described as a *vaidya*, but in the majority he is identified as a yogi.

It is also possible that the second attendant to the processing of the medicine for Malaviya and Shastri had training in Ayurveda; this was a man called Anandswami or Anand Swami; his identity is not entirely clear. In Malaviya's own account of his treatment in the *All India Ayurvedic Yearbook*, he mentions a Mr. Anand Swami who encourages him to undergo treatment with Tapasviji – this could have been the same person photographed as the "devotee" Anandaswami after Malaviya exited his hut. In 1939, an Anand Swami who claims to have been present at Malaviya's *kāyikalpa* treatment is described as a Vaid (ayurvedic physician) in a testimonial by a K. Sanjwa Row.⁶³ In this year, Anand

⁵⁸ Mooss 1938: 29.

⁵⁹ Dagmar Wujastyk, Newcombe, and Barois 2017.

⁶⁰ Personal communications with Daniela Bevilacqua and James Mallinson.

⁶¹ Sharma 1940: 9–11.

⁶² Mooss 1938: 24 and Dagmar Wujastyk 2015: 66; Wujastyk dates this text to around the seventh century CE.

⁶³ Swami 1939: ii.



IN THE JUNGLE. Tapsi Baba with his assistants in the jungle 30 miles from Allahabad where the daily doses of medicine were prepared.

Figure 2: Tapasviji with his assistants for the Malaviya treatment as appeared in *The Illustrated Weekly of India* in Lal 1938.

Swami was primarily offering treatments in Colombo, Ceylon (Sri Lanka) which offered rejuvenation for more modest commitments of time and money than Malaviya's more famous example. However, the existing documents do not make it clear if Anandaswami was primarily an ascetic who later set himself up as a physician, or if he was first trained in Ayurveda, studied further rejuvenation techniques under Tapasviji, and then established his own business on the back of Malaviya's well-publicised success.⁶⁴

The evidence suggests that particular rejuvenation treatments may have been preserved during the colonial and pre-modern periods within ascetic communities outside of mainstream lineage traditions of ayurvedic families. It is generally

⁶⁴ He is not mentioned in the Murthy bibliography as being an important associate of Tapasviji, although Malaviya mentions him

as providing his first face-to-face introduction with Tapasviji.

accepted that by the mid-nineteenth century, the idea of yoga and the figures of yogis were associated with a high degree of ambivalence at best.⁶⁵ Yet, there is also evidence that throughout the nineteenth century, those who renounced family life (variously known as sannyasis, fakirs and yogis) played many and varied roles in society including acting as “traders, money-lenders, mercenaries, protection guards, bandits and on occasion even diplomats”.⁶⁶ It also appears that so-called fakirs were present in some early medieval and colonial princely-state courts, at times offering medical advice.⁶⁷ Shaikh Rizqullah Mushtaqui’s sixteenth-century text, the *Waqiat-e-Mushtaqui* describes *fakir/bhagat* (who might be Sufi ascetics) as being popularly believed to hold secrets of transformative elixirs and offering health cures to those who could not afford more qualified medical advice.⁶⁸

It is very likely that in colonial and pre-modern India, like today, lay people might approach particular sadhus and sannyasis for assistance with a variety of physical, psychological and life circumstance problems.⁶⁹ Sondra Hausner explains that in contemporary India, legends persist about idealised sadhus who live in isolation in the Himalayas, but know how to harness the healing powers of roots and herbs. She also notes that more prosaically, contemporary sadhus are frequently approached for medical advice or offer their own spontaneous remedies for the sufferings of those who approach them.⁷⁰ Today in India, a variety of “cures” might be offered in response to these requests, including magical rituals, mantras, *haṭhayoga* techniques, sacred ash (*vibhūti*) and/or various herbal or mercurial compounds. Moreover, spontaneous healing might be attributed to the blessing of or encounter with a saint.⁷¹ Kirin Narayan’s ethnography of a Nasik-based “Swamiji” in the 1980s reveals that he was prescribing “folk medicine” and herbal remedies to fund his pilgrimages as an “uninitiated ascetic” during the mid-twentieth century:

[He] made a living through folk medicine, soothsaying, and astrology. His reputation spread, and he was soon earning enough to establish a new pattern of spending three months in one place and then traveling for the next three.⁷²

65 White 2009 and Singleton 2010.

66 Clark 2006: 14.

67 Honigberger 1852: 92–95 and 116. Mazars (2006: 14) notes that Hakīm Ḍiyā al-Dīn Bakhshi dedicated a chapter in his *Majmū-e Ḍiyā-ī* (1336) to “the medicine of Nāgārjuna and the other yogis of India.”

