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Panchakarma Ayurveda in the Global Wellness Industry: A Critical Analysis of the Epistemological Transformation of Traditional Therapies

Ni Nyoman Siswati*
Universitas Hindu Indonesia, Denpasar, Indonesia, 80238
Email: ninyomansiswati@unhi.ac.id

Wayan Dharma Diantini
Universitas Udayana, Bali, Indonesia, 80361
Email: wayandiyanti55@gmail.com

I Putu Eka Pradana
Universitas Hindu Indonesia, Denpasar, Indonesia, 80238
Email: iputuekapradana@gmail.com

Kadek Oktarina Saridewi
Universitas Hindu Indonesia, Denpasar, Indonesia, 80238
Email: oktarinadewi0416@gmail.com

Ankita Panchanan Singh
Banaras Hindu University, Benares, India, 221005
Email: ankita.singh@bhu.ac.in

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Abstract
The expansion of the global wellness industry over the past two decades has driven the integration of traditional medicine systems into the transnational health market, including *Ayurveda*, with *Panchakarma* as its core therapy. While numerous studies have addressed the commercialization of traditional medicine, few have specifically examined the epistemological transformation of *Panchakarma* as it has been relocated within the logic of the global wellness industry. This study aims to analyze the changing knowledge frameworks, forms of practice, and therapeutic authority structures of *Panchakarma* amid globalization and to formulate its conceptual implications for the study of traditional medicine and health economics. The study employs a critical qualitative approach through a systematic review of scientific articles, policy documents, classical *Ayurvedic* texts, and promotional materials from international wellness centers from 2000–2025, analyzed using a critical discourse analysis framework based on Norman Fairclough's perspective. The results show that *Panchakarma* has undergone an epistemological redefinition, moving from a holistic therapy based on *tridosha* cosmology and individual diagnosis to a standardized detoxification package fragmented into separate procedures such as oil massage, herbal steam, and cleansing therapy without a traditional diagnostic framework. The process of scientification and medicalization places these practices in biomedical

Corresponding author: ninyomansiswati@unhi.ac.id*

terms—for example, detoxification, immunomodulation, and stress reduction—to gain scientific legitimacy, while simultaneously producing the commodification of knowledge and shifting authority from vaidyas to corporatized wellness institutions. This transformation emphasizes that the globalization of wellness is not simply expanding access but reconstructing therapeutic epistemologies through mechanisms of standardization, markets, and regimes of scientific truth, with important implications for the relations of knowledge, power, and economics within traditional healing practices.

Keywords: *Panchakarma*; *Ayurveda*; Global Wellness; Medical Anthropology; Traditional Therapies

Abstrak

Ekspansi industri *wellness* global dalam dua dekade terakhir mendorong integrasi sistem pengobatan tradisional ke dalam pasar kesehatan transnasional, termasuk *Ayurveda* dengan *Panchakarma* sebagai terapi intinya. Meskipun sejumlah studi membahas komersialisasi pengobatan tradisional, belum banyak kajian yang secara khusus menelaah transformasi epistemologis *Panchakarma* ketika direlokasi ke dalam logika industri *wellness* global. Penelitian ini bertujuan menganalisis perubahan kerangka pengetahuan, bentuk praktik, dan struktur otoritas terapeutik *Panchakarma* dalam proses globalisasi, serta merumuskan implikasi konseptualnya bagi studi pengobatan tradisional dan ekonomi kesehatan. Penelitian menggunakan pendekatan kualitatif kritis melalui telaah sistematis terhadap artikel ilmiah, dokumen kebijakan, teks klasik *Ayurveda*, serta materi promosi pusat *wellness* internasional periode 2000–2025, yang dianalisis menggunakan kerangka *critical discourse analysis* berperspektif Norman Fairclough. Hasilnya menunjukkan *Panchakarma* mengalami redefinisi epistemologi dari terapi holistik berbasis kosmologi *tridosha* dan diagnosis individual menuju paket detoksifikasi terstandar yang terfragmentasi menjadi prosedur terpisah seperti *oil massage*, herbal *steam*, dan *cleansing therapy* tanpa kerangka diagnostik tradisional. Proses saintifikasi dan medikalisasi menempatkan praktik ini dalam terminologi biomedis—misalnya detoksifikasi, imunomodulasi, dan *stress reduction*—guna memperoleh legitimasi ilmiah, sekaligus memproduksi komodifikasi pengetahuan dan menggeser otoritas dari *vaidya* ke institusi *wellness* korporatif. Transformasi ini menegaskan globalisasi *wellness* tidak sekadar memperluas akses, tetapi merekonstruksi epistemologi terapeutik melalui mekanisme standardisasi, pasar, dan rezim kebenaran ilmiah, dengan implikasi penting bagi relasi pengetahuan, kekuasaan, dan ekonomi dalam praktik pengobatan tradisional.

