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Media discourse, alternative medicine and COVID-19 in India: A case of an Ayurvedic drug ‘Coronil’ by Ramdev’s Patanjali Ayurved Ltd

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ABSTRACT

This article investigates India’s media discourse on Coronil, a contentious drug launched as an Ayurvedic treatment for COVID-19. By analysing four national English-language newspapers in India, we find that with the partial exception of *The Indian Express*, the reporting on Coronil focused on the legal and logistical aspects of the drug release but lacked depth and analysis. Such reporting has socio-economic and public health implications. The green light given to Coronil confounded the government’s own scientific communication during the pandemic, leading to confusing messaging about the treatment for COVID-19. Moreover, some members of the government, judiciary and media adopted the rhetoric of what we call populist medical pluralism, justifying the endorsement of Coronil in terms of the neoliberal economy of ‘choices’ and ‘needs’ of the Indian citizens. We show how this populist promotion of pluralism is linked to the Hindu nationalist discourse.

KEYWORDS

Alternative medicine; Ayurveda; Coronil; COVID-19; media discourse; Ramdev

Introduction

On June 23, 2020, as India was grappling with its first wave of the COVID-19 pandemic, the newspapers began circulating stories about Coronil, a drug manufactured by Divya Pharmacy and launched as an Ayurvedic cure for the novel coronavirus. Many reporters described Coronil as the first Ayurvedic medicine to cure the disease, citing its manufacturers’ claims of ‘100% recovery from COVID-19 within seven days.’¹ For many Indians battling the virus or anxious about infection,

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[#]Both authors contributed equally to this paper and should therefore both be considered as first authors.

1. S. Ray, ‘Search Interest in Coronil—A False Covid Cure—Soars in India as Pandemic Rages’, *Forbes*, May 7, 2021, accessed May 7, 2025, <https://www.forbes.com/sites/siladityaray/2021/05/07/search-interest-in-coronil-a-false-covid-cure-soars-in-india-as-pandemic-rages/>.

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the bold claims of an indigenous ‘medicine for COVID’, a ‘cure for COVID’ and an ‘Ayurvedic COVID treatment’ ensured that Coronil received serious attention.

Behind the drug was Baba Ramdev, one of the most influential yoga teachers in contemporary India.² Along with Acharya Balkrishna, Ramdev is a co-founder of Divya Pharmacy, which manufactures classical and proprietary Ayurvedic medicines, and Patanjali Ayurved Limited (often shortened to Patanjali), a billion-dollar company selling Ayurvedic medicines and other consumer products.³ The launch of Coronil was broadcast on TV and circulated on social media such as YouTube and X (formerly Twitter),⁴ where Ramdev commands a large base of followers and supporters, ensuring that this news spread rapidly and widely. Yet, the promise of a COVID cure waned quickly as it emerged that the drug launch was based on provisional results of clinical trials conducted on fewer than 100 participants and without peer review.⁵

The Government of India imposed a temporary ban, but half a year later, on February 19, 2021, Ramdev was able to relaunch Coronil as the ‘first evidence-based medicine for Covid-19’.⁶ During the relaunch event, Ramdev shared the stage with the then Union health minister, Harsh Vardhan, a biomedical doctor and executive board chairperson of the World Health Organization (WHO), which lent Coronil an air of credibility and enabled Ramdev to claim that the WHO had given ‘Coronil the license that deems it is eligible for sale in more than 150 countries’.⁷ The WHO had to step in to clarify that it had not approved any traditional medicine for the treatment of COVID-19.⁸ The Indian Medical Association (IMA), which represents a community of biomedical⁹ doctors, swiftly castigated the health minister for supporting the release of a ‘falsely fabricated unscientific product’ to the people of India.¹⁰

