

Maharishi Ayurveda and Historical Newspaper Articles: A Statistical Analysis of Latent Factors

Lee Fergusson, Manohar Palakurthi

West Street, Toowoomba, Queensland, Australia

University of Southern Queensland, Australia

Corresponding Author's Email: lee.fergusson@usq.edu.au

Date of Submission: 18 Oct 2022 || Date of Acceptance: 05.Mar 2023

Absract

For more than a hundred years, Western news media have intermittently reported on the unique properties and practices of Ayurveda, the science of health and long life from ancient India. However, in the last 40 years there has been a significant explosion of reporting on Ayurveda, and this has been in large part due to the efforts of Maharishi Mahesh Yogi. Beginning in the late 1970s, Maharishi, along with eminent Ayurvedic physicians Dr Brihaspati Dev Triguna, Dr V. M. Dwivedi, and Dr Balraj Maharishi, began a program to restore the full dignity of Ayurveda by revitalising its foundations in Veda and the Vedic Literature and expanding its range to include the fundamental role of consciousness in health on the one hand and its application to collective health and the environment on the other. This program of revitalisation, called Maharishi Ayurveda, has been reported in newspapers but the contents of these historical articles have never been documented. The present study statistically analyses the dates, locations and sources of quotations in newspaper articles, identifies 29 key topics, and uses exploratory factor analysis to uncover four unobservable themes embedded within them. The outcome of these analyses is a comprehensive exploration of the historical public record of Maharishi Ayurveda between 1982 and 2013.

Keywords

Maharishi Ayurveda, newspaper articles, health topics, exploratory factor analysis

How to cite this article

Fergusson L, Palakurthi M, Maharishi Ayurveda and Historical Newspaper Articles: A Statistical Analysis of Latent Factors, *Annals Ayurvedic Med.* 2023;12(1) 8 - 37, DOI. 10.5455/AAM.122085

Introduction

Ayurveda, the complete knowledge of health and long life, was a minor subject of interest in newspaper articles during the nineteenth and twentieth centuries. A few random examples show how the subject was treated.

On 17 October 1884, the *Daily British Colonist* of Victoria, Canada, reported how Ayurveda describes “a fatal disease called *Visuchika* [which has] all of the striking symptoms of the cholera of the present day”.¹

On 19 March 1898, *The Philadelphia Times* in the United States, under the headline ‘Hindoo medical science: Professor Norman to lecture on the wonder-workers of India’, reported that “[the Professor] has spent the greater

part of his life...studying and practicing Ayurveda, with celebrated Yogis...of India and Burmah.... The Yogi is at all times a source of greatest interest to the Western world, scientific and theologic”. According to this article, Ayurveda is “the most ancient of all systems of therapeutics”.²

On 26 January 1931, under the headline ‘Mystic East: The home of medicine?’, *The Dunstan Times* of Otago in New Zealand said “India claims a divine origin for her arts of healing, and in view of recent discoveries, who is there to dispute the fact?”. The article went on to point out that “Hippocrates, the Greek father of medicine, and Imothep, the Egyptian God of Healing, owed much of their skill to the inspiration which they received from

Indian physicians.... Many of the drugs which have found their way into the pharmacopoeias of the world were being used in India at a time when Europe was overrun with warlike and semi-savage tribes” but “the ancient books of the gods, including...Ayurveda, the medical treatise, were at one time lost through the irreligion and neglect of man”. The article also spoke about: *Dhanvantari*, “the Æsculapius of India...who came to bring relief to man for his sufferings, and through his disciple Susruta [i.e., *Sushruta*] taught the science of healing”; *Amrita* “the beverage of immortality”; and that some of the “methods of diagnosis and treatment [used in Ayurveda] would be perfectly understandable and workable nowadays...even psychology played an important part in their prognosis...for they attempted to grasp the state of mind of their patients before they studied their physical condition”.³

On 10 May 1957, *The Canberra Herald*, in the Australian Capital Territory, reporting under the headline ‘India’s art of long life’, said “Ayurveda conceives of health as a harmonious condition of the elements constituting the human body, the mind and the soul. Any disharmony or disturbance in the equilibrium of the elements is looked upon as disease.... Ayurveda can also claim to have made great advances in dietetics and preventive medicine. It prescribes change and modification of diet for almost every major disease and emphasises that change is half the cure”.⁴

And on 27 June 1971, *The Salt Lake Tribune* of Salt Lake City, Utah, in an article headlined ‘Indians proclaim Ayurvedic as cure for chronic diseases’ explained that “Ayurvedic physicians say that the system has great scope as a cure and preventive against disease. Unlike western medicine, which uses antibiotics to destroy the agents of disease, Ayurveda emphasizes the maintenance of balance between the three ‘humors’ of the body [i.e., Vata, Pitta and Kapha] to build resistance to disease. The treatment known as ‘Panchakarma Therapy’, or five-fold cure was devised by the sages of ancient India and has been practiced through the centuries by Ayurvedic physicians”.⁵

However, prior to the 1980s, the knowledge and practice of Ayurveda was fragmented and incomplete, and mostly considered “ethno-medicine devoid of scientific credibility” and thus unverifiable “under controlled laboratory conditions”.⁶ Its practice outside India and its coverage by the international news media were at best cursory and scant.

According to Sujatha, it was not until the early 1980s that Ayurveda began to gain more widespread international interest and acceptance when Maharishi Mahesh Yogi “first introduced” Ayurveda to the Western world and “inspired allopathic doctors...to learn Ayurveda. He got *Vaidyas* [i.e., Ayurvedic physicians] from India to teach them; by 1985, the first Ayurvedic clinic was opened [under Maharishi’s guidance] in Lucerne, Switzerland”.⁶ Accordingly, the doctors and healthcare practitioners trained under Maharishi represent the “largest coherent group of allopaths who have taken to Ayurveda”.⁶

In collaboration with many of the world’s greatest Ayurvedic scholars and physicians and in accordance with ancient Vedic texts, Maharishi’s efforts to revitalise Ayurveda centred on four main tasks: 1) to re-establish the original completeness, authenticity and integrated nature and scope of Ayurveda, including identifying its source in Veda and the Vedic Literature; 2) to fully restore the role of consciousness to its central and fundamental position in Ayurveda from both a theoretical perspective as well as through applied diagnostic techniques and treatment modalities; 3) to show the connection of Ayurveda’s complementary approaches to consciousness, mind, body, and behaviour and reconnect them to social and environmental health; and 4) to promote the understanding of Ayurveda as a universally applicable approach to health and examine it from a ‘scientific’ or empirical viewpoint⁷, that is, by not treating it as a mere ‘ethno-medicine’ and seeing it in a more holistic and systematic light.

It is therefore not surprising that “this restoration of Ayurveda in our time has been undertaken by a

Maharishi”⁸, said Dr Hari Sharma, Professor Emeritus of the College of Medicine, Ohio State University. “In the *Charaka Samhita*, such leadership is said to be the usual situation: ‘Ayurveda, the science of life, has been taught by the Maharishis who are devoted to righteousness (*Dharma*) and the welfare of the people, and not their earnings and enjoyment’ (*Chikitsasthanam*, 1.4.57)”⁸. The name given to the result of Maharishi’s effort is therefore rightfully called ‘Maharishi Ayurveda’ to capture the success of these four contributions to Ayurvedic knowledge, which Rawlings described as “the reconstruction of the original completeness of Ayurveda by Maharishi Mahesh Yogi”⁹. How and to what extent this reconstruction, development and application of Ayurveda by Maharishi was reported in international print media is the subject of this study.

Maharish Ayurveda

Evidence of Maharishi’s effort to revitalise the knowledge and practice of Ayurveda can be found in several early documents, such as the World Medical Council for the Age of Enlightenment’s publication ‘Perfect Health’, in which Maharishi said “Health means wholeness. The total potential of health lies in the field of pure awareness which offers infinite creativity and all possibilities. A faint, faint impulse of that simplest form of awareness precisely produces the desire effect. This is health”¹⁰.

But his effort to restore the full dignity of Ayurveda began in earnest at an international conference held in Seelisberg, Switzerland by Maharishi European Research University.¹¹ This conference of medical specialists, titled ‘Science, Consciousness and Ageing’, included significant contributions from Dr V. M. Dwivedi, former director of Ayurveda in Gujarat and Vice-Chairman of the Ayurvedic Pharmacopoeia Committee, Government of India, and represented an important historical moment when Maharishi located Ayurveda within the broader structure of Veda and the Vedic Literature. Vedic Science, Maharishi said at the time, is “a perfect science laying out the principles, all the laws of nature, and a scientific path of investigation into the reality of the laws, in such a

way that they are incorporated into daily life”¹¹. At this conference, Maharishi providentially said: “In order to explain the significance of Ayur Veda, we must consider it in the perspective of the totality of Vedic knowledge”¹¹. [Note, the word ‘Ayurveda’ has been spelled severally in newspapers and throughout the published literature as Ayurveda, Ayurved, Ayur-Veda, Ayur-veda, Ayur Veda, and AyurVeda; for the purpose of this study, we have settled on the first form as it is the most common.]

In collaboration with Dr Dwivedi, Dr Brihaspati Dev Triguna,¹² and Dr Balraj Maharishi,¹³ and in accordance with ancient Vedic texts, Maharishi focused on the following four key topics in his revitalisation program.

1. The completeness and authenticity of Ayurveda

One of Maharishi’s most important contributions to the field of health was his re-identification of the principles and practices of Ayurveda with their source in the unbounded field of Vedic knowledge. Prior to Maharishi, Ayurveda had become fragmented and disorganised as a healthcare science, and thus reduced in status and understanding. However, through systematic explanation and profound insight he claimed “AyurVeda enjoys authenticity of its statements as Veda, pure knowledge. Pure knowledge is its own authenticity; its expressions are the expressions of pure knowledge, the expressions of the Veda. So AyurVeda, being Veda, enjoys its absolute authenticity, gives the knowledge of what is what, and then the use of it—for what effect we want to produce.... AyurVeda, the pure knowledge aspect of life, connects the unmanifest and manifest value[s] of life, makes the manifest blossom in its full value”¹⁴.

The initiative begun by Maharishi to restore the completeness and authenticity of Ayurveda has also been advanced through the work of Dr Tony Nader in his identification of the structure and function of human physiology with Veda and the Vedic Literature¹⁵ as well as in his work on cell biology and Vedic Devata in human physiology.¹⁶ In addition to establishing the foundations of Ayurveda in the well-known Vedic texts *Charaka*

Samhita and *Shushruta Samhita*, Maharishi established that four other Vedic texts—*Vagbhata Samhita*, *Madhav Nidan Samhita*, *Sharangdhar Samhita* and *Bhav Prakash Samhita*—were also central to the holistic knowledge and practice of Ayurveda, and identified each of these six texts to a specific quality of Vedic knowledge as well as to their source in Veda, and then located them in the sequential unfoldment of 40 aspects of Veda and the Vedic Literature.¹⁷ For example, Bhava-Prakash Samhita corresponds to the descending tracts of the central nervous system and is associated with the *Chhandas* aspect of *Samhita*. These insights into reorganising the structure and sequence of Vedic knowledge and Ayurveda's place in it, from its source in the unmanifest field of consciousness through to its most manifest expression, has been called Maharishi's *Apaurusheya Bashya*.¹⁸ Thus, Maharishi Ayurveda has also been referred to as 'Maharishi Vedic Medicine'.¹⁹

2. The central role of consciousness in Ayurveda.

In addition to locating the source of Ayurveda in Veda, drawing from *Rik Veda* Maharishi explained that knowledge is structured in consciousness, that the source of Ayurvedic knowledge is in the 'transcendental field' of consciousness, in *Parame Vyoman*¹⁸ and that practice of the Transcendental Meditation technique is the way to experience the transcendental field (or state of Transcendental Consciousness), thus Maharishi's second major contribution to the completeness of Ayurveda.

"Our whole programme is to make every performance or ours—every performance means performance of all the five senses, mind, intellect, every level of performance we want to be a *Rasayana* for the next level of performance—a *Rasayana*. So AyurVeda becomes a living reality of daily life when we follow the daily routine, the seasonal routines, the yearly routines, the Cosmic Routine. How [do] we follow the Cosmic Routine? Close the eyes and gain that unbounded wakefulness which is the central essence, the essential cause of the whole universe. So, in order to follow the Cosmic Routine, we dive within ourselves [through the

practice of Transcendental Meditation] and we practice this Sidhi programme, and there we have that oneness with that level of intelligence which upholds the ever-expanding universe".²⁰ This is the "subjective aspect" of Ayurveda, largely missing prior to Maharishi's effort.²¹

Maharishi has also identified the role of Yoga and Vedic architecture (or *Vastu*) in Ayurveda and points out both are used to harmonise individual life with cosmic life. Indeed, practice of Transcendental Meditation has been directly linked by Maharishi to the practice and fulfilment of Yoga.²² Indeed, the experience of Transcendental Consciousness, the fourth state of human consciousness beyond waking, dreaming, and sleeping, is described in Maharishi Ayurveda as *Swastha* or wholeness. Thus, practice of Yoga is practice of Ayurveda.