Kata Kunci: *Panchakarma*; *Ayurveda*; *Wellness* Global; Antropologi Medis; Terapi Tradisional

Introduction

Panchakarma is the core of *Ayurvedic* therapy, rooted in cosmology, body ontology, and holistic healing ethics codified in classical texts such as the *Charaka Samhita* and *Sushruta Samhita*. This tradition builds a framework of knowledge grounded in the teacher-student relationship (*parampara*), the conception of *dosha* balance, and the integration of body, mind, and consciousness into an ontological whole (Thakur, Nayak, & Dass, 2025). This framework positions healing not simply as a physiological intervention but as a process of restoring existential harmony. The global transformation of the healthcare sector has shifted how *Panchakarma* is understood and validated (Matre, Sonwane, & Neralkar, 2025). The term

"epistemological transformation" in this study refers to changes in the basic structure of knowledge—including the authority of validation, the criteria of truth, and the ontology of the body—that result from its integration into modern healthcare regimes. The reduction of *Panchakarma* to a standardized detoxification procedure or a medical spa package represents a shift from a textual-holistic epistemology to a technocratic logic based on replication and efficiency. This shift indicates fundamental issues related to the legitimacy, authority, and integrity of *Ayurvedic* epistemology that have not been critically examined.

The expansion of the global wellness industry is accelerating this process. The Global Wellness Institute's (2024) report estimates the global wellness industry at approximately USD 6.3 trillion and projects it will exceed USD 7 trillion in the next few years. The traditional and complementary medicine segment is one of the fastest-growing sectors. The World Health Organization (2023), through its Global Traditional Medicine Strategy, emphasizes the integration of traditional medicine into national health systems based on an evidence-based medicine framework, which requires standardization, controlled clinical trials, and professional certification. The United Nations World Tourism Organization (2024) reports that wellness tourism is the fastest-growing tourism subsector, driving the commodification of *Panchakarma* as a retreat attraction and of premium spa services in South Asia. This practice is characterized by the development of universal standard operating procedures (SOPs), fixed-duration therapy packages, and promotions based on measurable scientific claims. This phenomenon demonstrates the causal relationship between the globalization of the healthcare market and the rearticulation of *Panchakarma* through mechanisms of selection, simplification, and conceptual translation to conform to biomedical standards. Tensions arise when empirical validity criteria displace textual authority and traditional clinical experience as the primary sources of legitimacy.

Previous literature demonstrates a fragmentation of approaches. Matre, Sonwane, and Neralkar (2025) demonstrated the clinical efficacy of *Panchakarma* for metabolic disorders through randomized controlled trials; this focus strengthened biomedical legitimacy but neglected the ontological dimensions and philosophical framework of the therapy. Mahajan and Meena (2025) analyzed the challenges of integrating *Ayurveda* into modern healthcare systems, as well as issues of regulation and scientific validation; this study highlighted policy barriers but did not evaluate the epistemological implications of the integration process. Kannan and Frenz (2019) examined the globalization of *Ayurveda* and the shift toward spa and retreat formats; the analysis focused on socioeconomic descriptions without addressing the changing structure of knowledge. Kadier et al. (2025) highlighted the power relations between Western biomedicine and traditional medicine through a political perspective on knowledge. *Panchakarma* is not used as a primary case study, thus underexploring the internal dynamics of the practice. Dodworth and

Stewart (2022) discuss the negotiation of alternative medicine's legitimacy through the discourse of modern science; the transformation of bodily ontology and epistemic authority is not analyzed in detail. This literature synthesis reveals the absence of studies that explicitly integrate analyses of commodification, global health governance, and the changing epistemological structures of *Panchakarma* as a unified framework. A research gap lies in the absence of a critical examination of how processes of standardization, certification, and evidence-based validation transform ways of knowing, practicing, and authorizing *Panchakarma* in the global wellness industry.

Based on these gaps, the research questions are: how does the epistemological transformation of *Panchakarma* occur through the mechanisms of standardization, commodification, and integration of global health policies; how does this transformation affect the ontology of the body, the authority of knowledge, and the therapeutic practices of *Ayurveda*; and what are the implications for the relationship between traditional knowledge and the global health regime? The research aims to analyze the shifts in validation criteria, sources of legitimacy, and the authority structure of *Panchakarma* knowledge and to assess their impact on the integrity of *Ayurvedic* epistemology. The initial argument is based on the theoretical assumption that integration into the wellness industry is non-neutral and operates through the logic of knowledge commodification and biomedical epistemic hegemony, resulting in the selection and redefinition of traditional elements to align with market rationality and modern scientific standards. The theoretical contribution of this research is the development of a critical epistemological framework for interpreting the transformation of traditional medicine within the currents of global health governance. Practical contributions include conceptual recommendations for policymakers, *Ayurvedic* educational institutions, and wellness industry players so that the integration process respects the philosophical foundations, healing ethics, and classical knowledge structures of *Ayurveda* without rejecting the need for contemporary scientific accountability.