68 S.v. Mushtaqui in Berger 2008: 51.

69 Bhaktavatsalam and Naidu 1911 and interview with Isha Nath conducted on behalf of Ayuryog on 11 March 2017.

70 Hausner 2007: 168–70.

71 Personal communication with Daniela Bevilacqua.

72 Narayan 1989: 53.

Other anecdotal reports support this hypothesis that ascetics throughout have specific *rasāyana* recipes known as *kāyākalpa* which they might pass on within networks of sadhus.⁷³

Contemporaries of Malaviya and Tapasviji also assumed that *kāyākalpa* treatments, particularly the *kuṭīpraveśa* treatment, were associated with ascetic traditions rather than ayurvedic physicians. Swami Sivananda conflates *kāyākalpa* with all the various methods yogis or ascetics (*tapasvin*) might use to extend their lives in order to achieve liberation in their lifetime. Sivananda explains in *Health and Long Life* (1945):

The process of rejuvenation through “Kaya Kalpa” is the keeping of the great Tapasvins. Kaya-kalpa is the real elixir of life by which the Rasayanas make the body immortal. ... They teach to immortalise the body first by means of Kaya-Kalpa made out of herbs, or mercury, or sulphur, Neem or Amlaka fruits, in order to achieve the goal of Yoga in this very life.⁷⁴

Sivananda continues to enumerate other ways that yogis might achieve a “Kaya Sampat” (perfected body), suggesting that “Kaya Kalpa” is but one of many techniques available. Nothing in Sivananda’s book suggests knowledge beyond that widely circulating around the time of Malaviya’s cure. Sivananda follows contemporary reports of Tapasviji’s recipe as relating to that found in Vāgbhaṭa’s *Aṣṭāṅgahṛdayasaṃhitā*.⁷⁵

Kāyākalpa (Tamil: *kāyākarpam*) treatments are associated with the *kāyasiddhars*, yogis venerated in Tamil texts as having mastered the ability to control the body, therefore to maintain eternal youth; these Siddhars/*Siddhas*/*Cittars* are also considered the founders of medicine in Tamil traditions.⁷⁶ Contemporary Tamil Siddha medical traditions make more use of mercury-based *rasāyana* remedies and make more reference to elixirs of immortality than most ayurvedic traditions.⁷⁷ Sivananda’s ideas about *kāyākalpa* may have been influenced by Tamil Siddha traditions, particularly as his youth and initial biomedical training took place in Madras, Tamil Nadu.⁷⁸

73 Comment by James Mallinson on 21 May 2016 at *Yoga darśana, yoga sādhanā: traditions, transmissions, transformations*, an international conference at the Jagiellonian University, Kraków, Poland, 19–21 May 2016, and further discussions with Daniela Bevilacqua. See also Mallinson 2007: 240, n. 463.

74 Sivananda 1945: 240. Sivananda’s mention of mercury and sulphur in this context shows a connection to *rasāsāstra* or post-eleventh-century ayurvedic texts. See Dag-

mar Wujastyk 2017 (in this volume) for more details on these literatures.

75 See Dagmar Wujastyk 2015 for more details on this as well as Maridassou 1938.

76 See Kędzia 2017, in this volume, and also Maridassou 1938, Weiss 2009: 48, and White 1996.

77 Usman 1923: part 2, 325–409.

78 For a critical summary of Sivananda’s biography and legacy see Strauss 2005.

Another reported example of a related rejuvenation treatment originating from a sadhu, dating from the 1970s, concerns a Madras-based judge who was given a ‘rejuvenation treatment by a Siddha sadhu’ in the form of a paste which he took without any preparation or adjustment to his daily routine. The result involved the peeling of skin and nails, but it is unclear what the long-term effects of this treatment might have been (and the symptoms may have been indicative of mercury poisoning).⁷⁹ The unexplored connections between northern Indian ascetics, Ayurveda and Tamil medical traditions are a vast web which merits more extended and sustained research.⁸⁰

But returning to Malaviya’s treatment, at this time, Tapasviji himself seems to be put up as the best representative of an ascetic *rasāyana* tradition known to his contemporaries. Tapasviji suggested to one journalist that “kayakalpasiddhi” is just one of 80 kinds of rejuvenation Indian yogis say they know.⁸¹ According to another newspaper report, Tapasviji “modestly claims to know at least 35 kinds himself, but says that the necessary herbs are hard to get”.⁸² While some of Tapasviji’s claims might be exaggerated bravado in response to the media interest, a more in-depth interview with Tapasviji does suggest that there were at least three different *kāyakaḷpa* treatments that Tapasviji had himself undergone.