3. Four complementary approaches of Ayurveda

Maharishi Ayurveda is holistic because it creates balanced life in four domains of health: a) consciousness; b) mind and body; c) behaviour; and d) society (i.e., collective health) and the environment. Prior to Maharishi's intervention, the fragmented approach to Ayurveda focused (and indeed still focuses) mostly on the body and behaviour, with emphasis placed on physiological conditions and treatments. Hence, the emphasis in Ayurvedic literature on topics such as digestion,²³ physiological functions,²⁴ and hypertension,²⁵ and on the five elements space, air, fire, water, and earth.²⁶

By including both unbounded consciousness and the environment within the understanding of Ayurveda's vast range (i.e., health as personal or 'close', and health as vast or 'distant'), Maharishi significantly expanded its scope and application, from its source in pure knowledge (i.e., in Veda), which is structured in the consciousness of everyone, through to the balanced health of society and the environment. This is what is meant by the 'holistic' nature of Ayurveda: it deals with every aspect of life, and treats life as an integrated whole, not as a partial or fragmented world of symptomatology, 'magic bullets', and definitions of physical health as 'the absence of disease'.

The universality of Ayurveda

Maharishi maintained that “the central theme of Ayurveda is to bring life into accordance with the laws of nature. The classical Ayurvedic texts therefore emphasize that the application of the indigenous flora is most effective in the prevention and treatment of illness. On the basis of this tenet, it can be understood that Ayurveda presents a universally valid system of natural medicine, which, without any conflict, not only accommodates all the great traditions of natural medicine, but, moreover, glorifies them by raising them to the level of fulfillment”²⁷.

In 1986, under a heading ‘Relevance of Ayurveda to modern medicine’, Maharishi Ayurveda Medical Centers²⁸ outlined and explained the 13 main topics of Maharishi Ayurveda as: 1) cost-effectiveness; 2) absence of harmful side effects; 3) prevention—the speciality of Ayurveda; 4) approach to patient evaluation and treatment of disease; 5) pulse diagnosis; 6) Ayurveda possesses an essential pharmacopeia; 7) Ayurveda emphasises the development of consciousness; 8) the Ayurvedic approach to diet; 9) patient compliance with Ayurvedic programs; 10) daily and seasonal routines to promote homeostasis; 11) treating disease at its source; 12) collective health; and 13) longevity. Most of these topics appear in the following analysis of newspaper reporting. It is to how historical newspaper articles will be examined and how latent factors will be extracted from them that we now turn.

Method

The research process adopted by this study is shown in Figure 1. Two databases were used to form the corpus of the research. First, the Maharishi Global Archives and Collections (MGAC) of Maharishi International University (MIU) in Fairfield, Iowa was searched for newspaper articles resulting in the identification of 6,534 articles on various topics, including Maharishi Ayurveda. The online newspaper database Newspaper Archive, which includes newspaper articles published in 47 countries, was the second data source. An initial search for ‘Ayurveda’ in this second database isolated 3,106

articles.

To these articles, the following inclusion criteria were applied: 1) published in English; 2) included the date of publication and name and location of publisher, including masthead if applicable; 3) the full article was accessible; and 4) addressed the topic of Maharishi Ayurveda (not simply ‘Ayurveda’) by name as the main subject of or content in the article. Searches with these criteria resulted in the identification of 48 and 59 newspaper articles respectively from the two data sources for a total sample of 107 articles published between 1982 and 2013.

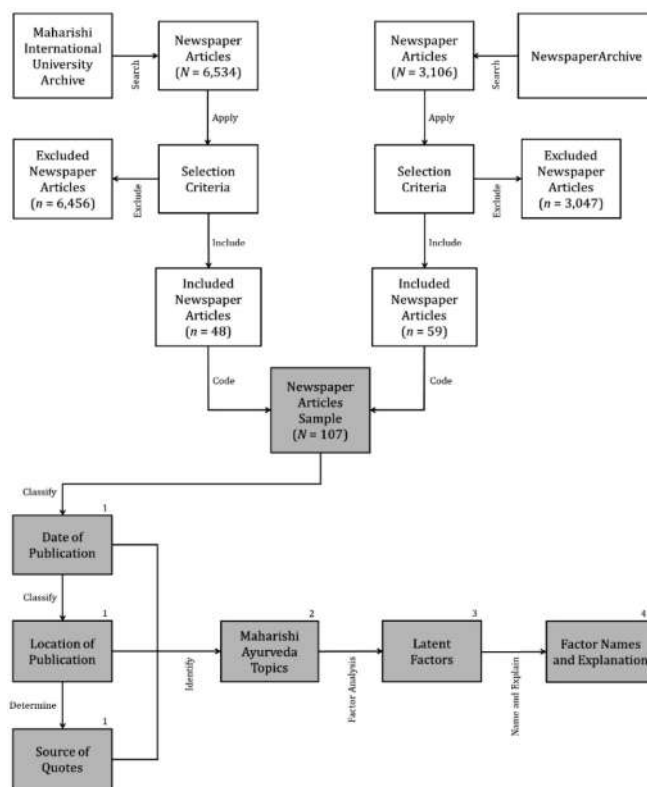


Figure 1: Overview of the research process from corpus formation to factor analysis.

The articles were then coded chronologically and numbered according to the following convention: number and date (e.g., from MA01-82 for article on Maharishi Ayurveda number 1 issued in 1982 to MA107-13 for article on Maharishi Ayurveda number 107 issued in 2013). Sample headlines from the corpus included:

‘World’s oldest health system introduced to U.S. health officials’ (*Holistic Medicine*, November December, nationwide, United States, MA03-85)

‘2,000 patients take Ayurvedic treatment here’, (*Fairfield Ledger*, 3 August 1985, Fairfield, Iowa, MA04-85)

‘Seeing that all are disease-free’ (*Indians Abroad*, 24 January 1986, New York, MA08-86)

‘A medical marvel as old as history’ (*Sunday Standard*, 5 October 1986, Nairobi, Kenya, MA17-86)

‘Healthy society through Maharishi Ayurveda’ (*India Tribune*, 7 February 1987, Chicago, Illinois, MA26-87)

‘Maharishi Ayurveda for a disease-free Philippines: Reviving the most ancient system of natural medicine’ (*Manila Bulletin*, 6 May 1987, Manila, Philippines, MA28-87)

‘Ayurvedic scholars meet on science of health through natural medicine’ (*The Korea Herald*, 20 May 1987, Seoul, South Korea, MA31-87)

‘Age-old medicine making a comeback’ (*The Daily Sentinel*, Grand Junction, Colorado, MA37-87)

‘Ayurvedic medicine for Hillmorton’ (*The Press*, 25 August 1987, Christchurch, New Zealand, MA43-87)

‘Ayurveda, an ancient natural health care system may be next wave in new age medicine’ (*Los Angeles Times*, 29 December 1987, Los Angeles, California, MA49-87)

‘Knowledge of life’ (*The Washington Post*, 2 October 1989, Washington, D.C., MA58-89)

‘Maharishi Ayurveda: Interest grows in ancient Eastern health care techniques’ (*The Alsip Star*, 11 February 1993, Tinley Park, Illinois, MA67-93)

‘The intelligence value of food’ (*The Kingston Gleaner*, 17 October 1994, Kingston, Jamaica, MA80-94)

‘Holistic headway’ (*Cedar Rapids Gazette*, 13 March 2022, Cedar Rapids, Iowa, MA101-02)

‘Rejuvenation of Maharishi center—Lancaster center regroups around Ayurveda practice’ (*Entertainment & Lifestyle*, 4 November 2009, Worcester, Massachusetts, MA105-09)

The corpus contained newspapers which represented: small regional publications (e.g., *The Daily Sentinel* and *Burlington Hawk-Eye*) as well as large metropolitan publications (e.g., *The New York Times* and *Los Angeles Times*); local publications (e.g., *Dallas Morning News* and *Boston Herald*) as well as major international publications (e.g., *The Guardian* and *The Washington Post*); health-specific publications (e.g., *Holistic Medicine* and *Entertainment & Lifestyle*); as well as generalist publications (e.g., *Manila Bulletin* and *The Trinidad Guardian*). Sixty-seven separate publications were represented in the corpus.

The content of newspaper articles on Maharishi Ayurveda were derived from multiple sources, including: articles by reporters who participated in a medical consultation with a Maharishi Ayurveda doctor (e.g., MA47-87); articles by reporters who directly experienced *Panchakarma* treatment (e.g., MA45-87); articles by reporters who interviewed medical doctors or other Maharishi Ayurveda health practitioners (e.g., MA35-87); and articles written from press releases (e.g., MA33-87) or other sources of independent information, such as published research (e.g., MA09-86).

This research will be conducted in four phases. For each article in the corpus, using descriptive statistics, the first phase will classify and determine the date of publication, the place of publication, and the source of any direct quotes.

Using standard content analytic coding techniques to isolate key words and descriptive statistics to record them, the second phase will identify topics about Maharishi Ayurveda in each article. In order to keep the number of topics within manageable limits, if one article reported a topic (e.g., diets used in Maharishi Ayurveda) but used different words related to it than those used in other

articles (e.g., dietitian, dietetics, nutrition, vegetarianism, or food) these topics were grouped to form a common topic (i.e., 'Diet').

To illustrate how this second phase was carried out, Figure 2 shows two representative newspaper articles from the corpus. To the left, 'Ayurveda—health through nature' (Trinidad & Tobago Guardian, 4 July 1987, Trinidad and Tobago, AH36-87) with isolated topics including balance and imbalance, inner intelligence and consciousness, toxins and impurities, prevention, body type, diet, Rasayanas and herbal preparations, and Transcendental

Meditation. To the right, 'Midwestern spa draws health-minded clients' (Altoona Mirror, 14 October 2001, Altoona, Pennsylvania, AH93-01) with topics including Transcendental Meditation, holistic approach to health, massage, purification, balance and imbalance, diet, lifestyle, Panchakarma, and inner intelligence and consciousness. For an Ayurvedic topic to be isolated and recorded for factor analysis, it must have been reported in more than 10% of newspaper articles; however, if the topic was repeated in the same article, it was only registered once in the code book.



Figure 2: Sample newspaper articles in the corpus with highlighted Maharishi Ayurveda topic examples.

The main objective of this study was conducted in the third phase: an exploratory factor analysis (EFA) on Maharishi Ayurveda topics (i.e., the measured variables) identified in the second phase to isolate and extract latent (i.e., unobserved) factors within the corpus. A minimum of four independent measured variables will be considered necessary for each factor. Data on topics (none missing in this case) will be recorded as binomials, and EFA correlations will be measured using mean square contingency, or *phi*, correlation coefficients (ϕ) applying a 95% ($p < 0.05$) confidence level. Tests of factorability will include both Bartlett’s test of sphericity and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy (MSA). As verified by Koyuncu and Kiliç, the majority of international factor analyses follow the same five statistical conventions used in this third phase (i.e., scree plot > Bartlett’s test of sphericity > KMO > factor loadings > factor naming).²⁹

Once latent factors have been extracted, in the fourth phase each factor will be named (i.e., labelled) and its contents briefly explained to complete the analysis of

Maharishi Ayurveda as reported in historical newspaper articles. Original spelling and grammar have been used in direct quotes throughout this study; where necessary, words or phrases of clarification have been inserted using [brackets]. As noted above, the word ‘Ayurveda’ has been spelled severally in newspaper articles; for the purposes of this research, all spellings of the word in newspaper articles have been taken as equivalent, provided they were addressed in the context of ‘Maharishi’.

Results and Discussion

Table 1 presents the dates of publication for all 107 newspaper articles in the corpus. The first date period of 1982-1989, the period during which Maharishi began his efforts to reconstruct the original completeness and authenticity of Ayurveda, contained more than half the total corpus. After 1994, the number of articles on Maharishi Ayurveda in the corpus declined and the MGAC did not contain any article on any topic after 1993, with the 25 post-1994 articles coming from the second data source.

Table 1: Dates of publication for newspaper articles.