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2. Stuart Ray Sarbacker, ‘Swami Ramdev: Modern Yoga Revolutionary’, in *Gurus of Modern Yoga*, ed. Mark Singleton and Ellen Goldberg (Oxford University Press, 2014); Joseph S. Alter, ‘Pahalwan Baba Ramdev: Wrestling with Yoga and Middle-Class Masculinity in India’, *Modern Asian Studies* 55, no. 4 (2021): 1359–81; S. Chakrabarti, ‘The Avatars of Baba Ramdev: The Politics, Economics, and Contradictions of an Indian Televangelist’, in *Global and Local Televangelism*, ed. Pradeep Ninan Thomas and Philip Lee (Palgrave MacMillan, 2012).
 3. Venera R. Khalikova, ‘The Ayurveda of Baba Ramdev: Biomoral Consumerism, National Duty and the Biopolitics of “Homegrown” Medicine in India’, *South Asia: Journal of South Asian Studies* 40, no. 1 (2017): 105–22; R.F. Worth, ‘The Billionaire Yogi behind Modi’s Rise’, *The New York Times Magazine*, 2018, accessed May 7, 2025, <https://www.nytimes.com/2018/07/26/magazine/the-billionaire-yogi-behind-modis-rise.html>.
 4. S. Shukla and D. Goswami, ‘New Age Marketing Guru: Digital Marketing Case Study: Baba Ramdev’, in *Digital India, Empowering India*, ed. S.K. Singh et al. (Bharti Publications, 2019).
 5. H. Chandna, ‘Just 45 Healthy Cases, Interim Results, No Peer Reviews—How Patanjali Found “Covid Cure”’, *The Print*, June 24, 2020, accessed April 13, 2025, <https://theprint.in/health/just-45-healthy-cases-interim-results-no-peer-review-%E2%81%A0-how-patanjali-found-covid-cure/447540/>.
 6. A. Dutt, ‘Unethical to Promote Patanjali’s Coronil without Checks: IMA’, *Hindustan Times*, February 23, 2021, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/unethical-to-promote-patanjali-s-coronil-without-checks-ima-101614023963099.html>.
 7. A. Raj, ‘After Baba Ramdev’s Claim on Patanjali’s Coronil, a Clarification from WHO’, *Hindustan Times*, February 21, 2021, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/after-baba-ramdev-s-claim-on-patanjali-s-coronil-a-clarification-from-who-101613891366423.html>.
 8. Ray, ‘Search Interest’.
 9. Biomedicine is an evidence-based medical system that operates on the principles of biology and is also known as Western medicine, modern medicine or allopathy.
 10. ‘Indian Medical Association Demands Explanation from Union Health Minister for “Promoting” Patanjali’s Coronil’, *The Indian Express*, February 22, 2021, accessed April 13, 2025, <https://indianexpress.com>.

On the one hand, there was nothing novel or uniquely Indian about the emergence of a ‘miracle’ drug that was accompanied by political claims and caused public enthusiasm. In the face of an unknown disease like the coronavirus, for which biomedicine does not (yet) have a cure, doctors offer and patients turn to alternative¹¹ treatments. For example, in a study of traditional Chinese medicine, anthropologist Mei Zhan describes how traditional doctors invoke ‘miracles’ as a way of claiming clinical efficacy and negotiating medical knowledge and authority in situations where biomedicine fails.¹² As widely documented, during the COVID-19 pandemic, many people around the globe resorted to traditional medicine¹³ and religious healing, as well as trying out experimental and anti-establishment biomedical drugs like hydroxychloroquine, the use of which sparked broad public debates and controversies.¹⁴

On the other hand, the case of Coronil is unique because of its context: in addition to its rapid emergence, market success, legal disputes,¹⁵ partial government endorsement and nationalist positioning,¹⁶ Coronil as an Ayurvedic drug has a complicated standing in relation to science, biomedicine and other alternative medical systems in India. Coronil is worthy of an in-depth analysis as it illuminates the structure of cultural and medical pluralism in India as well as its broader socio-political processes, including the workings of the Hindu nationalist ideology. It also showcases the role of the neoliberal state and the market in promoting an alternative treatment for COVID-19.