In 1940, M. H. Rama Sharma interviewed Tapasviji and wrote a short book based on these interviews which includes some biography of Tapasviji, but is primarily focused on the potential for and varieties of *kāyakaḷpa* treatment.⁸³ Sharma took a sceptical attitude in his biography, directly asking the reader to keep an open, but critical mind. He argued that to some extent, *kāyakaḷpa* treatment should be judged by the example and reputation of Tapasviji himself. Sharma recommended that the reader “concentrate his attention on a study of the science of Kaya-Kalpa and of the personality of its reputed exponent, the Tapasviji.”⁸⁴ Here Tapasviji’s reputation as an ascetic and yogi was paramount to convincing the reader of the credibility of his reports as well as the potential for transformational rejuvenation through *kāyakaḷpa*.

79 Balaramiah in Zvelebil 1996: 97 f., note 102, and Horowitz, Greenberg, and Ling 2002.

80 Zimmerman 2007 and also Kędzia 2017, in this volume.

81 Anon. 1938e.

82 Anon. 1938d.

83 I have not yet been able to discover anything else about the biography of M. H. Rama Sharma, but from this publication it appears that he was not acquainted with Tapasviji prior to his well-publicised treat-

ment of Malaviya and his short book was based on interviews with Tapasviji alone.

84 Sharma 1940: iii. This is in line with Robin Rinehart’s observation that the first hagiographies tend to focus more on establishing facts, while later hagiographies place the life of the saint in the context of what can be identified with hindsight as important themes and/or historical events (Rinehart 1999: especially ch. 5: “From ‘Bare Facts’ to Myth: Swami Rama Tirtha as Avatār”).

According to Sharma's report, Tapasviji renounced the life of a householder at approximately the age of fifty, his wife and child having died. His first practices as a sadhu were that of *bhajan* (devotional singing) and *prāṇāyāma*. Tapasviji reports that he moved to a cave north of Rishikesh and practiced exercises given to him by "a sadhu called Prem Das which included nauli, neeti, khatachakra-chedana, Ganesha kriya – and a form of kumbakha pranayama." These yoga practices listed by Sharma are associated with internal cleansing. The yogic practices of *ṣaṭkarman* (six cleansing practices) have similar functions to the *pañcakarman* (five cleansing practices) of Ayurveda, but for the ascetic population, these techniques are self-administered rather than physician-led.⁸⁵ After staying in this cave for a few years, he began traveling to various sacred locations.

Tapasviji describes that his initiation into *kāyakaḷpa* came in Kamaksha, in the eastern edge of Assam. Here, he reportedly became friendly with a sadhu who had twenty-one black pills the size of pigeon eggs. According to this account, two sadhus debated for two months what to do with the pills, and finally it was decided that Tapasviji should take them. At this time, Tapasviji claims to have already been an old man with wrinkles. So, reportedly, he took one pill a day for three days. Then he lost consciousness for three days, during which his associate sadhu administered four more pills. Tapasviji claimed that at the end of ten days his skin peeled off to be replaced with new, wrinkle-free skin. At the end of fifteen days Tapasviji reported that he had grown a new set of teeth and that his hair had turned from white to black. He reports that in total this treatment took three months. After he experienced such rejuvenation, his companion sadhu underwent the treatment and also experienced the same positive changes, regaining his youth and strength.⁸⁶ In this first treatment, rejuvenation occurred without Tapasviji being clear about the processes being used, but suggests that various herbal compounds were shared amongst ascetics.

After this incident, Tapasviji reports that he travelled to Burma and then was initiated into an Udāsīn Akhārā, after which he took up residence near Kotban in Uttar Pradesh.⁸⁷ After the Udāsī initiation, he undertook a vow of austerity (*tapasyā*) of holding one arm upright for years (*ūrdhvaḅāhu*). He claims that "Like

85 Birch (2018) considers this issue in some detail in the *haṭhayoga* texts. According to Birch the *ṣaṭkarman* consist of cleansing the stomach with cloth (*vastradhauti*), vomiting (*gaḷakaraṇī*), a water enema (*jalābasti*), cleansing the sinuses with thread (*sūtra-neti*), gazing at a fixed point (*trāṭaka*), churning the abdomen (*nauli*) and rapid breathing (*kapālabhāti*). Although this list con-

tains seven practices, it appears that *gaḷakaraṇī* was considered a variation of *dhauti*. The five *pañcakarman* practices are emetics (*vamana*), purgatives (*viṛecana*), enemas (*basti*), medicinal nasal oils (*nāśya*), and bloodletting (*raktamokṣana*).