Date of Publication	Number	Percentage
1982–1989	58	54%
1990–1994	24	22%
1995–1999	8	7%
2000–2003	10	10%
2002–2008	2	2%
2009–2013	5	5%
Total	107	100%

Table 2 presents data on places of publication, showing that articles were published in ten countries, 72% of which were in the United States. A random selection of articles from the United States included: ‘2,000 patients take ayurvedic treatment here’ (*Fairfield Ledger*, 3 August 1985, Fairfield, Iowa, MA04-85); ‘From India comes...concept to beat aging’ (*The Tribune*, 9 May 1986, San Diego, California, MA09-86); ‘Group aims to create a disease-free world: Goal to be accomplished by practice

of Ayurveda’ (*Reading Eagle*, 6 December 1986, Reading, Pennsylvania, MA18-86); ‘Knowledge of life’ (*The Washington Post*, 2 October 1989, Washington, D.C., MA58-89); and ‘Rejuvenation for Maharishi center—Lancaster center regroups around Ayurveda practice’ (*Telegram & Gazette*, 3 November 2009, nationwide, MA103-09).

A random selection of articles from other countries

included: ‘The importance of ayurveda’ (*Financial Express*, 13 December 1987, New Delhi, India, MA48-87); ‘Natural medicine being heavily promoted’, *The Kingston Gleaner*, 20 November 1995, Kingston, Jamaica, MA83-95); ‘Ayurvedic scholars meet on science

of health through natural medicine’ (*The Korea Herald*, 20 May 1987, Seoul, South Korea, MA31-87); and ‘Ayurvedic medicine for Hillmorton’ (*The Press*, 25 August 1987, Christchurch, New Zealand, MA43-87).

Table 2: Places of publication of newspaper articles.

Place of Publication	Number	Percentage
India	4	4%
Jamaica	12	11%
Japan	2	2%
Kenya	2	2%
New Zealand	2	2%
Philippines	3	3%
South Korea	2	2%
Trinidad & Tobago	1	1%
United Kingdom	1	1%
United States	78	72%
Total	107	100%

Derived from data in Tables 1 and 2, Figure 3 shows the flow of information between dates and places of publication by country and region. Half of all articles (78)

published in the United States appeared between 1982 and 1989, with 91 (85%) of all articles published in North America and the Caribbean.

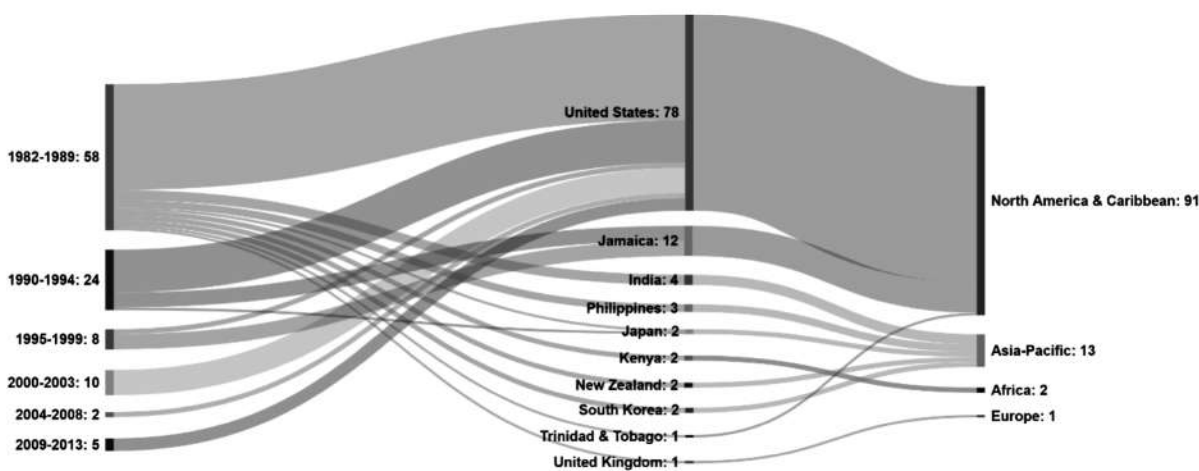


Figure 3: Flow of information from dates of publication (left) to country of publication (centre) to region (right).

Table 3 presents the sources of direct quotes identified in the articles. A total of 152 quotes in 82 articles from five main types of quotee were identified (25 articles did not contain a quote), with not surprisingly 95 (63%) statements made by doctors or health practitioners. Quotes from Dr Brihaspati Dev Triguna, Dr Nancy Lonsdorf³⁰, Dr Deepak Chopra, Dr Jay Glaser³¹, Dr Barry Charles, Dr Richard Averbach, Dr R. Keith Wallace, and Dr Stuart Rothenberg, among others, were identified. Key among them was Dr Triguna who was quoted in multiple articles during his world tour of 1985 and 1986.

For example, Dr Triguna said “the main purpose of Ayurveda is to see that every single individual on this earth should be free from diseases, should be free from suffering and enjoy life in its full glory with bliss” (MA08-86). He went on to point out that “Ayurveda holds that the herbs, the vegetation grown in a country, can take care of the illnesses of the people in that country because natural law has brought the plants and vegetation and the

same natural law has brought the animals and man... [But] it’s [also] a fact that any single system of medicine, whether Western or any other system alone, cannot give ideal health to every single individual” (MA08-86).

Dr Triguna further said that he wanted “to bring Ayurveda to all parts of the globe” through Maharishi’s ‘World Plan for Perfect Health’ (MA10-86). He explained that “in Ayurveda we consider the whole man. Our purpose is to cure disease and preserve health by restoring and maintain balance of mind and physiological homeostasis according to an individual’s particular psychophysiological type.... The physician can tell what disease may come in six months or a year and prescribe appropriate preventive measures.... Different mental states and physiological conditions are characterized by different values of the pulse” (MA10-86). Seeing Dr Triguna conducting pulse diagnosis, Dr Bernard Towers, Professor of Anatomy and Psychiatry at UCLA’s School of Medicine, said “It was like sitting at the feet of Hippocrates.... He obviously has a lot of clinical insight” (MA12-86).

Table 3: Sources of direct quotes in newspaper articles.

Quotee	Number of Quotes	Percentage
Doctor or Health Practitioner	95	63%
Health Educator	15	10%
Maharishi	2	1%
Patient	26	17%
Other Health-Related Media	14	9%
Total	152	100%

Twenty-six (17%) articles quoted patients of Maharishi Ayurveda, including Terry Nevas of Westport Connecticut who said “My husband was skeptical and if he hadn’t been so sick, he might not have tried it. But after a week, we both felt much better. We had an oil massage every day, and you could just feel the poisons coming out of your body. After all that fatigue, I woke up in the morning feeling refreshed” (MA41-87). David Wheeler, who suffered from colitis, pancreatitis, gastritis, and a hiatal hernia and had, after three years of conventional

treatment, been hospitalised on five separate occasions, said “I saw the results within four days.... I have taken no more drugs, nothing but herbs, and it has done the trick” (MA45-87).

Surprisingly, only two (1%) articles, reporting the same statement, directly quoted Maharishi: “No one can touch the perfection of the universe.... Nature is perfect. If so, why should one suffer from imperfection? If there is a lack some place it can’t be in the universe. My daily living

is under my control. I am responsible. I can be completely in tune with the perfection of the universe. It is under the control of the individual—the choice is to live with it or be out of alignment with it” (MA67-93 and MA69-93).

Derived from data in Tables 1 and 3, Figure 4 shows the flow of information between dates and sources of direct quotes. Articles from earlier in the corpus relied more heavily on direct quotes than articles later in the corpus, with 116 (76%) quotes rendered before 1994.

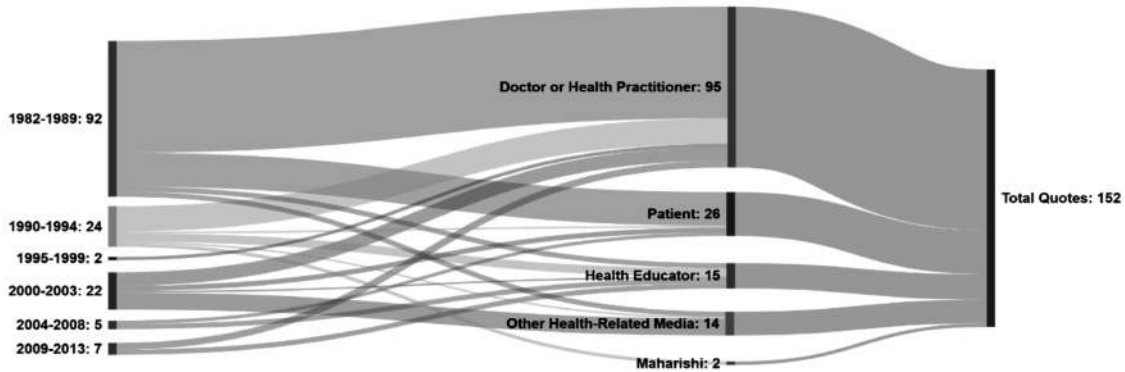


Figure 4: Flow of information from dates of publication (left) to type of quotee (centre) to total quotes (right).

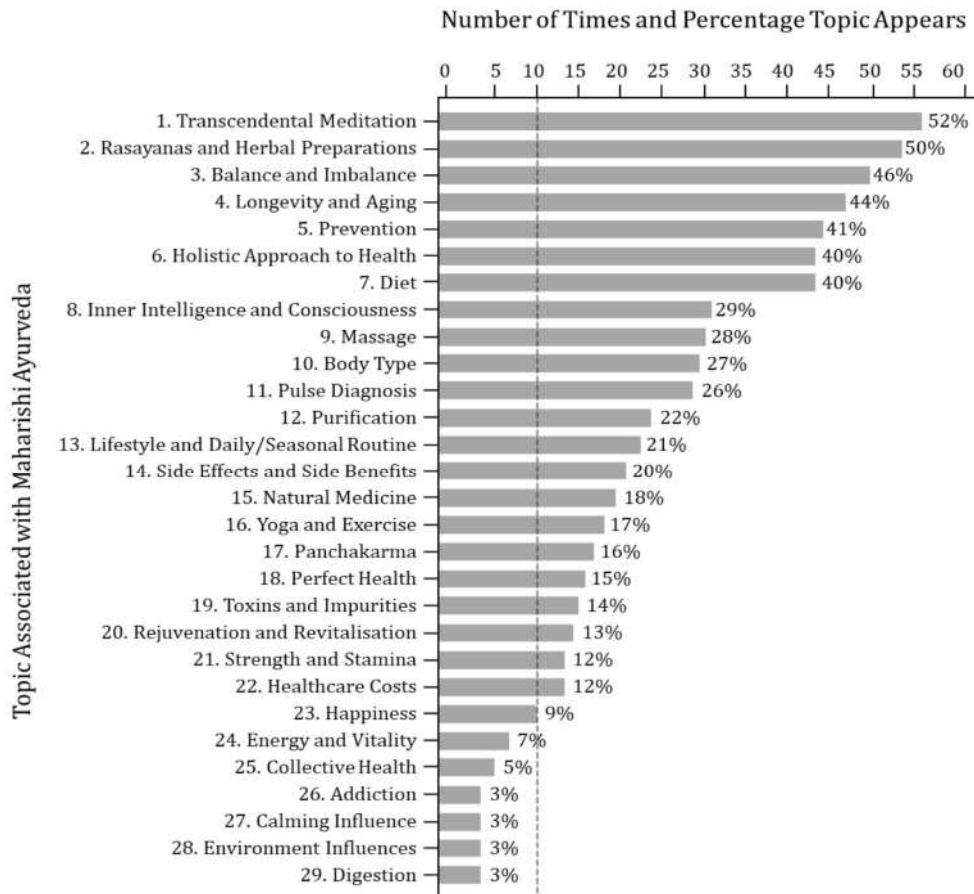


Figure 5: Inter-topic distance map for Maharishi Ayurveda topics, with the number of times a topic appeared in articles and percentage of articles in which the topic appeared.

Table 4: Topics associated with Maharishi Ayurveda, including the number of times the topic was reported, the percentage of total topics, and sample article codes.