The involvement of the Indian state in the uneasy relationship between biomedicine and traditional medicine, as exemplified here by the antagonism between the IMA and Ramdev, has a long history in India. In the pre-Independence period, the colonial administration had diverse, sometimes contradictory, approaches to alternative medical systems, but the overall course was taken towards the establishment of biomedicine as the mainstream medical system, while attempting to regulate and reform the traditions of Ayurveda, Unani and Siddha.¹⁷ This led to contestations

[com/article/cities/pune/indian-medical-association-explanation-health-minister-promoting-patanjalis-coronil-7199236/](https://www.southasiajournal.com/article/cities/pune/indian-medical-association-explanation-health-minister-promoting-patanjalis-coronil-7199236/).

11. Regardless of whether people themselves view these treatments as alternative, scholars use the term alternative medicine to refer to medical knowledge systems whose theories of health, sickness and the human body are different from those in biomedicine. Examples include traditional Chinese medicine, Tibetan medicine, Ayurveda, Unani and homeopathy as well as folk medical traditions.
12. Mei Zhan, *Other-Worldly: Making Chinese Medicine through Translocal Frames* (Duke University Press, 2009).
13. Shelley Ochs and Thomas Avery Garran, ‘The Role of Chinese Medicine in Treating and Preventing COVID-19 in Hubei, China’, *Asian Medicine* 16, no. 1 (2021): 11–35; Tawni Tidwell and Khenrab Gyamtso, ‘Tibetan Medical Paradigms for the SARS-CoV-2 Pandemic: Understanding COVID-19, Microbiome Links, and Its Sowa Rigpa Nosology’, *Asian Medicine* 16, no. 1 (2021): 89–127.
14. Nishtha Bharti and Sergio Sismondo, ‘Political Prescriptions: Three Pandemic Stories’, *Science, Technology, & Human Values* 49, no. 2 (2022); Luc Berlivet and Ilana Löwy, ‘Hydroxychloroquine Controversies: Clinical Trials, Epistemology, and the Democratization of Science’, *Medical Anthropology Quarterly* 34 (2020): 525–41.
15. Jaydeep Mukherjee, ‘Patanjali Ayurveda’s Coronil: Marketing Controversy on COVID-19 Cure’, *Vision* 28, no. 1 (2021).
16. Bharti and Sismondo, ‘Political Prescriptions’.
17. Guy Attewell, *Refiguring Unani Tibb: Plural Healing in Late Colonial India* (Orient Longman, 2007); Rachel Berger, *Ayurveda Made Modern: Political Histories of Indigenous Medicine in North India, 1900–1955* (Palgrave Macmillan, 2013); Richard Weiss, *Recipes for Immortality: Healing, Religion, and Community in South India* (Oxford University Press, 2009).

between the practitioners of biomedicine and traditional medicine, with some attempts at the integration and ‘revitalization’ of the latter.¹⁸ After Independence, various stakeholders in the government as well as biomedical and indigenous medical communities continued to debate the legitimacy of traditional medicine, with arguments focusing not only on its efficacy but also on its cultural and national significance.¹⁹ Some insisted that to be a truly independent nation, India needed to shed foreign influences and promote homegrown traditions like Ayurveda. Others believed that only biomedicine could be the foundation of a strong, healthy, modern nation. These two views, in their extreme and mixed versions, shaped the Indian government’s medical policies in the second half of the twentieth century and are still resonant today.

Seeking to accommodate both views, the current government of India recognises and claims to support both biomedicine and alternative medicine. Before 2014, alternative medicine had been regulated by a department within the Ministry of Health and Family Welfare, but in November 2014, the then newly elected Prime Minister Narendra Modi established an independent Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (abbreviated as AYUSH). A separate ministry might have served to signal a higher prestige and visibility of alternative medical traditions in the country, but it also positioned biomedicine and alternative medicine against each other. In addition to competing for budget allocations, medical infrastructure and social influence, this administrative separation of biomedicine from alternative medicine created a ground for confusion in public health messages. The COVID-19 pandemic magnified this confusion and antagonism.