86 Sharma 1940: 9–11.

87 See footnote 36 for the Udāsīn Akhārā.

this, I kept it in that position for about thirteen or fourteen years ... [then] by massage and other means I brought down my uplifted hand".⁸⁸ Sometime after this period in Kotban, Tapasviji claims to have undergone a second *kāyakaḷpa* treatment. This treatment involved staying in a cave for a year, where he lived on "only one eighth *seer* of milk taken at noon every day" which he claims, "restored him to youth".⁸⁹ This section places austerities together with rejuvenation practices. Tapasviji presents a cycle in which both *tapas* and rejuvenation are used together on his quest for achieving liberation from the cycle of rebirths (*mokṣa*).

The final *kāyakaḷpa*, the one which brought him to the attention of Malaviya, is described as being undertaken under the supervision of both a *vaidya* named Kanyalal and Krishna Das. Both these individuals were still associated with Tapasviji in 1940 and Malaviya's treatment appears to have been modelled on this third *kāyakaḷpa*.⁹⁰ In particular the time-intensive *kuṭī* treatment may have been preserved in the ascetic communities. As Tapasviji observed,

Kaya Kalp is most commonly performed by sadhus who live in quiet jungles and devote their lives to Bhajans [devotional chanting]. He [Tapasviji] thought it was beneficial for men of a quiet disposition [*satviki brit*]...⁹¹

Malaviya also reflected that:

as Charak has laid down, every Vaidya is not fit to offer this treatment, nor is every man qualified to receive it. It is repeatedly pointed out by Charak and other medical authors that these *Kayakaḷpa Rasayanas* were meant primarily for the benefit of the great sages and other servants of the community and for those who are spiritually inclined.⁹²

This prescription about the nature of those suited to more intense *rasāyana* treatments is found in *Carakasamhitā*, *Cikitsāsthāna* 1.1.16–20, and is echoed by contemporary ayurvedic physicians who have reintroduced this treatment. Although often phrased in idealistic ways, this stipulation of the character of the person undergoing *kuṭīpraveśa* in particular requires someone who is able to stay isolated for a long period of time without much stimulation.

88 Sharma 1940:15. Tapasviji also claims that: "On account of the torture it had gone through, even now, it is relatively weaker and cannot be stretched and kept in position without the help of the other limb...."

89 Sharma 1940:16. A *seer* was a common, but non-standardised measurement in co-

lonial India. The amount referred to here may have been approximately one eighth of a litre in today's measurements.

90 Sharma 1940:16–20.

91 Lal 1938.

92 Mooss 1938:28.

Ashtavaidyan Ravi Mooss, a contemporary practitioner from a family of traditional Keralan ayurvedic physicians, offers a variety of *rasāyana* as well as *kuṭī-praveśa* treatment at his Kerala-based practice. He explained that those who were dedicated to a regular meditation practice were much more likely to complete a period of treatment inside the *kuṭī*:

[One *kuṭī* patient] is doing meditation, so he has more time. He is – if you tell him to stay inside the room for two months, you know, he will be really happy to hear that! He can do that. Not read, not really. He can sit in meditation for hours and hours like that kind of people. So it's more easy for them to. Others are not always like that. If you ask them to sit for five minutes in the chair, then they won't. Many of them are not capable of doing such things.⁹³

Mooss emphasised that many of those who approach him for rejuvenation therapies would hesitate to even spend fifteen days in the *kuṭī* and that compliance with preliminary cleansing and post-treatment diet recommendations are also important for ensuring efficacy; only a minority fully comply with his recommendations.

3. WHAT MALAVIYA'S TREATMENT INSPIRED: PAÑCAKARMAN, RASĀYANA AND YOGIC HEALTH CURE

From 1938 onwards, Ayurveda and yoga became increasingly amalgamated as healing traditions, and *rasāyana* became much more prominent in presentations of Ayurveda than during the late colonial period. Initially, there was a small flurry of treatments under the names of *kāyakaḷpa* and *pañcakarman*. The later were presented as both a necessarily preliminary to *kāyakaḷpa* and as independently efficacious rejuvenation treatments. In late 1938 and 1939, there were advertisements in Indian papers suggesting that variations of the *kāyakaḷpa* treatment were accessible to a wider population upon payment. One advert ran several times in *The Times of India* during 1938 in the classified section:

KAYA KALPA TREATMENT UNDER-gone by Pandit Malaviyajī may now be practiced by anyone. Those desirous should see Vaidyaraj Parabhashanker Ratanji, Bhatkopar – 24095.⁹⁴

Also inspired by Malaviya in 1939, Vaidya P. S. Warriar, who in 1902 had founded the Arya Vaidya Sala, a successful ayurvedic pharmaceutical company, underwent a *rasāyana* treatment of his own devising. Today, the Arya Vaidya Sala

⁹³ Personal Interview with Ravi Mooss 28 September 2016.