Method

This study uses a qualitative design based on a literature review, grounded in a critical-interpretivist paradigm and a decolonial perspective, to analyze the epistemological transformation of *Panchakarma* in the global wellness industry. The analytical framework integrates Hans-Georg Gadamer's philosophical hermeneutics to understand the meaning horizons of classical texts such as the *Charaka Samhita* and *Sushruta Samhita*, and Norman Fairclough's critical discourse analysis model to identify discursive shifts in global industry and policy documents. Data sources include a corpus of critical editions of classical texts, journal articles indexed by Scopus and Web of Science for the period 2000–2025, international wellness industry reports, and global health policy documents; selection was carried out through a thematic keyword-based systematic search with inclusion criteria of

epistemological relevance and academic authority, following the literature selection process adapted from PRISMA. The units of analysis were defined as the ontological construction of the body, the concept of health, the goals of therapy, and terminology such as detoxification and authenticity. The analysis was conducted through hermeneutic reading, thematic-critical coding, cross-period conceptual relation mapping, and epistemic matrix comparison between classical, modern biomedical, and neoliberal wellness logic frameworks. Credibility was maintained through source triangulation, conceptual audit trails, and reflexivity of the researcher's position, resulting in an operational and replicable critical transnational epistemic mapping model.

Results and Discussion

Redefining *Panchakarma* Epistemology in Global Wellness Narratives

Panchakarma is rooted in a relational epistemological framework that views the body as a networked entity with ecological rhythms, cosmological structures, and ethics of life (Silvestre, 2024). Relational epistemology refers to a model of knowledge that presupposes an ontological interconnection between subject, object, and order of meaning, aligning with relational ontology and practical knowledge theory (Walsh, Böhme, & Wamsler, 2021). Therapeutic knowledge does not exist as a neutral technique, but rather as contextual wisdom formed through the interaction between the vaidya, the patient, the seasons, and social configurations (Sudhakaran, 2025). The global wellness narrative introduces a form of epistemology oriented toward neoliberal subjectivity, self-optimization, and measurable affective experiences (Nehring & Röcke, 2024). This shift is not simply a change in terminology but rather an epistemic translation that modifies the criteria for truth and legitimacy. The transformation took place through a process of conceptual domestication, language commodification, and service standardization, resulting in *Panchakarma* being rearticulated as a cross-cultural well-being technology compatible with global market logic.

The concept of *dosha* underwent a reconfiguration through a process of epistemic translation, thereby shifting its ontological status. The *Ayurvedic* tradition distinguishes prakriti as a relatively stable constitution and vikriti as a dynamic imbalance; *dosha* functions as a regulative principle that moves through the interaction of elements, seasons, age, and *karma* (Bhandari & Acharya, 2025). Mills et al. (2019) characterized *dosha* as a personality or lifestyle typology identifiable through online quizzes and spa packages segmented by *dosha*. This representation statisticized the dynamic principle into a marketable psychological identity, aligning with the neoliberal culture of self-tracking and self-management. This reduction was not merely pedagogical but rather an epistemic shift, as *dosha* was treated as a descriptive category detached from the *Panchamahabhuta* cosmology. The shift in validity criteria was evident in the dominance of subjective experiences and consumer testimonials over contextual clinical readings. This process demonstrates

a hybridization that produces new forms, not a total replacement, but marks a shift in the structure of knowledge.

Agni and *ama* reveal a deeper transformation in the ontology of disease. *Ayurveda* understands *agni* as a universal principle of transformation that links physical metabolism, mental clarity, and spiritual capacity; *ama* is understood as a failure of transformation, indicating existential disharmony (A. Singh et al., 2023). The detox narrative in the wellness industry transforms these two concepts into metaphors of metabolism and biological toxicity, measurable through indicators of wellness (R, M, Robin, & Dileep, 2021). The distinction between illness and disease in medical anthropology helps explain this shift: illness is no longer understood as a meaningful experience bound to a cosmological context, but rather as an accumulation of substances to be eliminated (Costa & Serra, 2025). The promotional language of international retreats often emphasizes "toxin cleansing" and "metabolic reset" without reference to ethical or spiritual dimensions (Neitzke-Spruill et al., 2025). The reduction of meaning shifts the dialogical orientation toward standardized, linear procedures. This transformation reflects the penetration of biomedical logic and health capitalism, which prioritize measurability, efficiency, and procedural replication.