In this paper, we aim to analyse the media discourse surrounding Coronil. We make three interrelated arguments. First, the green light given to Coronil has confounded the government’s own scientific communication during COVID-19, leading to confusing messaging about the causes and remedies of COVID-19. Second, some members of the government and judiciary, as reported in the media, adopted the rhetoric of what we call populist medical pluralism, claiming that their reason for endorsing Coronil was to satisfy the ‘needs’ of citizens who ‘believed’ in Ayurveda. This populist promotion of pluralism is strongly grounded in the Hindu nationalist discourse, which links the consumption of a domestic tradition of Ayurveda to the sensibility of respecting ‘ancient’ Hindu culture and serving the nationalistic duty by standing up to foreign (and in this case biomedical) interventions like COVID-19

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18. Jean Langford, *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance* (Duke University Press, 2002); Charles Leslie, ‘The Professionalizing Ideology of Medical Revivalism’, in *Entrepreneurship and Modernization of Occupational Cultures in South Asia*, ed. M. Singer (Duke University Press, 1973); Charles Leslie, ‘The Rhetoric of the Ayurvedic Revival in Modern India’, *Man* 63 (1963).
 19. Shamshad Khan, ‘Systems of Medicine and Nationalist Discourse in India: Towards “New Horizons” in Medical Anthropology and History’, *Social Science and Medicine* 62, no. 11 (2006): 2786–97; Dagmar Wujastyk, ‘The Evolution of Indian Government Policy on Ayurveda in the Twentieth Century’, in *Modern and Global Ayurveda: Pluralism and Paradigms*, ed. Dagmar Wujastyk and Frederic Smith (State University of New York Press, 2008); C. Liebeskind, ‘Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900–50’, in *Plural Medicine, Tradition and Modernity, 1800–2000*, ed. W. Ernst (Routledge, 2002).

Table 1. Timeline of key events.

Date	Event
June 23, 2020	Coronil is launched
June 23, 2020	The Ministry of AYUSH says no knowledge of Coronil's clinical trials, asks Patanjali to suspend advertisements
June 30, 2020	Patanjali notifies AYUSH of Coronil being immunity booster, not cure for COVID-19
June 30, 2020	Public Interest Litigation in Uttarakhand against Ramdev for claiming Coronil to be a cure for COVID-19
July 17, 2020	Madras High Court restrains Patanjali from using the word 'Coronil' due to trademark violation claimed by Arudra Engineers
February 19, 2021	Relaunch of Coronil as 'first evidence-based medicine for COVID-19 approved by the WHO' in the presence of health minister
February 19, 2021	WHO Southeast Asia refutes approving any traditional treatment for COVID-19
February 22, 2021	Indian Medical Association criticises health minister for supporting Coronil
May 26, 2021	Haryana health and home minister announces the distribution of Coronil kits to patients in Haryana

vaccines. We argue that the promise of pluralism was empty for two reasons: first, because the priority was given to Ayurveda, while largely omitting other alternative medical systems like Unani, and, second, because it embraced only consumable, commoditised forms of Ayurveda, like pills, which do not reflect the vast scope and diversity of Ayurvedic practices in the country. This had important consequences for the reputation of Ayurvedic doctors.

Third, the populist promotion of medical pluralism in its limited, marketable form is an example of the government's furtherance of the neoliberal project. We understand neoliberalism as 'a particular regime of liberalism, capitalism, and democracy that has been globalised since the 1970s, in the form of an active state promotion of market and competition principles'²⁰ within which the main role of the state is presented as to guarantee and facilitate a free market, rather than provide care. Under the neoliberal principles of self-interest and the privatisation of health-care, Indian citizens are rendered responsible for maintaining their health, having to navigate and make individual choices in the marketplace rather than expecting centralised healthcare provision from the state. While the right to have a choice and make decisions about one's health appears reasonable, even necessary, in a democratic society, it is important to remember that individual health operates in a public health setting, for which the state is responsible. The rhetoric of choices ultimately allows the government to evade accountability for a poorly managed public health emergency.

The changes in the production, circulation and consumption of Ayurvedic pharmaceuticals like Coronil today are a result of neoliberal reforms that started in India in the 1990s, which, according to Surya Upadhyay,²¹ paved the way for the rise of

20. Sean Phelan and Simon Dawes, 'Liberalism and Neoliberalism', in *Oxford Research Encyclopedia of Communication* (Oxford University Press, 2018), <https://doi.org/10.1093/acrefore/9780190228613.013.176>.