Maharishi Ayurveda in Newspaper Articles		
Topic	Times and Percentage of Total Topics	Sample Newspaper Article Codes (Earliest to Latest)
1. Transcendental Meditation	56 (9%)	MA02-85; MA39-87; MA86-95; MA107-13
2. Rasayanas and Herbal Preparations	53 (8%)	MA05-85; MA38-87; MA84-95; MA105-09
3. Balance and Imbalance	49 (7%)	MA01-82; MA27-87; MA68-93; MA107-13
4. Longevity and Aging	47 (7%)	MA01-82; MA45-87; MA89-96; MA107-13
5. Prevention	44 (7%)	MA02-85; MA40-87; MA83-95; MA106-13
6. Holistic Approach to Health	43 (6%)	MA02-85; MA34-87; MA72-93; MA107-13
7. Diet	43 (6%)	MA01-82; MA27-87; MA64-92; MA105-09
8. Inner Intelligence and Consciousness	31 (5%)	MA02-85; MA31-87; MA80-94; MA107-13
9. Massage	30 (4%)	MA02-85; MA27-87; MA64-92; MA107-13
10. Body Type	29 (4%)	MA02-85; MA17-86; MA60-92; MA107-13
11. Pulse Diagnosis	28 (4%)	MA03-85; MA18-86; MA62-92; MA105-09
12. Purification	23 (3%)	MA02-85; MA27-87; MA73-93; MA107-13
13. Lifestyle and Daily/Seasonal Routine	22 (3%)	MA02-85; MA18-86; MA53-88; MA107-13
14. Side Effects and Side Benefits	21 (3%)	MA03-85; MA24-87; MA54-89; MA84-95
15. Natural Medicine	19 (3%)	MA04-85; MA23-87; MA42-87; MA90-96
16. Yoga and Exercise	17 (3%)	MA18-86; MA41-87; MA72-93; MA107-13
17. Panchakarma	17 (3%)	MA02-85; MA27-87; MA62-92; MA107-13
18. Perfect Health	16 (2%)	MA02-85; MA11-86; MA45-87; MA84-95
19. Toxins and Impurities	15 (2%)	MA04-85; MA36-87; MA62-92; MA107-13
20. Rejuvenation and Revitalisation	14 (2%)	MA02-85; MA28-87; MA71-93; MA105-09
21. Strength and Stamina	13 (2%)	MA02-85; MA27-87; MA86-95; MA66-93
22. Healthcare Costs	13 (2%)	MA03-85; MA24-87; MA54-89; MA101-07
23. Happiness	10 (1%)	MA02-85; MA18-86; MA56-89; MA74-93
24. Energy and Vitality	7 (1%)	MA02-85; MA18-86; MA29-87; MA47-87
25. Collective Health	5 (1%)	MA02-85; MA32-87; MA28-87; MA36-87
26. Addiction	3 (0.5%)	MA18-86; MA66-93; MA68-93
27. Calming Influence	3 (0.5%)	MA95-01; MA96-01; MA98-01
28. Environmental Influences	3 (0.5%)	MA07-85.86; MA10-86; MA106-13
29. Digestion	3 (0.5%)	MA02-85; MA08-86; MA13-86
Total	677 (100%)	

Twenty-nine topics related to Maharishi Ayurveda were identified in the corpus and are listed in the inter-topic distance map shown in Figure 5, along with the number of times each topic was coded and the percentage of articles in the corpus which addressed the topic. The 29 topics are numbered in Figure 5 and Table 4 according to their frequency in the corpus, with 1. ‘Transcendental Meditation’ the most frequently cited topic at 56 (9%) times, and 26. ‘Addiction’, 27. ‘Calming Influence’, 28. ‘Environmental Influence’, and 29. ‘Digestion’ the four least frequently cited topics at three times (0.5%) each. Twenty-two topics (i.e., topics 1-22) met the >10% minimum article citations to be included in factor analysis.

Table 4 further shows the 29 topics and the total number of topic citations of 677 and the percentage by topic of their appearance in the corpus. Note, most articles in the corpus reported more than one topic on Maharishi Ayurveda. To the right of Table 4 is a summary of the spread of each topic, with the earliest article to the latest article listed. In most cases, the 22 topics which will be used in factor analysis were mentioned in the earliest articles in the corpus and were still being cited in the last articles in the corpus.

As shown in Table 4, the variance for each topic across the corpus was high, with all 22 topics spread relatively evenly. However, variance was not linear in all cases (for example in measured variables of less than 20 article identifiers) and this may have adversely affected the value of $\bar{\sigma}$. Bartlett’s test of sphericity indicated data were not random (Chi-square = 565.40, $df = 231$, $p < .0001$) and

thus amendable to EFA.

Similarly, all variables measured by KMO were determined to exceed the lower limits of $MSA = 0.50$, with eight variables between $MSA 0.50$ and 0.59 , 11 variables between $MSA 0.60$ and 0.69 , three variables $MSA > 0.70$, and one variable $MSA = 0.80$. Thus, while Cronbach’s Alpha was low ($\alpha = 0.70$) and MSA was on the lower end of desirable limits (average = 0.65), data were determined to be suitable for EFA. As recommended by Briggs and MacCallum,³² due to both the article sample size (i.e., < 300 articles) and this relatively low MSA score, the principal axis (PA) method using varimax rotation (as determined by loading plots) for factor extraction was employed. Such an approach was expected to recover all major latent factors³², thereby balancing parsimony with comprehensiveness.

Given the significant number of topics and the relatively low MSA , it was decided that the first four factors (i.e., to the elbow in Figure 6), despite only representing 44% of variance, would be extracted. This meant there were six topics (i.e., measured variables) in Factors 1, 3, and 4 and four in Factor 2. If all six Factors with an eigenvalue > 1.0 were extracted, the number of topics loaded on most Factors dropped to an undesirable two or three measured variables. The final EFA ratio was thus: 107 elements : 19 topics : four Factors, thereby meeting the rules-of-thumb for element to topic (6:1) and topic to Factor (5:1), as proposed by Watkins [33]. Factor 1 explained 15%, Factor 2 explained 13%, Factor 3 explained 9%, and Factor 4 explained 7% of total variance.

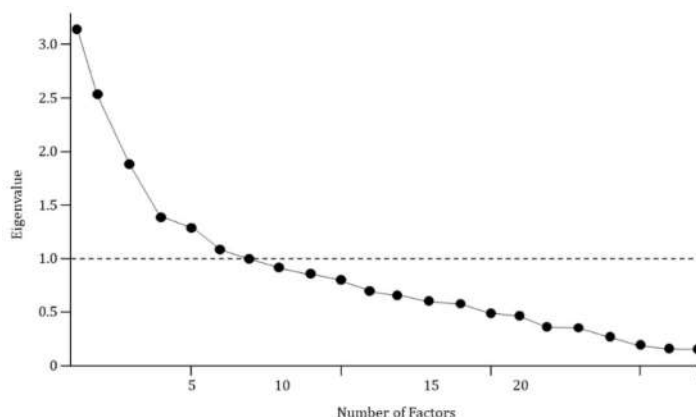


Figure 6: Scree plot for eigenvalues used in the EFA.

Table 5 presents the Factor loadings by topic, with all highlighted topics meeting the 95% level of confidence.

Only three of the 22 topics (i.e., balance and imbalance, perfect health, and prevention) positively co-loaded to other Factors.

Table 5: Correlational matrix for Factor loading by topic.

Exploratory Factor Analysis				
Topic	Factor 1 Loading	Factor 2 Loading	Factor 3 Loading	Factor 4 Loading
7. Diet	0.67	-0.13	0.09	-0.02
13. Lifestyle and Daily/Seasonal Routine	0.63	0.14	-0.07	-0.04
10. Body Type	0.43	-0.08	0.09	0.11
11. Pulse Diagnosis	0.41	0.14	0.01	0.29
16. Yoga and Exercise	0.36	-0.24	0.07	0.13
3. Balance and Imbalance	0.36	0.16	0.31	-0.04
14. Side Effects and Side Benefits	0.14	0.59	0.02	0.03
22. Healthcare Costs	0.34	0.53	-0.08	0.0
18. Perfect Health	0.02	0.53	0.07	0.31
4. Longevity and Aging	-0.06	0.48	-0.10	0.12
12. Purification	-0.02	0.02	0.68	0.0
9. Massage	0.18	-0.19	0.63	-0.21
17. Panchakarma	-0.02	-0.20	0.35	0.25
19. Toxins and Impurities	0.21	-0.18	0.35	-0.06
8. Inner Intelligence and Consciousness	-0.17	-0.09	0.33	0.08
20. Rejuvenation and Revitalisation	0.0	0.23	0.30	0.13
21. Strength and Stamina	-0.04	0.03	0.03	0.56
5. Prevention	0.34	0.14	-0.16	0.53
6. Holistic Approach to Health	0.08	0.0	0.23	0.43
15. Natural Medicine	-0.29	0.27	-0.07	0.38
1. Transcendental Meditation	0.12	-0.46	-0.05	0.38
2. Rasayanas and Herbal Preparations	0.09	0.07	0.28	0.34

Correlations of $\delta \pm 0.30$ are considered ‘minimal’, $\delta \pm 0.40$ ‘important’, and $\delta \pm 0.50$ ‘practically significant’, according to Watkins [33]. In this study’s correlation matrix shown in Table 5 (with unhighlighted Factor loadings < 0.30 suppressed), nine variables were $\delta 0.30$ 0.40, four were $\delta 0.40$ 0.50, five were $\delta > 0.50$, and four were $\delta > 0.60$. The data were thereby further shown to be

amendable to EFA and contained mostly important or practically significant factor loadings; as Watkins said, “a sizable number of correlations in the matrix should exceed 0.30 or EFA may be inappropriate” as a statistical method for identifying latent factors in data.³⁴ The data in Table 5 meet these criteria.

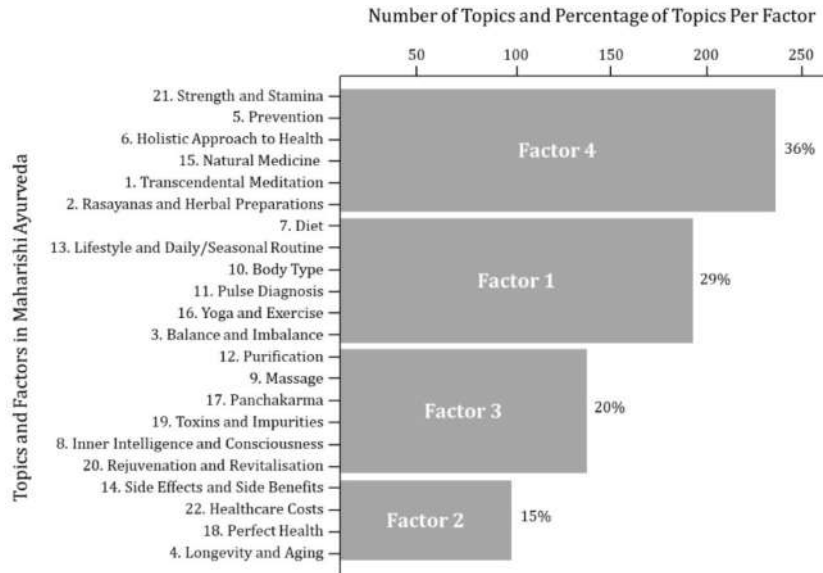


Figure 7: Inter-Factor distance map for Maharishi Ayurveda, with the number of times a topic appears in each Factor and percentage of topics in each Factor.

Figure 7 shows the number of topics which load to the four Factors shown in Table 5, with Factor 4 representing 228 (36%) topics, Factor 1 representing 188 (29%) topics, Factor 3 representing 130 (20%) topics and Factor 2

representing 97 (15%) topics. Derived from data in Tables 1 and 4, Figure 8 shows the flow of information from dates of publication to the 22 topics to Factors 1 4.

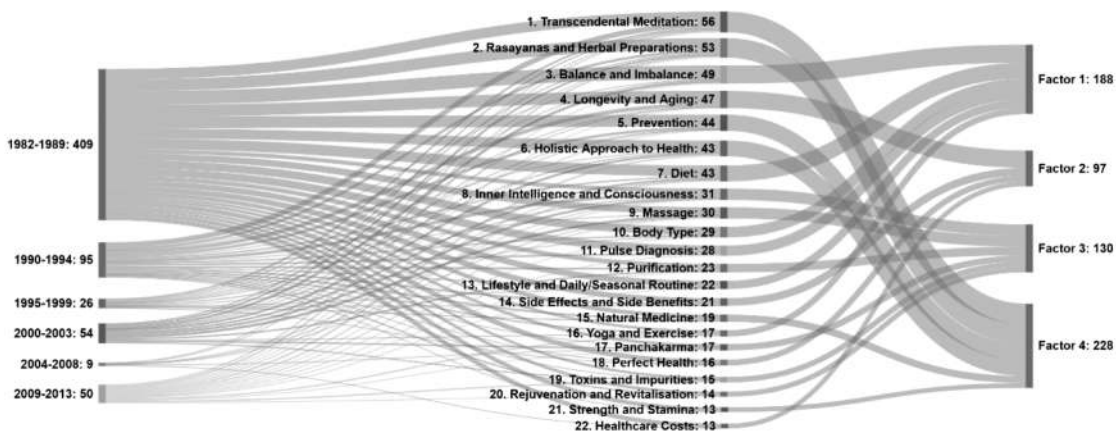


Figure 8: Flow of information from dates of publication (left) to 22 topics (centre) to four Factors (right).