The framework of cosmic balance has also undergone psychologization and secularization. *Ayurvedic* cosmology refers to the order of *rta*, the dynamics of the *Panchamahabhuta*, and the relationship between *dharma* and health; balance is not merely an internal state but rather a harmony between humans and the natural order (Mourya & Das, 2025). The global wellness discourse reformulates balance as emotional harmony and psychological stability achieved through introspective practice. The psychologization of spirituality shifts cosmic references to the realm of personally negotiated, subjective experience (Lambert et al., 2020). Industry segmentation—spa tourism, integrative medicine, yoga lifestyle—shows varying degrees of secularization, preventing analysis from assuming global homogeneity. Hybridization persists, as some therapy centers retain cosmological symbols as cultural capital. However, the criteria for therapeutic success have shifted toward consumer satisfaction and wellness indicators. This shift marks an ontological reconfiguration that shifts the locus of balance towards the interiority of the modern subject.

The epistemic authority of *Panchakarma* is rearticulated through the dynamics of professional fields and symbolic capital. Tradition positions the *vaidya* as a figure who gains legitimacy through textual transmission, clinical experience, and cosmological ethics; authority is tied to mastery of classical literature and contextual readings of the body (Cerulli, 2022). The expansion of the wellness industry has given rise to new actors—spa therapists, holistic coaches, health influencers—who claim legitimacy through ephemeral certifications, digital testimonials, and social media visibility (Wellman, 2024). Professional systems theory explains the

jurisdictional competition between traditional authorities and global service providers. Regimes of truth are shifting as personal experience and narrative resonance become primary sources of validation (Flonk, Jachtenfuchs, & Obendiek, 2020). The institutionalization of modern *Ayurveda* remains strong through universities and integrative hospitals, so the changes are reconfigurations rather than total erasures. However, the distribution of symbolic capital tends to favor actors who can articulate *Panchakarma* in ways that align with international market preferences.

This epistemological transformation cannot be understood as a linear degradation or a neutral evolution. The globalization of knowledge facilitates the circulation of concepts through mechanisms of translation, standardization, and commodification, forming an epistemic hybrid. The process of conceptual domestication produces a global version of *Panchakarma* that is compatible with neoliberal rationality without completely erasing its traditional roots. Genealogical analysis suggests that the twentieth-century modernization of *Ayurveda* opened up space for biomedicalization and individualization before the expansion of contemporary wellness. Historical awareness prevents the romanticization of tradition and acknowledges its complex internal dynamics (Dadhich & Baragi, 2025). However, the shift in criteria for truth—from cosmological coherence to measurable experience and marketability—indicates a fundamental shift in the structure of legitimacy. Epistemological critique is directed at the logic of health capitalism, which restructures the relationship between the body, meaning, and authority. This position positions transformation as an arena of contestation between tradition, the market, and modernity.

Standardization and Fragmentation of *Panchakarma* Practices

The expansion of the global wellness industry has given rise to a standardization regime that reshapes *Panchakarma* practice through mechanisms of rationalization, audit, and cross-location replication. Standardization is understood not simply as a technical simplification, but as an institutional process that transforms clinical knowledge into measurable operational protocols (M Alswaidi & A Abualssayl, 2025). The perspectives of governmentality and audit culture explain how demands for accreditation, therapist certification, structured service packages, and franchise models drive the codification of procedures into universal standards that can be monitored and replicated (Cooper, McLeod, & Smith, 2024). This rationalization positions *Panchakarma* as a service system subject to managerial logic, shifting therapeutic legitimacy toward adherence to written standards. This mechanism not only reorganizes practice but also shifts the locus of knowledge authority from clinical experience to operational documents. This transformation marks a structural shift, as the production, distribution, and validation of therapeutic knowledge now operate through the regulatory instruments of the global industry.

The tension between *Ayurveda*'s principle of individuality and the demands of industry homogenization needs to be understood through the framework of professionalization and deskilling. While the classical tradition emphasized diagnostic flexibility based on body constitution, season, age, and psychophysical condition (Edavalath & Bharathan, 2021), the modern history of *Ayurveda* demonstrates a process of codification through formal curricula and state regulations since the nineteenth century (Bode, 2025). This articulation avoids romanticizing the past and positions contemporary transformation as a phase of intensified rationalization rather than a complete rupture. The global wellness industry further codifies this trend by transforming diagnostic assessments into initial categorization tools for matching clients to specific therapy packages (Ell & Pavelka, 2020). Diagnosis loses its deliberative nature and openness to progressive adjustment, serving instead as an administrative gateway to standardized procedures. This shift reflects a restructuring of professional authority, as interpretive competence is reduced to the ability to apply institutionally validated protocols.

The fragmentation of practice emerges through the modularization of services, separating the *Panchakarma* continuum into discrete intervention units such as *abhyanga*, *shirodhara*, or *basti*, marketed as independent products. The concept of fragmentation refers to the unbundling of care, namely the separation of therapeutic elements so that they can be sold, scheduled, and evaluated individually (Prior et al., 2023). This modular logic aligns with the experience economy and the commodification of alternative healthcare services, which emphasize consumption flexibility (Zhou, 2021). The therapeutic structure, previously structured as a stepwise process with internal relationships between stages, has transformed into a catalog of services with measurable local functions. This reduction has resulted in epistemic reductionism, as the clinical significance of a technique is no longer determined by its position within the overall healing process, but rather by its immediate, separately claimed effects. This transformation shifts the center of rationality from holistic integration to the performativity of individual interventions compatible with the logic of the global market.