21. Surya Upadhyay, 'Neoliberal Capitalism and the Emergence of Corporate Hinduism in Urban India', in *Religious Activism in the Global Economy: Promoting, Reforming, or Resisting Neoliberal Globalization?*, ed. S. Dreher and P. Smith (Rowman & Littlefield, 2016).

a new type of gurus of market spirituality and ‘corporate Hinduism’ today.²² We explain this situation in detail below.

Baba and his miracle drug

Baba Ramdev is a widely known, politically vocal yoga guru who is an ardent advocate for the ‘revival’ of the Indian traditions of yoga and Ayurveda by turning them into *swadeshi* (homegrown) products that Indian people are urged to consume instead of foreign goods.²³ Although Ramdev’s name has been associated with numerous provocative remarks, political cases, legal disputes and criticism, he has millions of followers in India and abroad. An article in *The New York Times Magazine* identifies him as ‘one of the most famous men in India’ and ‘the billionaire yogi behind Modi’s Rise.’²⁴ Ramdev actively campaigned for the Bharatiya Janata Party (BJP) in the national election campaign in 2014, and since then, the revenue of Patanjali has increased exponentially,²⁵ with the company getting discounts in land acquisitions in states ruled by the BJP.²⁶ In a cycle of favours with the ruling party, Ramdev has defended Prime Minister Modi’s policy decisions on numerous occasions and, in return, benefited from the prime minister’s support, particularly his endorsement of Ayurveda and yoga. Even after the recent series of legal cases in which the licences for over a dozen Patanjali medicines were suspended and Patanjali was ordered to discontinue misleading ads that claim medical efficacy of their products without proof, Patanjali sales figures, especially in the food sector, remain strong.

Although the pharmaceuticalisation of Ayurveda in India started in the late nineteenth century, its scope and speed have significantly transformed under both global and national forces.²⁷ Pordié and Gaudillière²⁸ use the concept of the ‘reformulation regime’ to explain how Asian medicines were turned into mass-produced commodities, often supported by national governments like China and India, which sought to enter the global wellness market. In India, Ayurveda has been reinvented

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22. On the contradictions and resonances of neoliberalism and Hindutva, see also Jayati Ghosh, ‘Hindutva, Economic Neoliberalism and the Abuse of Economic Statistics in India’, *South Asia Multidisciplinary Academic Journal* 24, no. 24/25 (2020), <https://doi.org/10.4000/samaj.6882>; Shankar Gopalakrishnan, ‘Defining, Constructing and Policing a “New India”: Relationship between Neoliberalism and Hindutva’, *Economic & Political Weekly* 41, no. 26 (2006): 2803, 2805–13; Thomas Blom Hansen, ‘The Ethics of Hindutva and the Spirit of Capitalism’, in *Compulsions of Politics: BJP and Competitive Politics in India*, ed. Thomas Blom Hansen and Christophe Jaffrelot (Oxford University Press, 1998); Nikita Sud, *Liberalization, Hindu Nationalism and the State: A Biography of Gujarat* (Oxford University Press, 2012).
 23. Khalikova, ‘Ayurveda of Baba Ramdev’; Sarbacker, ‘Swami Ramdev’.
 24. Worth, ‘Billionaire Yogi’.
 25. ‘Patanjali’s Coronil Tablets Case: HC Refuses to Gag Media’, *The Hindu*, July 25, 2020, accessed April 13, 2025, <https://www.thehindu.com/news/national/tamil-nadu/patanjalis-coronil-tablets-case-hc-refuses-to-gag-media/article32187265.ece>.
 26. Mukherjee, ‘Patanjali Ayurveda’s Coronil’.
 27. Maarten Bode, *Taking Traditional Knowledge to the Market: The Modern Image of the Ayurvedic and Unani Industry, 1980–2000* (Orient Blackwell Swan, 2008); Madhulika Banerjee, *Power, Knowledge, Medicine: Ayurvedic Pharmaceuticals at Home and in the World* (Orient Blackswan, 2009).
 28. Laurent Pordié and Jean-Paul Gaudillière, ‘Introduction: Industrial Ayurveda: Drug Discovery, Reformulation and the Market’, *Asian Medicine* 9, no. 1–2 (2014): 1–11, <https://doi.org/10.1163/15734218-12341325>.