⁹⁴ Anon. 1938h.

French Scientists Triumph Over Old Age
Sensational Discovery of "REJUVENIN" Makes
REJUVENATION a Positive Certainty

Youthful Spirits at 70

Centuries ago the Spanish Adventurer, Ponce de Leon, sought in vain for the mythical Spring of Youth to whose mysterious waters were attributed the power of washing away the telltale marks of time and restoring the vigour and freshness of youth. To *BE YOUNG AGAIN* and *PROLONG LIFE* has been the greatest desire of aging individuals for centuries past. Today the Wizards of Modern Scientific Medicine have far outstripped the strangest flights of imagination of Ponce de Leon and the ancient alchemists. "Impossible" wonders have become "accomplished facts". You can now **DEFINITELY BE MADE YOUNG AGAIN. YOUR VITALITY RESTORED AND YOUR LIFE PROLONGED** through the Wizardry of Modern Scientific Medicine. Great doctors like Dr. G. A. Gibson of Glasgow, Dr. Arnold Leonard of Carlsbad, Dr. Brown Squard of Vienna, Dr. Alexis Carrel and Prof. Lindbergh of America, Drs. Stinich and Veronoff of France, and a host of others have astounded the medical fraternity by **CHEMICALLY AND SURGICALLY REJUVENATING THE BODY.**

"REJUVENIN"
THE MISSING LINK OF REJUVENATION

However, the effects of their cures lasted only so long as the **FRONTAL PART** of the **FITUTARY GLAND** (the most amazing gland situated in the brain which produces the "fundamental hormone of rejuvenation", the so-called **ELIXIR OF YOUTH** of the ancient alchemists, now termed by the French

LADIES OONIM OIL
 Develops Firm & Moulded Bust.
 Price Rs. 15/-

NOVUM
FOR WOMEN ONLY.
WHEN NATURE FORGETS, START WITH NOVUM. The world's greatest crystalline gland-hormone "regulator"

for women. A high grade ethical product with an even formula. **POSITIVELY ERASES DELAYS WITHIN 48 TO 72 HOURS.** An indispensable remedy for every modern woman. Life today calls for **NOVUM.** Keep a bottle always at hand. Informative literature and open formula on request. Price Rs. 125 per bottle of 12 capsules. **ERASES CONCERNED NOVUM**, per bottle of 30 pills. Rs. 115. Postage and packing free. Agents: P. M. Zareet & Co., Bombay; Blomfield & Co., Calcutta.



Figure 3: "French Scientists Triumph Over Old Age: Rejuvenin" advertisement in *India Illustrated Weekly* Calcutta, 1938 (Anon. 1938g).

mass produces a variety of *rasāyana* compounds from its headquarters in Kottakkal.⁹⁵ Indigenous medicines were seeing something of a revival in respect or at least acknowledgement of a continued usefulness, particularly highlighted by the patronage of nationalist figures such as Malaviya.

Within India, Malaviya himself was well-known for promoting the Hinduism of India. Tapasviji was quoted in the Indian press as being willing to offer the treatment to anyone "with the good of the country [India] at heart"⁹⁶ and would be "very much gratified if through him the leaders of the country prolong their lives and live longer to serve the cause of the motherland".⁹⁷ Press coverage of the incident in the United States also drew in Malaviya's treatment with the name of Gandhi and the promotion of the Indian nationalist cause.⁹⁸ I would argue that Malaviya's health cure offers an earlier example of Swami Ramdev's highly marketable combination of yoga, Ayurveda and *swadeshi* rhetoric.

Offering *rasāyana* as a treatment made good business sense at this time, particularly in the form of more easily accessible *rasāyana* formulations. Indian newspapers were filled with advertisements of various products claiming the ability to rejuvenate the physical body. A sample from Calcutta's *India Illustrated Weekly*, which was aimed at a wealthy, English-speaking audience, include advertisements for a Dr Nixon's "Vi-Tabs" which promise "Glands Made Active

95 See Mooss 1938; Bode 2008, 2015; Dagmar Wujastyk 2015.

96 Lal 1938.

97 Anon. 1938f.

98 Anon. 1938d.

and Youthful, Vigour Restored within 24 Hours"⁹⁹ as well as the French "Rejuvenin" formula (Fig. 3).