The relationship between diagnosis and therapy has undergone a fundamental reconfiguration due to standardization and fragmentation. The epistemology of *Ayurvedic* practice posits diagnosis as a generative process continually renewed through the body's response to intervention (Manjula & P, 2021). Tacit knowledge theory and epistemology of practice assert that clinical knowledge develops through the practitioner's reflective engagement with concrete situations (Verville et al., 2021). Industrial models based on standard parameters limit the scope for improvisation because each technique is implemented according to predetermined success indicators. Epistemic distance arises when diagnostic knowledge is separated from therapeutic dynamics and ceases to legitimize the initial

implementation of service packages. Progressive adaptation is replaced by static implementation, so variation is viewed as a deviation from the standard (Chen et al., 2024). This reconfiguration transforms diagnosis into a classification tool rather than a source of new knowledge, and limits the possibilities for innovation in individual clinical contexts.

The restructuring of practice has shaped patient experiences as part of the global experience economy. *Panchakarma*, originally conceived as a gradual journey of transformation with a coherent therapeutic narrative, has evolved into a series of scheduled sessions with fixed durations and specific goals. Spa room design, rigorous schedules, and seven-or fourteen-day packages create a standardized consumption rhythm. Barboza, Seedall, and Neimeyer (2022) demonstrate that healing experiences are shaped by symbolic interactions and the continuity of meaning; fragmentation disrupts this continuity by separating bodily sensations from narratives of personal transformation. Patients are positioned as consumers of modular services, evaluating benefits based on immediate gratification, rather than long-term reflection on bodily balance. This transformation of experience is not merely phenomenological but rather the result of industrial structures that regulate therapeutic duration, intensity, and expectations.

The new rationality that emerges can be explained as a shift from relational epistemology to operational epistemology. Relational epistemology refers to the production of knowledge through the dynamic interaction between practitioners, patients, the environment, and the temporality of therapy (Sidorkin, 2025). Operational epistemology positions knowledge as a set of standardized procedures that can be applied without in-depth interpretive negotiation (Arregi, 2025). The governmentality framework helps to understand how measurement, documentation, and performance evaluation become techniques for managing healing practices. Professional legitimacy is tied to adherence to quality indicators and procedure manuals, not to the ability to read the complexities of the subject's body (Harrits & Larsen, 2021). The consequence is a limitation of clinical creativity, as variation is perceived as risky to the institution's brand consistency and reputation. This transformation demonstrates that the industrialization of wellness is not merely market expansion but an epistemic reorganization that changes how therapeutic knowledge is produced and validated.

Hybrid forms of practice emerge as a result of negotiations between *Ayurvedic* symbolism and global managerial logic. Classical terminology such as *dosha*, *agni*, and *shodhana* is retained as a marker of authenticity, while the implementation of therapies follows a modular scheme and modern evaluation parameters. Theories of global assemblage and medical pluralism help explain how elements of tradition and health capitalism converge without fully merging. This hybridity generates epistemological ambivalence, as relational language is maintained for cultural legitimacy, while the operationalization of practices is subject to calculations of

efficiency and replication. A similar phenomenon is seen in yoga or traditional Chinese medicine, which have become divorced from their original philosophical frameworks (Chung, 2020). This analysis positions *Panchakarma* as part of a broader global dynamic, rather than an isolated case, allowing for comparative readings across healing traditions.

Medicalization and Scientification of *Panchakarma*

The medicalization of *Panchakarma* represents the transformation of therapeutic practices grounded in the *tridosha* cosmology into clinical interventions that are classified, standardized, and subject to modern nosological criteria. The concept of medicalization in the sociology of health, particularly as formulated by Peter Conrad (2007), refers to the expansion of medical jurisdiction over non-medical phenomena through the institutionalization of diagnosis, professional regulation, and technical control. This process is not identical to biomedicalization, which, according to Clarke et al. (2003), marks the intensification of technoscience, biometrics, and the commodification of biological data. *Panchakarma* underwent two layers of transformation: first, through redefinition as a prescribing clinical therapy; second, through integration into the regime of laboratory technology and clinical trial protocols. The shift in the locus of knowledge authority is evident when the validity of therapy no longer rests on the authority of vaidyas and classical texts, but rather on the accreditation of medical institutions, state regulations, and the parameters of evidence-based medicine, which together construct a hierarchy of scientific legitimacy.