Table 2. Newspaper articles mentioning Coronil in the headline or lead paragraph between 2020 and 2021.

Newspaper	Number of articles
<i>The Hindu</i>	9
<i>The Indian Express</i>	8
<i>The Times of India</i>	26
<i>Hindustan Times</i>	31

or reformulated several times, and the most recent reformulation differs from previous stages in ‘the invention of new herbal combinations...; the mass-production and global circulation of these remedies in the form of pills; new modes of intellectual property protection; a rapidly escalating consumption of medicinal plants; the emergence of large companies operating nation- or world-wide with the classical tools of scientific marketing.’²⁹ In addition to the Arya Vaidya Sala and The Himalaya Drug Company discussed by Pordié and Gaudillière, Ramdev’s Patanjali Ayurved provides an apt yet different example of this new stage.

Notably, Ramdev is not the only guru-entrepreneur in India, but his enterprise Patanjali is the most profitable and well-known brand of Ayurvedic products.³⁰ Within the ‘god’s market’ of yoga gurus and saints,³¹ health practices and consumables under the label of Ayurveda and yoga found a fertile ground that Baba Ramdev has been able to monetise. By the beginning of the COVID-19 pandemic, Patanjali had become a household name for many Indian families, and it was inevitable that Ramdev would seize the opportunity to offer a solution to a foreign disease, just as he had done in previous years by appealing to nationalist sentiments. In a context where even internationally, new biomedical treatments were yet to be developed and old biomedical drugs were considered and heavily contested for the treatment of COVID-19,³² Coronil, ‘the nationalist drug’,³³ quickly entered the stage.

Before we proceed to the description of our methods and results, we present the timeline of the most salient events related to Coronil covered in the media.

Methodology

Our data come from the newspaper articles published between 2020 and 2021 in four Indian English-language newspapers: *The Times of India*, *Hindustan Times*, *The Hindu* and *The Indian Express*. All four of the selected newspapers cater to the English-literate class of the country—with a readership of about 17 million for *The Times of India*, the largest for any English-language newspaper in the world,

29. Ibid., 6–7.

30. Another guru whose Ayurvedic products also have high market value is Sri Sri Ravishankar, the founder of the Art of Living Foundation.

31. Meena Nanda, *The God Market: How Globalization Is Making India More Hindu* (NYU Press, 2011); see also Lise McKean, *Divine Enterprise: Gurus and the Hindu Nationalist Movement* (University of Chicago Press, 1995); Sanjay Srivastava, ‘Divine Markets: Ethnographic Notes on Postnationalism and Moral Consumption in India’, in *Religion and the Morality of the Market*, ed. Daromir Rudnyckj and Filippo Osella (Cambridge University Press, 2017): 94–115.