And from *The Hindu*, an advert appeared for "NERVINUS" made with gold, an "elixir of life" which promised to help its consumer regain their "manly power".¹⁰⁰ In context, Tapasviji's *kāyakaḷpa* treatment can be seen as one of many products and treatments aimed at rejuvenation and implicit life extension. Serge Voronoff's monkey gland treatments were being held in popular acclaim in Europe, and Lyndson of America and Steinarch of Austria were also exploring new rejuvenation therapies from the context of European science.¹⁰¹ To understand the popularity of these products, it is worth remembering that penicillin only widely became available after World War II; people of all classes could die relatively quickly from what might now be considered minor infections. Physical vitality was not simply a matter of vanity, it could be the difference between life and death for someone with an infection.

Anand Swami, one of the attending sadhus during Malaviya's retreat, set up his own business in Colombo, Ceylon (Sri Lanka), offering a variety of 'Kaya Kalpa' treatments. However, most of the treatments he offered were based on a simple use of *rasāyana* compounds and *pañcakarma* treatments. Malaviya was widely reported to have omitted the crucial preparatory internal cleansing before his *kuṭīpraveśa*. In a 1939 publicity pamphlet Anand Swami emphasised these "Panch Karma" above and beyond the lauded "Kuti treatment." He explained that,

the Panch Karma, I now feel, *was more important even than the Kalpa medicines*. In the light of my experience, I would recommend to my friends to take Panch Karma, under the guidance of a very experienced Vaidya, *every two to three years*, even if it is not to be followed by a course of Kalpa.¹⁰²

These were certainly more affordable, and less intensive than the *kuṭīpraveśika* method undertaken by Shastri and Malaviya. However, the *pañcakarma* treatments offered by Anand Swami are still rather invasive and uncomfortable – involving purgatives, induced vomiting, sweating, and enemas. Anand Swami also recommends a variety of even simpler but effective rejuvenation therapy including "Aja Kalpa," primarily drinking goat milk daily, from a black goat who is fed with specific foods and carefully cared for over a period of 80 days. Swami's

99 Anon. 1938a.

100 Anon. 1938b.

101 Sharma 1940: vi. See also Augier, Salf,

and Nottet 1996 and Anon. 1927b.

102 Swami 1939: 9.

pamphlet includes a moderate endorsement by Mahadev Desi, the private secretary to Mahatma Gandhi who claims to have undergone the *pañcakarman* treatment himself “without much discomfort, and, I think, not without some benefit”.¹⁰³ Although this endorsement of *pañcakarman* could perhaps have been stronger, the association of Indian rejuvenation therapy with *pañcakarman* and support of the nationalist cause, at least for marketing purposes, was very clear.

During the war years, there appears to be largely a break in interest in *rasāyana* and *kāyakaḷpa* in India. The reasons why interest in time-consuming rejuvenation therapy soon became side-lined are fairly obvious. Malaviya emerged from his hut the same month Hitler marched into Austria. Britain joined the war after the invasion of Poland in September 1939, and India was preoccupied with growing home-rule demands as well as being drawn into the British war effort. Pandit Malaviya did not live forever. He died about eight years after this treatment, at the age of 85, in 1946. The immediate post-war period saw a golden age of hope in biomedical power, as well as a preoccupation with the birth of the Indian nation-state in 1947.

In the United States, coverage of Malaviya’s “kaya kalpa” treatment was such that it was picked up as a marketing strategy by at least one of the swamis on what Phillip Deslippe has described as the “Swami Circuit,” which characterized Early American Yoga in the first half of the twentieth century.¹⁰⁴ A variety of travelling “yogis”, some of Indian origin, offered large lectures on India, yoga, and a variety of other topics relating to spirituality. According to Deslippe, yoga was closely associated with movements such as

New Thought, occultism, and Spiritualism, either openly, pseudonymously or with no indication of their origin at all. Conversely, Indian-born teachers of yoga in the United States were adept at employing different elements of American metaphysical religion into their own presentations and pointed their students towards Metaphysical Asia while offering them teachings taken very close to home.¹⁰⁵

The coverage of Malaviya’s health treatment seemed to fit into this general agenda for some of the travelling yogis. This is exemplified by this 1939 advert from “Dr. Maneck of India” who promises that the thousands who hear his Los Angeles lectures will never grow old (Fig.4).¹⁰⁶ This is coupled with specific

¹⁰³ Swami 1939: 23.