In keeping with the principle that “assumptions of EFA tend to be conceptual rather than statistical”³⁵ and that well-labelled factors should provide an accurate and useful description of the underlying construct,³⁶ the four Factors identified in Table 5 were designated the following names and explained according to their position in the correlation matrix: Factor 1—Diagnosis and behavioural modalities of Maharishi Ayurveda; Factor 2—General health and longevity concerns of Maharishi Ayurveda; Factor 3—Specific treatment modalities of Maharishi Ayurveda; and Factor 4—Maharishi Ayurveda as a preventive and natural system of medicine.

Rather than being guided by topics with the strongest correlation in each Factor, the Factor logic and naming convention used in this study drew on the expertise and familiarity of the authors with Maharishi Ayurveda to recognise and name the main ‘theme’ of the Factor as represented by the group of topics within it. For example, Factor 1 contains topics related to ‘Body Type’ and ‘Pulse Diagnosis’ (i.e., diagnostic modalities) and ‘Diet’, ‘Yoga and Exercise’, ‘Lifestyle and Daily/Seasonal Routine’, and ‘Balance and Imbalance’ (i.e., behavioural modalities) which together form the name given to the Factor: ‘Diagnosis and behavioural modalities of Maharishi Ayurveda’. Where appropriate, each explanation of topics includes published references to Maharishi, contemporary sources of Ayurvedic research, and the corpus.

Factor 1: Diagnosis and Behavioural Modalities of Maharishi Ayurveda

Maharishi Ayurveda uses three main types of diagnostic technique or assessment— *Sparshana* (touching), *Darshana* (observing), and *Prashna* (questioning)—and comprises what Gouda, Raju and Seema call *Trividha Rogi Pariksha*,³⁷ the threefold examination of the patient and his/her disease(s). Dr Triguna confirmed that “a practitioner [of Maharishi Ayurveda] can do this [assessment of disease] by using the three ayurvedic methods of diagnosis: touching, looking, and asking questions” (MA08-86).

Factor 1 includes one of these key diagnostic techniques: pulse diagnosis. *Sparshana* broadly means the tactile experience of touch and commonly involves feeling the skin for roughness, dryness, heat and cold, moisture, and so on.³⁸ *Sparshana*, often preceded by *Prashna* or questioning the patient about their complaint, can include any or all of the following diagnostic methods: touching the eyeballs to assess intraocular pressure; testing of reflexes; examination of swelling and rigidity of organs; palpation of glands and tumors; and palpation and percussion of fluid retention, but more generally refers to pulse diagnosis. Such assessment, based on body type, is typically followed by recommendations for diet, lifestyle, exercise, daily and seasonal routines, and other instructions to create balance in mind and body.

7. Diet. Maharishi pointed out that “adjustment of diet is an effective means to disallow the rise of imbalance in the physiology”³⁹, a view held by all Ayurvedic physicians.⁴⁰ According to reporter Karen Nugent of the *Telegram & Gazette*, the “primary goal [of Maharishi Ayurveda] is to improve health and well-being through prevention and rejuvenation, using nutritional changes such as eating a fresh, vegetarian diet [and] using various herbs” (MA103-09). The Wallace and Wallace description of ‘individualised diets’ used in Maharishi Ayurveda is even more detailed: “[Maharishi] Ayurveda places a huge emphasis on diet and digestion and provides an elaborate nutritional and dietary program. The main preventative approach of Ayurveda is the recommendation of individualized lifestyle habits for daily and seasonal routines. The recent findings of the role of the gut microbiome in health help provide a scientific understanding of the importance of an individualized diet in Ayurveda”.⁴¹

13. Lifestyle and Daily/Seasonal Routine. In Maharishi Ayurveda, cyclical routines are referred to as *Dinacharya* (daily routine) and *Ritucharya* (seasonal routine). As noted above by Wallace and Wallace, considerations of lifestyle habits and daily and seasonal routines play a major role in maintaining health according to Maharishi

Ayurveda;⁴¹ as Maharishi had previously pointed out: “This programme should be applied seasonally to remove accumulated physiological toxins of the season do that they do not carry over into the next season”.⁴² Thus, Dr Rothenberg explained “[Maharishi] Ayurveda provides daily routines, seasonal routines, and appropriate diet and exercise for each individual, allowing the individual to maintain optimum health—life in accord with natural law” (MA02-85). Such an approach to both daily and seasonal routines has, for example, been applied to obstetrics⁴³ and to the routine of bathing or *Snana*. Indeed Charaka SaAhitâ describes *Snana* as “the best way to remove fatigue”.⁴⁴

10. Body Type. A fundamental consideration in Maharishi Ayurveda is the identification of a patient’s body type or constitution, referred to as being a combination of Vata, Pitta, and Kapha (e.g., MA41-87). According to one report on Dr Triguna, there are “10 body types that are identified by ancient Indian texts from which the system [of Maharishi Ayurveda] was derived” (MA09-86), but generally “people fall into three basic metabolic types—each type, or *dosha*, has its own body shape, personality, appropriate diet and exercise plan and disease patterns. Pure types are rare. We are most often combinations of the three with one or another predominating” (MA13-86).

From a standard Ayurvedic viewpoint, Vikas, Danisha and Nidhi⁴⁵ have explained the relationship between body types and their expression into the pulse (see topic 11). For example, a pulse dominated by Vata is said to be rapid in speed, irregular in rhythm, low in force, and cold to the touch; “in Vata, the pulse movement is compared to the gait like a leech or serpent”.⁴⁶ Kar, Upadhyay and Ojha had earlier shown the predictive relationship between the pulse of the Vata body type and characteristics of body shape, quality and look of hair, skin, eyes, lips and face, as well as appetite and digestion, thirst, sleep patterns, body weight, and memory, among other features.⁴⁷ Glickman has discussed body types as they are presented in Maharishi Ayurveda.⁴⁸

11. Pulse Diagnosis. According to Dr Triguna, “different mental states and physiological conditions are characterized by different values of the pulse” (MA10-86). Pulse diagnosis, called *Nadi-Vigyan* in Maharishi Ayurveda, has been explained by Palakurthi et al.,⁴⁹ and is “able to diagnose clinical and subclinical conditions, not necessarily limited to the cardiovascular system, through palpation of the radial pulse alone. Some practitioners have reached such a high level of expertise that they are able to diagnose preclinical imbalances anywhere in the body at very early stages of development when mild forms of intervention alone are able to correct the problem.... The leading expert in this remarkable diagnostic technique is Dr Brihaspati Dev Triguna”.⁵⁰

Multiple articles in the corpus reported Dr Triguna’s ‘remarkable diagnostic’ ability, including MA11-86, which described him as “one of the world’s greatest Ayurvedic physicians”. Elsewhere, *Nadi-Vigyan* has been called “one of the important *Ashtasthana parikshas*” or eightfold methods of diagnosis,⁵¹ and the first “among the eight examinations of [the] patient”.⁵²

16. Yoga and Exercise. Yoga as an ‘exercise’ featured throughout the corpus, although was not a significant focus of reporting. More commonly, articles simply referred to Ayurvedic recommendations of ‘exercise’ more generally (e.g., “its seven-day regimen of cleansing, exercising and meditating”, MA41-87). However, Maharishi had as early as 1965 written about the practice of Yoga for health.⁵³ He said at the time, “for good health it is necessary for everyone to do something with the body so that it remains flexible and normal. The advantage of YOGA ASANAS over other eastern and western forms of physical posture is that they do not consume energy. They help restore life force, promote health and maintain normal conditions in the body”.⁵⁴

3. Balance and Imbalance. Correcting imbalance in the mind and body and restoring natural balance is a central principle within Maharishi Ayurveda: “in Ayurveda there is no symptom without diagnosis because every symptom is an indication of imbalance” (MA47-87). At the heart

of this principle is the balance created by practice of Transcendental Meditation: “One’s consciousness [through Transcendental Meditation] undergoes all these transformations, and the physiology regains balance”, according to Maharishi.⁵⁵ But balance, on the basis of a balanced consciousness, can also be established in other aspects of life, including in society and the environment.

According to one doctor, “disease does not develop overnight. It is the final expression of the disequilibrium of the natural elements in man, which in most cases has existed for several years.... Ayurveda has recognized this principle of disequilibrium—or imbalance—as the underlying cause of disease, and has developed the procedures to counter disequilibrium” (MA07-85.86). Thus, “in Ayurveda a healthy person is he whose humours and metabolic state are in equilibrium, whose functional activities of the tissues and excretory products (i.e., physical state) are in balance and the soul, senses and mind (i.e., mental state of the body) feel well”.⁵⁶

Factor 2: General Health and Longevity Concerns of Maharishi Ayurveda

The four topics loaded to Factor 2 relate to general concerns of Maharishi Ayurveda. To some degree, these follow the logical progression of correlational loadings: from avoidance of the side effects of modern medicine and creation of side benefits through Maharishi Ayurveda > to reduced healthcare utilisation and costs > to the establishment of perfect health, and thus > a longer life lived in good health through Maharishi Ayurveda.

14. Side Effects and Side Benefits. Maharishi has pointed out that the procedures of Maharishi Ayurveda, if “followed correctly, have no deleterious side effects. To the modern physician, this may seem to be a large claim. However, a close examination of Ayurveda shows that a large proportion of its interventions are of the nature of dietary changes and behavioural procedures. Furthermore, it is part of the Ayurvedic tradition to accept only those treatments for which side effects have not been found even after many generations of use”.⁵⁷ “It is the

plant that has the intelligence of the universe within itself. The reason we see side effects in Western medicine is that we isolate the active ingredient from the [holistic intelligence of] plants” (MA12-86).

According to “Dr J. R. Raju, a prominent [Ayurvedic] physician, the system uses herbal and mineral preparations which have the advantage of having no harmful side effect as do the artificial chemicals of modern medicine” (MA15-86). Another Ayurvedic doctor maintained that “more than one third of hospitalized patients had iatrogenic diseases—caused by side effects of medical treatments” (MA54-89). Thus, “all diagnostic, therapeutic or preventive procedures applied in Ayurveda are completely natural. As nature always functions in a holistic manner, i.e., it nourishes all parts simultaneously and does not harm one part when it nourishes another, Ayurvedic preparations always strengthen the system as a whole while they simultaneously eliminate specific imbalances. So, instead of harmful side-effects it [i.e., Maharishi Ayurveda] creates ‘side-benefits’” (MA28-87). Dr Triguna also maintained that because the medicinal plants used in Maharishi Ayurveda “have a balancing effect on the psychophysiology as a whole, they have side-benefits” (MA09-86).

22. Healthcare Costs. The topic of healthcare costs only appeared in 13 (12%) articles and was thus not a major contributor (MSA = 0.53). However, the topic is relevant because “Ayurveda is highly cost-effective”, according to Maharishi Ayurveda Medical Centers,⁵⁸ “making maximum therapeutic use of everyday aspects of diet, lifestyle, and local materials, and emphasizing prevention at early stages rather than expensive treatment of established diseases”. Indeed, a significant amount of published research has examined the phenomenon of reduced healthcare costs and utilisation for those who practice Transcendental Meditation,⁵⁹ and thus, “practitioners of Transcendental Meditation experience reduced health care needs, which translates to reduced health care expenditure, higher quality of life, and as a result better performance on the job” (MA101-07).

18. Perfect Health. Few modern healthcare practitioners would dare speak about ‘perfect health’. But in Maharishi Ayurveda, the theme of creating and maintain perfect health, a topic related to longevity and aging, has been highlighted by Maharishi. Indeed, he pointed out that “it needed a scientific age for the world to appreciate the full dignity of Ayur-Veda as the holistic system of perfect health. The foremost theories of modern physics have glimpsed the unified field of all the laws of nature”.⁶⁰ Earlier, Maharishi made the same point when he said: “We shall be investigating the ageing process from different disciplines and see how all the advances in the different branches of science help us to understand ageing and open the gates to immortality. However, from the side of Vedic Science we have already found the eureka of our search for immortality”.⁶¹

In an article headlined ‘Seeking perfect health through pulse diagnosis’ (*Whole Life New England*, June-July 1986, Merideth, New Hampshire, MA11-86), Dr Triguna said: “I am doing this [global tour] with the inspiration of Maharishi Mahesh Yogi, under whose guidance this holistic, cost-effective and prevention-oriented health science is being revitalized to create a sickness-free society in every country”.