32. Berlivet and Löwy, ‘Hydroxychloroquine Controversies’.

33. Bharti and Sismondo, ‘Political Prescriptions’.

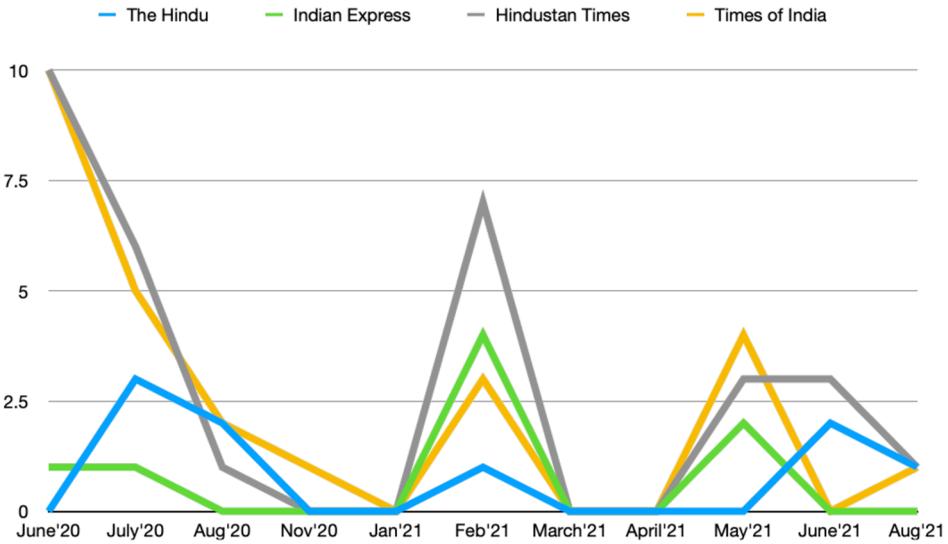


Figure 1. Number of articles on Coronil published between 2020 and 2021 in the chosen newspapers.



Figure 2. Word frequency cloud for 1,000 words with stem words minus stop words across 74 articles.

about 8 million for both *The Hindu* and *Hindustan Times*, and 1.6 million for *The Indian Express*. These newspapers are widely considered the reading material of those in agenda-setting positions.³⁴

34. Simon Billett, 'Dividing Climate Change: Global Warming in the Indian Mass Media', *Climatic Change* 99, no. 1 (2010): 1–16.

We referred to NewsBank to extract newspaper articles meeting our criteria. NewsBank provides comprehensive access to a range of newspapers from different parts of the world. A keyword search for ‘Coronil’ was conducted for the four newspapers and only the articles that mentioned Coronil in their headline or the leading paragraph were selected for analysis to ensure that Coronil was the focus of the articles. Based on these criteria, our sample included 74 articles published between June 2020 and August 2021. The total coverage of Coronil in each of the newspapers can be seen in [Table 2](#).

We also looked at the evolution of coverage through time. [Figure 1](#) illustrates the three peaks in the number of articles in June 2020, February 2021 and May 2021. These peaks refer to the launch of Coronil, its relaunch after the ban, and an announcement by the Haryana health and home minister, Anil Vij, about the distribution of Coronil kits, respectively.

We conducted a qualitative textual analysis of the newspaper articles wherein both authors carefully read each article to understand how Coronil was covered in the selected newspapers during the first two years of the pandemic. We then had several rounds of sharing and discussion, which allowed us to reach a consensus on the common themes as well as patterns emerging over time.³⁵ Qualitative analysis was further supplemented with several basic queries in NVivo 12.0 such as word frequency and text search. The word frequency query, as illustrated by a word cloud in [Figure 2](#), was set to identify the 1,000 most common words across the selected articles. This type of analysis is useful for getting a broad understanding of themes, ideas and specific concepts that dominate a discourse on a chosen issue, in our case Coronil.

We have limited our analysis to four leading English-language dailies, given their influence on policymakers and the practical consideration of keeping the data sources within a viable limit. However, it is undeniable that valuable insights can be traced from analysing in-depth critical coverage in online news outlets such as The Print, Scroll.in and Firstpost, as well as from media discourse in Hindi and regional language newspapers in India. Further, we have limited our selection of newspaper articles to those mentioning ‘Coronil’ in either their headline or first paragraph. This helped us include only those articles that are centred on Coronil as its subject matter. We recognise that this approach screened out some articles that may have explored a larger socio-political issue concerning Coronil but mentioned it later in the article. Future research on the topic can be done by broadening the range of newspapers as well as the search parameters.

Results

Topics and word cloud

The word frequency query has turned out the 1,000 most common words. Among them, 20 words (shown in red and bold black fonts in [Figure 2](#)) have appeared at least 100 times, and another 82 words (in bold and light grey) have appeared more

35. R.D. Wimmer and J.R. Dominick, *Mass Media Research: An Introduction*, 5th ed. (Wadsworth, 1994).

Table 3. Percentage of articles in each newspaper with respective word lengths.

Newspaper	Percentage of articles with word length		
	<300 words (%)	300–700 words (%)	>700 words (%)
<i>The Indian Express</i>	25	25	50
<i>The Hindu</i>	78	22	0
<i>The Times of India</i>	46	42	12
<i>Hindustan Times</i>	29	71	0

than 35 times. We have run a co-occurrence analysis for these words and have read the sentences in which they appear.