¹⁰⁴ Anklesaria ca. 1930. My thanks to Phillip Deslippe for this pamphlet and the suggestion of looking for *kāyakaḷpa* cures as part of Early American Yoga.

¹⁰⁵ Deslippe forthcoming.

¹⁰⁶ Anon. 1939 and Anon. 1927a describe lectures as being given by Dr Maneck Anklesaria.

"You Can Be Young and Healthy Again!"
"Get Kaya-Kalpa Pattern of Living Life"
Thousands of Los Angeles People Who Will Hear

DR. MANECK OF INDIA, M.A., Ph.D.
 WILL NEVER GROW OLD!

5 FREE LECTURES
Sun., June 11th to 15th, 8 P.M.

LEARN "KAYA-KALPA", Ancient Hindu Art of Rejuvenation, Mental, Physical & Spiritual Regeneration.

SUN. 11th—Science of Soul. Meaning of Birth. Your Life's Possibilities"
 MON. 12th—Kaya-Kalpa. Art of Rejuvenation
 TUES. 13th—Kaya-Kalpa Art of Spiritual Healing
 WED. 14th—Psycho-Analysis in Your Daily Life. Also at 9:30 P.M. —My Microscopic Highlights of 1939
 THURS. 15th—The World Is Yours—If—?

Learn How Pundit Malavva, 80, Prax, Benares University was rejuvenated to look 40, with new teeth, black hair, wrinkles gone and glasses discarded! Positively hear Dr. Maneck's amazing message of "NEW AGE AND ILLUMINED FREEDOM."



Einstein of Human Consciousness

EMBASSY AUDITORIUM, 839 South Grand
 HINDU MUSICAL PROGRAM ALL WELCOME

Figure 4: Advertisement for "Dr. Maneck of India" offering a "Kaya-Kalpa Pattern of Living Life" from *The Los Angeles Times* in 1939.

claims that Malaviya was rejuvenated to look only forty years of age, grew new teeth and "discarded his glasses."

Equally vague claims were made in 1974 by a "yoga teacher" student of Dr. Maneck, Lillian Carter, "a private instructor of yoga, hatha and raja" in an advert for a philosophy talk at Peninsula College in Washington State. Mrs. Carter claimed to have entered Samadhi under the instruction of "Guru Anklesaria" (Maneck) in 1936 and had been initiated into the "Kaya Kalpa Society" in 1938.¹⁰⁷

Only in the early 1970s did the limits of biomedical models begin to get popular attention. The global exchange of people and ideas at this time accelerated to allow another revival of interest in yoga and soon after, Ayurveda.¹⁰⁸ The term *kāyakaḷpa* itself does not seem to have received a renaissance despite a few attempts at revival. In 1978, a Delhi-based luxury hotel Maurya marketed its "Kaya

¹⁰⁷ Anon. 1974.

¹⁰⁸ Newcombe 2012.

Kalpa Health Club" (alongside the Maya Shopping Arcade, an all-weather solar-heated pool and other amenities).¹⁰⁹ In 1981, there was also a short attempt to market a product called "Herbofit" as an "ayurvedic breakthrough" which "ensures the reconstitution and regeneration of the human tissues (kaya kalpa) in an easy to take capsule".¹¹⁰ By this point "kayakalpa" largely seems to refer to any activity or medicinal compound which claims to rejuvenate the body. The term "kayakalpa" was also briefly revived when Deepak Chopra was gaining international attention for Ayurveda by appearing on The Oprah Winfrey Show as a representative of Maharishi Ayur-Ved; the language of *kāyakaḷpa* again was visible in some marketing during this period.¹¹¹

Today, one of the few to actively market these techniques is Ram Pandeya who runs the Kayakalpa Alchemy Foundation in Glen Ellen, California, which aims "to educate, heal and enlighten today's humanity using ancient yet postmodern tools".¹¹² Pandeya describes his training in rejuvenation therapy as coming from a variety of sources, familial tantric traditions, academic knowledge from Allahabad University, as well as techniques gathered while travelling around India as a wandering sadhu. What he has been offering in California from 1979 under the name of "*kāyakaḷpa*" is an individualised rejuvenation technique, often involving *pañcakarma* cleansing practices, before the administration of specific remedies. He explains that the essence of *kāyakaḷpa* treatment is to purify the body, make it free from disease, and then rejuvenate. He also notes that with his *kāyakaḷpa* treatments he is doing 'energy work' based on *prāṇāyāma* from the *haṭhayoga* traditions, "they have to hold while they are holding the enema, they have to do certain breathing. This ... technique comes from siddha." This is in contrast to simply ingesting ayurvedic or Tamil Siddha compounds which "can be taken by anybody".¹¹³