Scientification operates as an epistemic mechanism that complements medicalization by translating *Ayurvedic* concepts into the language of biomedical methodology. Scientification is not merely a descriptive process but rather a normative one, determining the format of knowledge recognized as valid. The hierarchy of evidence based on evidence-based medicine positions randomized controlled clinical trials as the gold standard, while other forms of knowledge are subordinated (Vatkar et al., 2025). *Panchakarma* is then represented as a research object subject to experimental design, biomarker measurement, and inferential statistical analysis. This transformation results in an ambivalent epistemic negotiation: legitimacy increases in the global health arena, but conceptual autonomy is potentially reduced. This discussion requires a clear distinction between methodological reduction—the simplification of variables for the sake of experimental control—and ontological reduction, which equates the reality of health with measurable biological entities. This distinction is crucial to prevent critiques from falling into generalizations about all contemporary biomedical practices, including the development of integrative medicine and precision medicine, which attempt to accommodate clinical complexity (Ahmed, 2020).

Terminological translation is a crucial arena for scientification. The concepts of *ama*, *agni*, and *dosha* are often translated into terms such as metabolic toxins,

enzymatic functions, or homeostatic imbalances. This translation creates the impression of epistemic equivalence between the two systems, despite their underlying ontologies being distinct. Biomedicine posits the body as a localized material entity governed by linear causality (Tosam, 2022). In contrast, *Ayurveda* understands the body as an open system interwoven with consciousness, morality, and cosmic rhythms (Rao, 2025). Comparative ontological analysis reveals differences in three domains: the conception of pathological entities, models of causality, and the therapeutic subject-object relationship. Biomedicine emphasizes the identification of lesions or organ dysfunction; *Ayurveda* emphasizes dynamic relational imbalances. Biomedical causality tends to be specific and linear, while *Ayurveda* recognizes contextual multicausality. The biomedical therapeutic relationship separates the observer and the object, whereas *Ayurveda* views the two as connected through ethical dispositions and awareness. These differences emphasize that terminological translation is not a neutral process, but rather an ontological negotiation that can produce both epistemic hybridity and domestication.

Panchakarma's clinical evidence demonstrates the methodological tension between the principle of radical individualization based on prakriti and the assumption of subject homogeneity in conventional clinical trial design. Evidence-based medicine prioritizes replication, generalization, and control of variables to minimize bias (Subbiah, 2023). *Ayurveda*, in contrast, emphasizes constitutional differentiation and each individual's unique response to therapy (Verma et al., 2024). Critiques of evidence-based medicine are not intended to reject empirical research, but rather to highlight the limitations of the classical experimental paradigm when dealing with complex systems. The literature on N-of-1 trials, systems biology, and complexity-based research demonstrates efforts to address this tension through adaptive design and personalized approaches (Schork et al., 2023). Dialogue with developments in precision medicine suggests the possibility of epistemic convergence, although the ontological foundations of the two remain distinct. Assessment of *Panchakarma*'s efficacy should consider qualitative indicators such as mental clarity and relational balance, which are difficult to reduce to a single quantitative variable but can be integrated through a reflective, mixed-methods approach.

Physiological parameters function as both a field of contestation and an instrument of the power of knowledge. Foucault (1995) demonstrated that regimes of truth are formed through practices of measurement and classification that discipline the body. Measurements of lipids, inflammatory markers, or post-therapy heart rate variability reflect the assumption that health reality can be condensed into laboratory numbers. Such methodological reduction is legitimate within certain research frameworks, but risks degenerating into ontological reduction when numbers are treated as a total representation of therapeutic reality. *Ayurveda* views

health as a harmony of gunas, natural rhythms, and ethical consciousness (Rathore, 2025); biochemical parameters represent only a fragment of these phenomena. Critiques of physiological reductionism need to be directed at the dominance of a single evaluation regime, not at the use of medical technology itself. Integrative medicine approaches demonstrate the internal variations of biomedicine that begin to recognize psychosocial and spiritual dimensions, preventing analysis from becoming trapped in a simplistic dichotomy between modern science and tradition.

Epistemic asymmetry emerges when the integration of *Panchakarma* into the global health system occurs through external validation that maintains claims of biomedical universality. Integration models often position *Ayurveda* as a complementary therapy that must be proven effective according to dominant experimental standards. This situation can be understood through the framework of postcolonial science studies, which highlights the power relations in knowledge production (Ali et al., 2025). Epistemic domestication refers to the adaptation of traditional concepts and practices to conform to modern institutional criteria without equal negotiation of fundamental ontological assumptions (Cassino et al., 2025). However, not all integration is subordinative; some models of knowledge co-production demonstrate the potential for dialogue through participatory research and contextual evaluation (Norström et al., 2020). Critical analysis needs to distinguish between hegemonic and collaborative integration to avoid generalizing all integrative practices as a form of epistemic homogenization.