4. Longevity and Aging. According to Maharishi Ayurveda Medical Centers, “One frontier of modern medicine that has been a specialty of Ayurveda is the promotion of longevity. Rejuvenation procedures have been part of Ayurvedic practice since its inception and are found in the most ancient of the Ayurvedic texts. Discussion of these procedures precedes the consideration of treatment of disease in the classical texts. The leading Ayurvedic expert on rejuvenation therapy, Dr V. M. Dwivedi, has been instrumental in making these procedures available in their completeness”.⁶² “What better bliss can there be”, asked Dr Dwivedi, “than this immortal body which is free from the ageing process?”.⁶³

Multiple articles in the corpus focused on this topic. For example, reporter Jack Williams claimed in 1986 that while “Ayurveda may not have come of age in the United

States...preliminary studies suggest that it may, indeed, have an impact on biological aging” (MA09-86), and Dr Triguna said his mission was to explain “the ‘time-tested programs of Ayurveda for prevention and cure of disease, preservation of health, and promotion of longevity’...promotion of longevity [is] central to Ayurveda” (MA11-86). Research by Rao proposed “Ayurveda, one of the world’s most authoritative mind-body-spirit medicinal systems, offers various concepts of the aging process.

This system of medicine includes therapies for healthy aging so as to create an optimal health and lengthen an individual’s healthspan by living in harmony with nature”.⁶⁴ Elsewhere, it has been pointed out that many factors which bear upon longevity have been empirically shown to improve or reverse through Maharishi Ayurveda, including cardiovascular health, work satisfaction, and mental health (MAMC, 1986), and the association of Maharishi Ayurveda, disease prevention and aging have been considered.⁶⁵

Factor 3: Specific Treatment Modalities of Maharishi Ayurveda

The six topics in Factor 3 concern the specific treatment modalities of Maharishi Ayurveda, specifically those related to the practice of *Panchakarma*. Meaning the five therapies or purificatory actions, Panchakarma, which can be performed on healthy or ill patients, involves the purification or elimination of toxins and impurities in the body through massage and other therapeutics, and is said to enliven the inner intelligence of consciousness to rejuvenate and revitalise the mind and body.

12. Purification. In many ways, the treatment modalities of Maharishi Ayurveda are interrelated and bear upon the concept of purification. It is therefore perhaps not unsurprising that this topic contributes the highest load to both Factor 3 and the correlation matrix as a whole (MSA = 0.63). According to an early curriculum document for school children, Maharishi maintained that a fundamental principle of Vedic knowledge is ‘purification

leads to progress',⁶⁶ and that practice of Transcendental Meditations leads to 'structural purification [of stress]' and promotes 'self-repair processes'.⁶⁷

Purification in Maharishi Ayurveda was discussed in multiple ways in the corpus, from 'therapeutic purgatives and enemas' (MA13-86) to more general descriptions like '[Ayurveda is] an ancient form of Indian medicine... [which uses] meditation, cleansing and diet to make a person well' (MA41-87). In all cases, the purificatory purpose of Maharishi Ayurveda is "to help the body eliminate toxins" and is a "step to toward bringing out-of-kilter doshas back into balance" (MA45-87). In standard forms of Ayurveda, purification or 'cleaning' is referred as *Shodhana*, and its relation to beauty and beautification of the skin has been considered.⁶⁸

9. Massage. A cornerstone of Panchakarma is oil-based massage therapy. Indeed, "the main [Maharishi] Ayurvedic therapy involves...using oils, steam, massage, yoga and, of course, meditation" (MA105-09). However, use of massage as a therapeutic in Maharishi Ayurveda, including both *Shirodhara* (MA104-09) and *Abhyanga* (MA106-13), differs significantly from other types of massage. For example, Abhyanga, i.e., "rubbing the skin with herbal oil to increase blood circulation and draw toxins out of the body through the skin" (MA106-13), is always administered "with four hands...by a two-person synchronised team" (MA104-09). In standard Ayurvedic therapy, Shirodhara has been linked to the reduction of biological markers of stress.⁶⁹

17. Panchakarma. In an article headlined 'Ancient medicine becomes a new thing' (*Dallas Morning News*, 12 April 1987, Dallas, Texas, MA27-87), Panchakarma was described as "physical therapies prescribed once each season to 'rid the body of impurities' and 'restore balance'". Elsewhere in the corpus, Panchakarma was explained as "...a series of sophisticated purification procedures which cleanse the body of all gross accumulated impurities and prepare the physiology for receiving and drawing maximum benefit from the rasayanas [see topic 2], the specific food preparations

which strengthen the integrity of the system and promote vitality and long life" (MA28-87). In Maharishi Ayurveda, Panchakarma has also been called the 'Vedic Physiological Purification Programme'.⁷⁰ Descriptions of Panchakarma are common in the published literature on Ayurveda, such as Verma, Shete and Doddoli⁷¹ and Mangal,⁷² and its application has recently been considered in light of a post-COVID world of healthcare.⁷³

19. Toxins and Impurities. Maharishi has described the relationship between the accumulation of "toxins in the different seasons" and the need to eliminate them at the end of one season so "the body does not continue with the toxins of the previous seasons into the next season".⁷⁴ There are many good things in Ayurveda one can do for health, such as "daily routine, proper diet, exercise—but this seasonal purification is the key to eliminating the basis of disease. If the accumulated toxins are released during each season, more than 70% of the diseases will disappear on earth", according to Maharishi.⁷⁵

Rioux and Howerter have described current examples of how toxins are removed from the digestive tract as a result of Ayurveda and presented data on the phenomenon in relation to weight loss.⁷⁶ Mohamed et al. have also investigated the 'detoxifying' effects of one Ayurvedic herb called *Aragwadharishtam*, which is said to cure skin diseases, ulcers and haemorrhoids, and *Amritarishtam*, which is used in the treatment of fevers.⁷⁷ Most importantly, Maharishi Ayurveda "prescribes an individual program which may include Panchakarma—a trio of therapies that include a deep tissue massage, a drizzle of hot oil over the body, and an enema. The therapies remove toxins and impurities that block the expression of the body's inner intelligence" (MA98-01). A hypothetical model and testing regime for the removal of physiological toxins through Maharishi Ayurveda has been advanced by Smith and Salerno.⁷⁸

8. Inner Intelligence and Consciousness. "Ayurveda, the traditional system of medicine of India, is a holistic science of health which deals with the entire field of consciousness" (MA02-85). Maharishi captured the

significance of this topic when he said: “If one is sick, he should eliminate his sickness from the very basis of life from where sickness really begins and then grows in the different parts of the body, in the different parts of behaviour, and into different relationships. Even though health has an unbounded range extending to the Cosmic Reality it must be dealt with from the basis of the individual’s physiology, from the basis of the individual’s own consciousness”.⁷⁹ “Our message to everyone”, said Maharishi, “in order to remain healthy, or if one is sick to return to good health, is to take one’s attention to the field of pure knowledge—self-referral consciousness”.⁸⁰ The relationship between this inner field of intelligence or consciousness and the *Rasayanas* of Maharishi Ayurveda was also discussed in several articles, including how the therapies of Maharishi Ayurveda “aim at reconnecting mind, body, behavior, and environment to their common source in consciousness by infusing intelligence into the inertia of matter” (MA02-85).

20. Rejuvenation and Revitalisation. One of the key outcomes of Panchakarma therapy is the feeling of rejuvenation and revitalisation; indeed, it was repeatedly described as a “rejuvenation treatment” in the corpus (e.g., MA47-87). Moreover, “the physician who understands ayurveda can command a vast array of herbs, purifying therapies and rejuvenation techniques to alleviate disease and promote longevity in the most natural way possible” (MA73-93). Thus, one Ayurvedic doctor said the “primary goal [of Maharishi Ayurveda] is to improve, health, and well-being through prevention and rejuvenation” (MA105-09).

Elsewhere, one of the most common herbal supplements (i.e., Rasayana), *Triphala*, has been described as a “well-recognized and highly efficacious polyherbal Ayurvedic medicine consisting of fruits of the plant species *Emblia officinalis* (*Amalaki*), *Terminalia bellerica* (*Bibhitaki*), and *Terminalia chebula* (*Haritaki*) [and] is a cornerstone of gastrointestinal and rejuvenative treatment”.⁸¹

Factor 4: Maharishi Ayurveda as a Preventive and Natural System of Medicine

Factor 4 includes a series of topics related primarily to prevention, a cornerstone principle and primary goal of Maharishi Ayurveda. Preventive medicine embraces issues of holistic and natural medicine and is indeed a consequence of them. The most fundamental and therefore important Ayurvedic technique restored by Maharishi is practice of Transcendental Meditation, a technology of consciousness which has been shown to prevent a wide range of mental, physical, and social health problems.

21. Strength and Stamina. Strength in Maharishi Ayurveda typically relates to strength of the immune system (e.g., MA27-87, MA28-87, MA32-87). For example, Dr Balraj Maharishi said various herbs “strengthen the immune system and [have] been used effectively against diseases similar to AIDS in the past” (MA17-86). However, the principle of strength can also relate to strength, stamina, and energy in the traditional sense: “Ayurveda can bring prolonged life, added energy, and balanced immune and nervous systems” (MA18-86). Certainly, there is evidence that practice of Transcendental Meditation improves strength and flexibility of the nervous system.⁸²

5. Prevention. In Vedic Science, the principle of prevention is captured in the phrase: “Avert the danger which has not yet come” (*Heyamo duhokham anagatam, Yoga Sutra*, 2.16). Maharishi said “It has been a long tradition that people only consult doctors when they have already fallen sick. The primary reason for this unhealthy custom is that the prevailing system of medicine does not offer anything profound and consistent to prevent illness. Therefore, the doctors of today have become experts in disease rather than experts in health. As a consequence, a person who is not ill does not recognize any need to see a doctor”.⁸³ However, in Maharishi Ayurveda the prevention of disease before it manifests is considered paramount: “[Dr] Triguna says with ayurveda, a doctor can...detect disease before it is fully manifested. ‘The physician can tell what disease may come up in six months or a year and prescribe appropriate preventive measures’, he says” (MA10-86).

Maharishi described this purpose of Maharishi Ayurveda as the “expanded role for the medical profession”.⁸⁴ “No longer is their role only to care for the sick; instead it is concerned much more with prevention of ill-health and promoting a state of ideal health for the individual and maximum coherence and integrity for society. The doctors new role is to teach people to live in accord with the laws of nature so that, not violating the laws of nature, individuals do not bring sickness and suffering upon themselves and their community”.⁸⁵ This new purpose of the medical professional, he said, is the “restoration of his ancient role in society as a man of wisdom who can guide and advise the people how to live life in happiness and fulfilment”.⁸⁶

A pooled analysis of data from two medical centers in the U.S. that used Maharishi Ayurveda to reduce carotid artery intima-media thickness (CIMT) and prevent cardiovascular disease showed CIMT declined after 12 months in patients who participated in four treatment modalities of Maharishi Ayurveda (i.e., Transcendental Meditation, diet, exercise, and herbal food supplements) but did not in patients who participated in usual care of CIMT.⁸⁷

6. Holistic Approach to Health. As noted above, Maharishi’s is a holistic approach to health, incorporating four complementary therapeutic and preventive strategies for the health of: 1) consciousness; 2) physiology; 3) behaviour; and 4) the environment.⁸⁸ Thus, Maharishi Ayurveda takes “a whole-body approach, inside and out” (MA104-09). For the health of consciousness, Maharishi Ayurveda uses the “subjective aspect of the Maharishi Technology of the Unified Field (i.e., the Transcendental Meditation and TM-Sidhi program). This technology allows the mind to identify itself with the unified field of all the laws of nature, thereby enlivening the quality of perfect balance in all aspects of mind, body, behavior, and environment”.⁸⁹

For the health of physiology, Maharishi Ayurveda applies “extensive dietetic measures, sophisticated purification procedures, as well as herbal and mineral preparations

for the treatment of specific disorders, the enhancement of immune system functioning, and the promotion of longevity”.⁹⁰ For behavioural health, Maharishi Ayurveda provides “comprehensive guidelines for personal hygiene, exercise, and health-promoting conduct as well as daily and seasonal routines to restore integrity to fundamental biological rhythms”.⁹¹ And finally, for environmental health, Maharishi Ayurveda eliminates “stress and [increases] balance in society as a whole through collective health measures, the most effective of which is the group performance of the Maharishi Technology of the Unified Field”.⁹² Prior to Maharishi’s revitalisation of Ayurveda, it was “disorganized and fragmented” (MA35-87).