Although Ram Pandeya's treatment centre is unusual in its offering treatment under the term *kāyakaḷpa*, his emphasis on rejuvenation echoes more general global presentations of Ayurveda. The over-the-counter *rasayāna* formulations which "can be taken by anybody" such as Chyawanprash are extremely popular in contemporary India, as highlighted by Martin Bode and Francis Zimmermann's recent research in contemporary pharmaceutical presentations of Ayurveda in India.¹¹⁴ When Maharishi Mahesh Yogi launched his own brand of Maharishi Ayur-Ved, it was again drawing on associations between yogis, Ayurveda and *rasayāna* products. Its flagship product in the promotion of "perfect

109 Anon. 1978.

110 Anon. 1981: Herbofit Advert.

111 Anon. 1993 and Stephenson 1994.

112 R. Pandeya and S. Pandeya 2017.

113 Personal interview with Ram Pandeya 29 July 2016.

114 Bode 2015. See also Dagmar Wujastyk 2015 and Zimmermann 2016.

health” was Maharishi Amrit Kalash, the “most important ayurvedic food supplement” which has as one of its main ingredients *amla* (Indian Gooseberry) in a multi-herbal compound.¹¹⁵ Amongst the global population of upper-middle-class yoga practitioners, the milder *pañcakarman* treatments for rest and rejuvenation have come to exemplify Ayurveda in popular understanding.¹¹⁶

Yoga-*āsana* as therapy has become an accepted part of ayurvedic degree programmes in early twenty-first century India. Popular author David Frawley presents yoga and Ayurveda as a fully united system for “self-healing and self-realization”.¹¹⁷ Swami Ramdev, whose vision of yoga and Ayurveda is both popular and influential throughout India, lists the treatment methods of Ayurveda as consisting of *pañcakarma*, *rasāyana cikitsā* and *vājīkaraṇa* (treatment for infertility and virility, and aphrodisiacs), followed by a chapter devoted to “Yoga Therapy and *Āyurveda*”.¹¹⁸ A recently published guide to Ayurveda aimed at western audiences devoted substantial headed sections including:

9. Lifestyle and Behaviour Regimens in Ayurveda and in Yoga
10. Ayurvedic Therapies, *Panchakarma* and *Materia Medica*
11. The Cultivation of Consciousness

While the author of this book admits “it is one man’s grasp of Ayurveda as a worldview and as a way of life,” it is a fairly comprehensive presentation by a biomedically qualified doctor on contemporary practice of the subject.¹¹⁹ This is an exposition of Ayurveda which is radically different from that presented in the early twentieth century.

CONCLUSION

THIS ARTICLE HAS ARGUED that the 1938 rejuvenation of Pandit Malaviya by the ascetic yogi Tapasviji Baba, might offer a forgotten window into how public presentations of Ayurveda were radically transformed during the twentieth century. Although undoubtedly part of the ayurvedic repertoire, *rasāyana* practice (male virility treatments excepted) was not a major feature of early twentieth century presentations of Ayurveda. By the late twentieth century, ayurvedic *rasāyana* formulations and *pañcakarman* treatments for rejuvenation were heavily advertised aspects of the ayurvedic repertoire, albeit in a somewhat gentler form than the classical texts recommend. The importance given in reports of

115 Maharishi Ayur-Ved 2004 and Newcombe 2008.

116 See Langford 2002 as well as Zimmermann 1992; Zysk 2001; Reddy 2002, 2004.

117 Frawley 1999.

118 Balkrishna 2013: xiii.

119 Ninivaggi 2010: xiii–xiv.

Malaviya's rejuvenation to *pañcakarman* as a preliminary treatment to a successful *kuṭīpraveśika* treatment, as well as the emphasis on *pañcakarman* in Anand Swami's practice may be seen as precursor to the popularity of *pañcakarman* treatments from the 1980s onwards. By the twenty-first century, yoga *āsana* and *prāṇāyāma* became incorporated into government-sanctioned ayurvedic degree programmes. Yogis and the practices of yoga became popularly and respectfully associated with both Ayurveda and promoting longevity more generally. Pandit Malaviya's 1938 "health cure" can be seen as a reifying and accelerating factor in these transformations of tradition.

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