Ontological reduction becomes the most significant risk when medicalization and scientification shift the center of gravity of *Panchakarma* toward narrow empirical verification and the commodification of measurable outcomes. *Panchakarma*, presented as an evidence-based detoxification technique, can lose the ritual, ethical, and cosmological dimensions considered essential by classical *Ayurveda*. This process is not simply a technical adaptation, but rather a restructuring of therapeutic meaning that transforms the relationship between the subject, the body, and the environment. Critiques of ontological reduction must be accompanied by clarification that methodological reduction in research does not automatically eliminate epistemic plurality, as long as it is recognized as a partial perspective. Ontological pluralism demands acknowledging the existence of more than one way of understanding health, without forcing a total conversion to a single theoretical language. Maintaining *Ayurveda*'s philosophical complexity requires a conceptual strategy capable of engaging in dialogue with modern science without eroding its epistemic identity.

Commodification of Therapeutic Knowledge and Authority

The commodification of *Panchakarma* knowledge is understood through a political-economic framework that defines commodification as the transformation of therapeutic use value into exchange and symbolic value (Hermann, 2021). This process does not stop at converting practices into paid services; it also involves

restructuring of knowledge as an asset that can be reproduced, curated, and distributed across global markets. Knowledge previously tied to the teacher-student relationship, healing ethics, and *Ayurvedic* cosmology is rearticulated as a standardized and replicable experience package. This transformation shifts the orientation from relationally restoring bodily balance to the production of exchange value that operates through brand differentiation, consumer segmentation, and exclusivity strategies. This framework emphasizes that commodification is not simply market penetration, but rather a reconfiguration of the value structure that determines how healing meaning is produced and exchanged.

This reconfiguration of value is intertwined with a shift in the locus of epistemic authority. Therapeutic authority, previously anchored in practitioners' interpretive capacity for individual conditions—based on mastery of classical texts, clinical experience, and community recognition—has shifted to wellness corporate institutions that control certification, trademarks, distribution networks, and health tourism infrastructure. The power/knowledge perspective demonstrates that control over standards, curriculum curation, and public representation generates a new institutional authority (Deng, Chapman, & Gericke, 2025). Traditional practitioners remain present as technical implementers and sources of symbolic legitimacy, but lose control over the production of meaning, pricing, and claims of authenticity. This shift demonstrates structural subordination mediated by regulatory regimes, international accreditation mechanisms, and intellectual property ownership. Epistemic authority is no longer determined solely by clinical competence but by the institution's ability to manage market access and monopolize the representation of traditional knowledge.

These institutional power structures converge with the transformation of the consumer subject within the neoliberal wellness economy. *Panchakarma* consumption is positioned as a self-investment that reflects the logic of health responsibility, where individuals are called to become risk managers and entrepreneurs of their own bodies. Souza's (2025) study of neoliberal subjectivity explains that health is reduced to a personal project to be optimized through consumption choices. *Panchakarma* is then promoted as a means of increasing productivity, mental clarity, and self-image, rather than simply a curative therapy. This orientation shifts the evaluation of effectiveness from the epistemic framework of *Ayurveda* to indicators of experiential satisfaction, celebrity testimonials, and the aesthetics of resort spaces. The therapeutic relationship transforms into a contractual one based on service packages and customer expectations. This shift in the meaning of healing marks the integration of traditional practices into a health capitalism regime that prioritizes affective experience and differentiates the lifestyles of the global middle class.

This economic transformation triggers a specifically identifiable epistemological shift. The *Ayurvedic* concept of the body, which emphasizes *dosha*

balance and ecological interconnectedness, is reduced to a marketable module of detoxification or relaxation. The temporality of healing, which demands long-term discipline, ongoing relationships, and ethical transformation, is replaced by the promise of instant results through short, intensive retreats. The relational ontology between body, environment, and morality is simplified into an individual experience measured through subjective sensations. These changes indicate a shift from a contextual epistemology to a universalistic epistemology that abstracts practices from their originating social conditions. This analysis distinguishes epistemological transformation—changes in knowledge structures and criteria of validity—from mere representational transformation. Validity is no longer primarily determined by internal cosmological coherence, but rather by emotional resonance and narrative appeal to transnational markets.

Symbolic competition between wellness institutions demonstrates the mechanisms of conversion of economic capital into symbolic capital, as explained in social field theory (Anson Au, 2024). Authenticity is produced through architectural designs that imitate traditional imagery, the use of *Sanskrit* terminology, and narratives of closeness to particular teacher lineages. Traditional practitioners are positioned as markers of legitimacy that enhance brand credibility, while strategic control remains with corporate management. The fragmentation of authority emerges not as democratic pluralization, but as a pseudo-decentralization that remains coordinated through the logic of the global market. The wellness field creates a new hierarchy in which actors controlling financial capital and media gain greater capacity to determine the legitimate definitions of *Panchakarma*. This analysis broadens understanding of how symbolic and economic capital are interconnected, producing invisible yet effective structures of domination that regulate the distribution of therapeutic legitimacy.