15. Natural Medicine. In addition to considering the four complementary therapeutic and preventive strategies listed in topic 6, Maharishi Ayurveda is a ‘natural’ system of medicine. According to the American Association of Ayurvedic Medicine (1990, Introduction), “Ayurveda is the world’s oldest system of natural medicine, originating over 6,000 years ago in the ancient Vedic tradition of India... and known to be a complete health-care system, which emphasises prevention of disease as well as promotion of health and longevity. It also includes effective modalities for treatment, especially of chronic disorders”. The ‘20 approaches of Maharishi Ayurveda’ (explained in greater detail by the American Association of Ayurvedic Medicine⁹³) are all considered natural. In this context, ‘natural’ in Maharishi Ayurveda means each aspect of it is structured in accord with the laws of nature, in accord with Natural Law.⁹⁴

It is also important to understand that Maharishi Ayurveda also ‘treats’ sickness and disease, not simply ‘prevent’ them. For example, Rasmussen et al. have shown that the combined modalities of Maharishi Ayurveda effectively treated fibromyalgia at a Maharishi Ayurveda Health Centre in Norway,⁹⁵ and Brooks considered the impact of Maharishi Ayurveda on treating problems of mental health.⁹⁶

1. Transcendental Meditation. There is ample literature

to describe and explain the role of Transcendental Meditation (including the Transcendental Meditation-Sidhi program and its group practice) in creating individual and social health and its preeminent place within the 20 approaches of Maharishi Ayurveda. For example, the eight volumes of empirical evidence on Transcendental Meditation have documented the more than 600 research studies on this topic, many related to individual and collective health.⁹⁷

According to Maharishi Ayurveda Medical Centers, “in Ayurveda there exists a highly advanced body of theoretical and applied knowledge regarding the nature of human consciousness, its relation to the thought process, its influence on physiological processes, behavior and environment.... These procedures have direct effects on the physiological process, especially endocrine balance and autonomic functioning, that cannot be produced by any other approach. The most thoroughly researched of these procedures is the Transcendental Meditation and TM-Sidhi program [a subjective aspect of Maharishi Ayurveda]. This unique technology of consciousness enables the mind to identify itself with the ground state of natural law in the unified field and thereby gain a perfectly coherent and balanced state. This directly produces an effect of balance in both the psychological and physiological functioning of the individual, as well as in his environment”.⁹⁸ Throughout the corpus, Transcendental Meditation was considered “essential to create balance” (MA04-85), a technique for freeing the mind of stress and making it “increasingly healthy” (MA08-86), and the source of benefits from “the deep level of rest to a greater level of energy and vitality to a growing sense of creativity” (MA18-86).

2. Rasayanas and Herbal Preparations. Rasayanas were described in the corpus as “nutritional supplements” (MA02-85), “herbal and mineral preparations” (MA17-86), or “herbal foods” (MA35-87), which are “used in a unique and holistic way to create perfect balance and to strengthen the immune system” (MA31-87). Thus, Rasayanas are, in common Ayurvedic parlance,

supplementary herbal and mineral preparations which are (usually) taken orally. In keeping with topic 8, Maharishi points out that Rasayanas are ‘pockets of intelligence’; they restore intelligence in the body when the body, or a part of it, has deviated from its source in pure intelligence.

However, Rasayanas can also be understood for their absolute value. For example, one Maharishi Ayurveda Rasayana was tested for its anti-carcinogenic and anti-cancer properties against 7,12-dimethylbenz(a)anthracene (DMBA)-induced mammary tumours in rats and showed that a diet supplemented by the Rasayana protected DMBA-induced carcinogenesis by reducing both tumour incidence and multiplicity during both initiation and promotion phases. As importantly, control animals who developed tumours when supplemented with the diet for four weeks showed tumour regression in 60% of cases.⁹⁹ In the context of aging more generally, such a view of Rasayanas in Ayurveda has been explained by Dornala and Sharma.¹⁰⁰

Maharishi explains “our own Transcendental Consciousness, pure wakefulness, is the ground value of all *Rasayanas*, because in itself it is absolute *Rasayana*, nourishing to that state. That state is immortal, doesn’t get into any shadow of mortality. No change is there. Eternal non-change, this is absolute *Rasayana*, and from this absolute *Rasayana* value, different *Rasayanas* come up in order to uphold every level of evolution”.¹⁰¹ One of the world’s greatest exponents of Rasayanas was Dr Dwivedi, who worked closely with Maharishi in formulating *Maharishi Amrit Kalash*, the so-called ‘Rasayana of all Rasayanas’.¹⁰² Associated Press¹⁰³ recently reported that the herbal products of Maharishi Ayurveda are among the most popular international brands.

Critical Accounts of Maharishi Ayurveda

Reporters in the following five newspaper articles were sceptical and posited critical accounts about Ayurveda in general or Maharishi Ayurveda in particular. For example, Donald K. Davies writing in the *Wisconsin State Journal*

(MA23-87) said “I think statements such as ‘The only requirement is knowing how to press the right psycho-physiological button to trigger health and healing is a bit shy of the healing mark, but I have been told by many that my mind is cluttered and redemption is not available through glazed eyes and an at-ease brain. Still, these people keep presenting ways (in ‘Psychosomatic Medicine’, July/August issue) whereby [Maharishi Ayurveda] could cut health-care rates in half”.

Beth Ann Krier writing in *Los Angeles Times* (MA49-87) stated “Though Ayurveda has been criticized by Western physicians for having no published scientific studies to back up its claims, it has drawn a stellar following since its launching in the United States about four years ago” and Roahn Wynar writing in *The Daily Texan* (MA50-88) similarly said “Ayurvedic medicine...has absolutely no meaningful scientific support”. Later in the corpus, the argument had shifted, according to Bill Radford writing for the *Colorado Springs Gazette* (MA91-00), to “the studies [on Maharishi Ayurveda] are indecipherable to most people...so how can you judge the research”, despite the research being published in “peer-reviewed journals”.

In an article titled ‘Ayurveda: quackery or cure’ (MA64-92), Ted Mason writing in *Kenosha News* summed up many of these counterfactual viewpoints when he wrote: “Practitioners of what is called mind-body medicine traditionally have been dismissed by the American medical establishment as, at best, fringe players, if not wackos. Ancient herbal medicine, acupuncture, acupressure and (to us) exotic healing systems have long been regarded as so much quackery, to be slung on the same medical dung heap as faith healing and snake oil. But with research on psychoneuroimmunology (simply put, mind-body healing) being undertaken at prestigious institution[s] as UCLA, and given the success of pioneering mind-body books by Norman Cousins and other serious scientists, mainstream American doctors are taking a second look at alternative medicine. One in particular that some of them are considering more seriously is a revamped Indian import, Ayurvedic

medicine, also known in this country as Maharishi Ayurveda”.

Thus, while some newspaper articles (5%) expressed some degree of scepticism toward the theory and findings of Maharishi Ayurveda, all reported a wide variety of benefits (with an average of 9.5 Ayurvedic topics reported in each article across the corpus), many supported by scientific evidence, which emerged over time.

Conclusion

Several key public documents on Maharishi Ayurveda have been cited in this study;¹⁰⁴ these are useful in informing the interested reader on the specific and unique features of it. However, newspaper articles on Maharishi Ayurveda have never been analysed. Due to the isolated nature of newspaper publications in multiple countries over many years, their collective content and import has never been seen in its entirety. And while other newspaper articles on Maharishi Ayurveda outside the scope of the present corpus may also exist (and this study may have benefited from their inclusion), those contained in the corpus likely provide adequate evidence of Maharishi Ayurveda as reported by popular media.

The study found that of the 170 newspaper articles in the corpus, two-thirds were published before 1994, 85% were published in North America and the Caribbean, and most used direct quotes, mostly from medical or healthcare practitioners. Sankey diagrams showed the inter-relationship between each of these three variables. Twenty-nine Maharishi Ayurveda topics were identified in the corpus, and these were mentioned 677 times, with 22 of the topics reaching the required minimum threshold of 10% article citations to be included in factor analysis. Topics included generally known subjects associated with Ayurveda, such as natural medicine, holistic approach to health, and prevention, but many also focused on the specific diagnostic and treatment modalities of Maharishi Ayurveda, such as pulse diagnosis, Panchakarma, daily and seasonal routines, and Rasayanas.

Most interestingly, exploratory factor analysis revealed

the four main unobserved factors embedded in the data, and these were clearly evident in the correlational matrix presented in Table 5. Thus, while the corpus is not extensive, it was comprehensive in its coverage of Maharishi Ayurvedic topics, and these topics were apparently reflective of the main themes of Ayurveda, namely the diagnosis and behavioural modalities of Maharishi Ayurveda, the general health and longevity concerns of Maharishi Ayurveda, the specific treatment modalities of Maharishi Ayurveda, and Maharishi Ayurveda as a preventive and natural system of medicine.

It is perhaps significant that the Factor with the highest representation in the corpus (i.e., Maharishi Ayurveda as a preventive and natural system of medicine) is the one which contains reference to some of Maharishi Ayurveda's most unique inclusions, such as Transcendental Meditation, the subjective aspect of Ayurveda related to the development of consciousness, and the holistic nature of Maharishi Ayurveda, which have until recently been missing from the range of conventional Ayurvedic practice.

References

1. Chicago Inter-Ocean. An old enemy. *Daily British Colonist*, 17 October 1884:8.
2. No author. Hindoo medical science: Professor Norman to lecture on the wonder-workers of India. *The Philadelphia Times*, 19 March 1898:8.
3. No author. Mystic east: The home of medicine? *The Dunstan Times*, 26 January 1931:7.
4. No author. India's 'art of long life'. *The Canberra Herald*, On 10 May 1957:2.
5. No author. Indians proclaim Ayurvedic as cure for chronic diseases. *The Salt Lake Tribune*, 27 June 1971:14A.
6. Sujatha, V. The universal and the global: Contextualising European Ayurvedic practices. *Soc Cult in South Asia*. 2020;6(1):52-73.
7. Sharma HM, Clark CS. Ayurvedic healing: Contemporary Maharishi Ayurveda medicine and science, 2nd ed, Singing Dragon; 2011.
8. Sharma HM. Freedom from disease: How to control free radicals, a major cause of aging and disease, Lotus Press; 1993;236.
9. Rawlings F. Maharishi Ayurveda: A Bahá'í exploration. *J. Bahá'í Studies*. 1992;4(3):35-53.
10. World Medical Council for the Age of Enlightenment. Perfect health. Maharishi European Research University Press; 1978;2.
11. Maharishi European Research University. Science, consciousness and ageing: Proceedings of the international conference—achievement in the direction of immortality. Seelisberg, Switzerland: Maharishi European Research University Press; 1980.
12. Murthy NKH. Famous pulse physician Rajavaidya Padma Vibhushan Brihaspati Dev Triguna. *Annals of Ayurvedic Medicine*. 2013;2(1-2):46-49.
13. Brennan D. Balaraj Maharishi and the first clinical trial of Ayurvedic medicines in the West. *J. Ayurveda Integ Med*. 2010;1(3):222.
14. International Maharishi AyurVeda Foundation. His holiness Maharishi Mahesh Yogi revives AyurVeda as the supreme, holistic, prevention-oriented system of health care for the world. International Maharishi AyurVeda Foundation; 2015;2.
15. Nader T. Human physiology: Expression of Veda and the Vedic literature—modern science and ancient Vedic science discover the fabrics of immortality in the human physiology. Vlodrop, The Netherlands: Maharishi Vedic University

- Press; 1993, and Nader T. Ramayan in human physiology: Discovery of the eternal reality of the Ramayan in the structure and function of human physiology. Vlodrop, The Netherlands: Maharishi University of Management Press; 2012.
16. Nader T. Veda and the cell: Correlations between the cell and the 40 aspects of Veda and the Vedic literature. Fairfield, Iowa: Maharishi University of Management Press; 2014, and Nader T. Vedic Devata in human physiology: The impulses of natural law that organize and administer the universe are available in the human physiology. Fairfield, Iowa: Maharishi University of Management Press; 2014.
 17. Maharishi Mahesh Yogi. Maharishi forum of natural law and national law for doctors: Perfect health for everyone—disease-free society. Vlodrop, The Netherlands: Maharishi Vedic University Press; 1996;142-143.
 18. Maharishi Mahesh Yogi. Constitution of India fulfilled through Maharishi's Transcendental Meditation. India: Maharishi Mahesh Yogi Vedic Vishwavidyalaya; 1996.
 19. Schneider RH, Alexander CN, Salerno JW, Robinson DK, Fields JZ, Nidich SI. Disease prevention and health promotion in the aging with a traditional system of natural medicine: Maharishi Vedic Medicine. *J. Aging and Health*. 2002;14(1):57-78.
 20. *Op cit.*, His holiness Maharishi Yogi Revives Ayurveda International Maharishi AyurVeda Foundation;7.
 21. Maharishi Ayurveda Medical Centers. Introduction to Ayurveda. World Plan Executive Council—United States; 1986;5.
 22. Sands WF. State of Yoga versus path of Yoga in Maharishi Mahesh Yogi's commentary on the Bhagavad-Gîtâ. *J. Maharishi Vedic Res Inst*. 2017;4:9-44.
 23. Poojary AS, Banu W. The role of Agni in lifestyle disorders. *Inter Ayur Med J*. 2018;6(4):841-845.
 24. Moharana P, Roushan R. A critical review of Pachaka Pitta in modern physiological perspective. *Inter J. Res Ayur Pharm*. 2019;10(1):18-20.
 25. Gautam AS, Verma P, Pathak AK. Blood pressure normalizing effect of Talahridaya Marma therapy: a case report. *J. Ayur Integ Med*. 2021;12(3):553-555.
 26. Elahee SF, Mao HJ, Shen XY. (2019). Traditional Indian medicine and history of acupuncture in India. *World J. Acup Moxi*. 2019;29(1):69-72, and Kakkassery A, Krishnan P, Varghese PR. (2019). Effective Ayurveda therapy to treat thyroid disorders. *J. Ayur Herb Med*. 2019;5(1):10-12.
 27. Maharishi Mahesh Yogi. Maharishi's world plan for perfect health. Washington, DC: Age of Enlightenment Press; 1985;23-24.
 28. *Op cit.*, Introduction to Ayurveda Maharishi Ayurveda Medical Centers, 8-18.
 29. Koyuncu Y, Kilic AF. The use of exploratory and confirmatory factor analyses: a document analysis. *Educ & Sci*. 2019;44(198):361-388.
 30. Lonsdorf N, Butler V, Brown M. A woman's best medicine: health, happiness, and long life through Ayur-veda. New York: Tarcher; 1993.
 31. Glaser J. Body renewal: The lost art of self-repair. Lotus Press; 2010.
 32. Briggs NE, MacCallum RC. Recovery of weak common factors by maximum likelihood and