The global-local dimension reveals patterns of knowledge extraction that align with decolonial critiques of contemporary epistemic colonialism. *Panchakarma* knowledge is repositioned as a resource to be exploited through global value chains without equitable redistribution mechanisms for the communities of origin. Intellectual property rights regimes, international standards, and brand ownership enable the appropriation of economic value without the transfer of substantive control. This phenomenon is not identical to classical colonialism based on territorial domination, but rather a form of market neo-colonialism that operates inequality through regulation and capital. The concept of epistemic injustice helps explain how the voices of local practitioners are reduced to symbols, rather than subjects of interpretation. The unequal distribution of material and symbolic benefits confirms that the commodification of traditional knowledge implies a restructuring of the global hierarchy of knowledge, not simply a change in the form of consumption.

The proposed analytical model defines three levels of commodification: epistemic, institutional, and symbolic. The epistemic level encompasses the simplification of the ontology and temporality of healing; the institutional level encompasses the concentration of control through certification, regulation, and branding; and the symbolic level encompasses the production of authenticity and lifestyle differentiation. This framework positions *Panchakarma* as a meeting point between health capitalism, neoliberal governance, and global knowledge politics. The theoretical contribution lies in extending the concept of commodification to the realm of knowledge-structure transformation, not merely to changes in the form of economic exchange. This approach avoids a normative reduction to the market by demonstrating the concrete mechanisms of capital conversion, the production of consumer subjects, and the restructuring of authority. The analysis of power relations does not stop at the dichotomy of tradition versus modernity, but rather explores the configuration of the social field that shapes legitimate definitions of healing.

The tension between healing value and exchange value presents long-term implications for the sustainability of *Ayurveda* as a living knowledge system. Healing, positioned as a consumption experience, risks eroding the ethical and communal dimensions that underpin traditional practices. Therapeutic authority shifts toward the capacity to generate symbolic satisfaction, so that the criteria for therapeutic success are determined by market evaluation, rather than cosmological coherence or the patient's ethical transformation. These consequences demand critical reflection on the global governance of traditional knowledge and mechanisms for safeguarding epistemic justice. This analysis demonstrates that the global wellness economy not only provides a space for cultural diffusion but also reshapes structures of meaning and the distribution of power. A comprehensive understanding of these dynamics creates space for policy formulation and resistance strategies that maintain the epistemic autonomy of traditional practitioners while negotiating for equitable participation in the global market.

Conclusion

The expansion of the global wellness industry positions *Panchakarma* as the locus of *Ayurveda*'s epistemological transformation, which is gradually moving through four main patterns: the rearticulation of therapeutic goals from holistic purification to measurable well-being experiences based on biometric indicators and self-optimization narratives; the standardization of procedures through safety protocols, certification, and market efficiency that rationalize classical practices; the hybridization with biomedicine and popular science to gain scientific legitimacy and regulatory access; and the cultural recontextualization that redistributes authority from the teacher-*shishya* to certified practitioners and global platforms. Its original contribution lies in a typological model of gradual transformation that expands theories of medical pluralism and symbolic fields by demonstrating that the

traditional-modern dichotomy is inadequate to explain the negotiation of therapeutic knowledge. Practical implications include the development of integrative curricula, accreditation schemes grounded in clinical competence and cultural ethics, and regulatory guidelines that safeguard both doctrinal integrity and public safety. Analytical limitations arise from the dominance of secondary sources, the biased representation of the mainstream industry, and the absence of micro-clinical observations that limit generalizability. Future research agendas prioritize service ethnography, contextual clinical evaluation, and political economy analysis of wellness platforms through longitudinal designs and stakeholder collaboration.

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Author Contribution Statement

NS contributed to the conceptualization of the research, the formulation of the theoretical framework, the coordination of research implementation, data analysis, manuscript preparation, and correspondence for publication. WD contributed to data collection and processing, literature review, and preparation of the initial draft of the manuscript. IP contributed to data analysis, strengthening academic arguments, and reviewing the substance of the manuscript. KS contributed to data validation, evaluation of the research methodology, and critical revision of the manuscript. AP contributed to manuscript editing, academic consistency checks, reference verification, and refinement of the manuscript to the final version.

Conflict of Interest

There is no conflict of interest whatsoever related to the preparation, implementation, analysis, writing, or publication of this manuscript. The entire research and writing process was conducted independently, in accordance with the principles of academic honesty and scientific responsibility.

AI Usage Statement

Artificial Intelligence (AI) was used only to a limited extent to assist with language editing, grammar correction, sentence clarity, and manuscript formatting. All ideas, concepts, analyses, research findings, interpretations, and conclusions presented in this article are the intellectual work of the authors and are the sole responsibility of the authors.

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