- ordinary least squares estimation. *Multi Behav Res.* 2003;38:25-56.
33. Watkins MW. Exploratory factor analysis: a guide to best practice. *J. Black Psych.* 2018;44(3):219-246.
34. *Ibid.*, 226.
35. *Ibid.*, 223.
36. Carpenter S. Ten steps in scale development and reporting: a guide for researchers. *Comm Methods Measures.* 2018;12(1):25-44.
37. Gouda HP, Raju G, Seema MB. Sharangadhara's Nadi Pareeksha and its implications in Ayurveda. *J. Ayur Integ Med Sci.* 2016;1(3):58-64.
38. Rohit S, Hetal A, Galib, Prajapati PK. Astasthan Pariksha: A diagnostic method of Yogaratnakara and its clinical importance. *Global J. Res Med Plants Indigen Med.* 2012;1(5):186-201.
39. *Op cit.*, Maharishi Mahesh Yogi. Maharishi forum of natural law and national law for doctors;59.
40. For example, see Thottapillil A, Kouser S, Kukkupuni SK, Vishnuprasad CN. An 'Ayurveda-biology' platform for integrative diabetes management. *J. Ethnopharm.* 2021; 268:113575.
41. Wallace RK, Wallace T. Neuroadaptability and habit: modern medicine and Ayurveda. *Medicina.* 2021;57:90.
42. *Op cit.*, Maharishi Mahesh Yogi. Maharishi forum of natural law and national law for doctors;60-61.
43. For example, see Pisani-Conway C. Ayurveda for modern obstetrics. *Clin Obst Gyn.* 2021;64(3):589-601.
44. Bhojar S, Khan A, Tirpude S, Dhande N. A review on importance of Snana (bathing) in Dincharya according to Ayurveda. *Inter J. Curr Res Rev.* 2021;13(8):83-86.
45. Vikas G, Danisha S, Nidhi G. Conceptual study on Nadi Vidyana. *Inter J. Med Sci Clin Intervention.* 2016;3(2):1547-1552.
46. *Ibid.*,1549.
47. Kar AC, Upadhyay BN, Ojha D. Identification of psychosomatic constitution on the basis of Tridosa Nadipariksa and neurohumors. *Anc Sci of Life.* 1994;14(1-2):21-34.
48. Glickman IL. The relationship between Maharishi Ayurvedic Dosha types and Ayurvedic environmental aggravation on occupational stress. Bethlehem, Pennsylvania: Lehigh University; 1997.
49. Palakurthi M, Fergusson L, Dornala SN, Schneider RH. Diagnostic validity of Âyurvedic pulse assessment: Maharishi Nâdi-Vigyân in cardiovascular health. *J. Maharishi Vedic Res Inst.* 2021;17:33-73.
50. *Op cit.*, Introduction to Ayurveda Maharishi Ayurveda Medical Centers;10-11.
51. Prasad GP, Bharati K, Swamy RK. Some important aspects of Nadipariksa from Basavarajiyam. *Anc Sci of Life.* 2004;26(1):27-29.
52. Rani I, Singh S, Gaur MB. A comprehensive review of Nâdi Parikshâ. *Inter J. Basic App Res.* 2018;8(10):261-267.
53. Maharishi Mahesh Yogi. A six-month course in Yoga asanas. Spiritual Regeneration Movement; 1965, and Maharishi Mahesh Yogi. Second year course of one year in Yoga asanas. Spiritual Regeneration Movement; 1965.

54. *Op cit.*, Maharishi Mahesh Yogi. Second year course of one year in Yoga asanas; Foreword.
55. Dillbeck MC. (ed.) Scientific research on Maharishi's Transcendental Meditation and TM-Sidhi programme: collected papers, volume 6. Fairfield, Iowa: Maharishi University of Management Press; 2011;xiv.
56. *Op cit.*, A critical review of Pachaka Pitta in modern physiological perspective Moharana & Roushan;18.
57. *Op cit.*, Introduction to Ayurveda Maharishi Ayurveda Medical Centers;8.
58. *Ibid.*
59. For example, see Herron R, Schneider RH, Mandarino JV, Alexander CN, Walton KG. Cost-effective hypertension management: comparison of drug therapies with an alternative program. *Amer J. Man Care.* 1996;2(4):427-437, and Herron RE. The health care cost crisis and the role of prevention: new approaches utilizing the Transcendental Meditation program. *Mod Sci Vedic Sci.* 1995;6(1):33-59.
60. Maharishi Vedic University. Maharishi Ayurveda: Global campaign to create a disease-free society in every country. Vlodrop, The Netherlands: Maharishi Vedic University Press; 1991;v.
61. Maharishi European Research University. The Science of Creative Intelligence for primary education: a three-year curriculum for ages 6-9. Seelisberg, Switzerland: Maharishi European Research University Press; 1977;20.
62. *Op cit.*, Introduction to Ayurveda Maharishi Ayurveda Medical Centers;18.
63. *Op cit.*, Science, consciousness and aging Maharishi European Research University;35.
64. Rao RV. (2018). Ayurveda and the science of aging. *J. Ayur Integ Med.* 2018;9(3):225-232.
65. *Op cit.*, Disease prevention and health promotion in aging, Schneider et al.
66. *Op cit.*, Maharishi European Research University. The Science of Creative Intelligence for primary education.
67. *Op cit.*, Maharishi European Research University. Science, consciousness and ageing.
68. Gangwal J, Bhatnagar V. Concept of beauty and Ayurveda medicine. *Inter J. Res Med Sci and Tech.* 2019;8:493-496.
69. Rajan S, Shamkuwar MK, Tanwar AK. Impact of Shirodhara on biological markers of stress: a case study. *J. Ayur Integ Med.* 2021;12(1):178-181.
70. *Op cit.*, Maharishi Mahesh Yogi. Maharishi forum of natural law and national law for doctors;60.
71. Verma A, Shete SU, Doddoli G. An integrated therapy approach for the management of obesity-associated disorders: a case report. *J. Fam Med Prim Care.* 2019;8(4):1491.
72. Mangal G. Challenges in globalizing Panchakarma. *Inter J. Ayur Trad Med.* 2019;1(1):1-2.
73. Dornala SN, Ayyagari R. (2022). Guidelines for safer Panchakarma practice in non-COVID clinical care during corona pandemic. *J. Ayur Integ Med.* 2022;13(2):100426.
74. *Op cit.*, Maharishi Mahesh Yogi. Maharishi forum of natural law and national law for doctors;306.
75. *Ibid.*,307.

76. Rioux J, Howerter A. Outcomes from a whole-systems Ayurvedic medicine and Yoga therapy treatment for obesity pilot study. *J. Alter and Compl Med.* 2019;25(S1):S124-S137.
77. Mohammad H, Prabhu K, Rao MRK, Sundaram RL, Shil S, Vijayalakshmi N, Dinakar S. The GCMS study of one Ayurvedic medicine, Aragwadharishtam. *Alcohol.* 2019;8 (122.1):13248162, and Mohammad H, Prabhu K, Rao MRK, Sundaram RL, Shil S, Vijayalakshmi N. The GCMS studies of one Ayurvedic medicine, Amritarishtam. *Res J. Pharm Tech.* 2019;12(1):351-356.
78. Smith DE, Salerno JW. A model for extraction of both lipid and water soluble toxins using a procedure from Maharishi Ayurveda. *Med Hyp.* 1992;39(1):1-5.
79. *Op cit.*, Maharishi Mahesh Yogi. Maharishi forum of natural law and national law for doctors;305-306.
80. *Ibid.*,308.
81. Peterson CT, Denniston K, Chopra D. Therapeutic uses of Triphala in Ayurvedic medicine. *J. Alter and Compl Med.* 2017;23(8):607-614.
82. Schwartz E. The effects of the Transcendental Meditation program on strength of the nervous system, perceptual reactance, reaction time, and auditory threshold. In: Chalmers R, Clements G, Schenkluhn H, Weinless M, Editors. *Scientific research on Maharishi's Transcendental Meditation and TM-Sidhi programme: Collected papers, volume 4.* Vlodrop, The Netherlands: Maharishi Vedic University Press; 1989;2317-2341.
83. *Op cit.*, Maharishi's world plan for perfect health;18.
84. *Op cit.*, World Medical Council for the Age of Enlightenment. Perfect health;6.
85. *Ibid.*
86. *Ibid.*
87. Walton KG, Olshansky B, Helene E, Schneider RH. Trials of Maharishi Ayurveda for cardiovascular disease: a pooled analysis of outcome studies with carotid intima-media thickness. *J. Prevent Cardio.* 2014;4(1):615.
88. *Ibid.*, Maharishi Ayurveda Medical Centers.
89. *Ibid.*,5.
90. *Ibid.*
91. *Ibid.*
92. *Ibid.*
93. American Association of Ayurvedic Medicine. Maharishi Ayur-Veda: approaches to the prevention and treatment of cancer. Washington, DC: Age of Enlightenment Press; 1991.
94. *Op cit.*, Maharishi Mahesh Yogi. Maharishi forum of natural law and national law for doctors.
95. Rasmussen LB, Mikkelsen K, Haugen M, Pripp AH, Førre ØT. Treatment of fibromyalgia at the Maharishi Ayurveda Health Centre in Norway: a six-month follow-up study. *Clinical Exper Rheum.* 2009;27(5):S46, and Rasmussen LB, Mikkelsen K, Haugen M, Pripp AH, Fields JZ, Førre ØT. Treatment of fibromyalgia at the Maharishi Ayurveda Health Centre in Norway II: a 24-month follow-up pilot study. *Clinical Rheum.* 2012;31(5):821-827.
96. Brooks J. Maharishi Ayur-Veda and mental health. *J. Maharishi Vedic Res Inst.* 2019;11:101-124.

Fergusson L., Palakurthi M. : Maharishi Ayurveda and Historical Newspaper Articles...

97. Dillbeck MC, Barnes VA, Schneider RH, Travis FT. Editors. Scientific research on Maharishi's Transcendental Meditation and TM-Sidhi program: collected papers, volume 8. Vlodrop, The Netherlands: Maharishi Vedic University Press; 2020.
98. *Op cit.*, Introduction to Ayurveda Maharishi Ayurveda Medical Centers;12-14.
99. Sharma HM, Dwivedi C, Satter BC, Gudehithlu KP, Abou-Issa H, Malarkey W, Tejwani GA.. Antineoplastic properties of Maharishi-4 against DMBA-induced mammary tumors in rats. *Pharma Bio Behavior*. 1990;35(4):767-773.
100. Dornala SN, Sharma OP. Effect of Matravasti (medicated oil retention enema) as Rasayana (rejuvenative therapy) in Jarajanya Vikar (problems of aging): a clinical study. *Ind J. Ayur Integ Med*. 2021;2(2):64.
101. International Maharishi AyurVeda Foundation;7.
102. *Op cit.*, Maharishi Vedic University. Maharishi Ayur-Veda: global campaign to create a disease-free society in every country.
103. Associated Press. Ayurvedic market 2020 trending with major eminent key players: Maharishi Ayurveda products and Himalaya Drug. Pune, Maharashtra; 2019.
104. *Op cit.*, Maharishi Ayur-Veda: global campaign to create a disease-free society in every country; Introduction to Ayurveda, Disease prevention and health promotion in aging; Ayurvedic healing Maharishi Ayurveda Medical Centers; Schneider et al.; Sharma & Clark.

Source of Support : Nil
Conflict of Interest : None