We will discuss our findings below, but here we draw attention to a few themes that are missing from the word cloud. Discourse is not only what is said, but also what is silenced. Therefore, by paying attention to the words that are missing from the word cloud, we can draw meaningful insights. For example, we noted that there were no newspaper articles that included ethics-related words (ethical, moral, appropriate, problematic), the word ‘evidence’, the names of Ayurvedic authority institutions and figures (such as the Central Council of Research in Ayurvedic Sciences), and the name of Prime Minister Narendra Modi. We offer our interpretation of such omissions in the Discussion section.

Quality of coverage

The word count of the articles is indicative of the depth and quality of coverage: smaller articles typically present information, while longer articles allow room for reflection and analysis. As evident in Table 3, most of the articles on Coronil in the four newspapers were of small or medium size, i.e. containing less than 300 words or 300–700 words, respectively. The noticeable exception is *The Indian Express*, where half of the articles (four out of eight) were long-length articles (more than 700 words), which means that they discussed the issues surrounding Coronil in detail; for example, they cover the tension between Ayurveda and biomedicine, the associated politics of knowledge systems, and the larger issue of the contested claims on science and information.³⁶

Surprisingly, *The Hindu*, which has been historically read in the country for its quality analysis and factuality, had the highest proportion of short articles, focused largely on procedural reporting of legal cases. None of its articles were greater than 700 words. Most of the coverage in *The Times of India* and *Hindustan Times* was also in the small and medium length categories and lacked detailed reporting; the articles did not discuss any systemic factors and longstanding issues that could have given a reader a big-picture perspective.

36. Madhulika Banerjee, ‘Ayurveda Deserves Better’, *The Indian Express*, July 2, 2020, accessed April 13, 2025, <https://indianexpress.com/article/opinion/columns/ayurveda-culture-in-india-coronavirus-healthcare-patanjali-baba-ramdev-6485710/>; S. Mahajan, ‘The Country Is Paying for the Government’s Unscientific Attitudes’, *The Indian Express*, May 19, 2021, accessed April 13, 2025, <https://indianexpress.com/article/opinion/columns/covid-treatment-governments-unscientific-attitudes-coronavirus-death-7320660/>.

The quality of news coverage can be also judged by the episodic and thematic framing of the content.³⁷ Episodic coverage presents ‘single, specific event-driven cases on an issue and often rel[ies] on sensational and emotional appeals’, whereas thematic coverage ‘synthesizes events into an overriding issue and provides audiences with useful background knowledge’.³⁸ Episodic framing of issues has been found to limit people’s ‘ability to cogently understand an issue and to hold public officials responsible for alleviation of problems’, whereas thematic framing of issues helps readers make clear the relations between issues and ‘social and structural factors’, thus enabling a long-term vision of solving the problem.³⁹ In the context of Coronil, we found a lack of thematic news coverage in three of the four newspapers. The overwhelming majority of the articles in the analysed newspapers provided little contextual information to the reader. For example, they rarely mentioned the fact that Coronil was not the only alternative drug being developed for COVID-19. Moreover, there was almost no contextual information on the long-established research, manufacturing and application of other Ayurvedic drugs, some of which had been quite successful and documented in the literature.⁴⁰ Neither did the reporters seek comments from the members of the Central Council of Research in Ayurvedic Sciences (CCRAS) or other Ayurvedic research institutions. There was no discussion of the ways in which Ayurvedic and other alternative medical practitioners reacted to Coronil, or the groundwork they were doing during the pandemic, which was significant because alternative medical systems in India play a large role in health provision since registered alternative practitioners comprise about 30 percent of registered doctors in the country.⁴¹ The absence of the word ‘evidence’ in the newspaper articles is also noteworthy as it stays in stark contrast to a large scholarship on Ayurveda and the notion of evidence in the history, sociology and anthropology of Indian medicine.⁴²

Overall, our analysis shows that most articles in the chosen newspapers did not discuss the principles, practices and research in Ayurveda but referred to Ayurveda in common stereotypical representations.

37. Shanto Iyengar, *Is Anyone Responsible? How Television Frames Political Issues* (University of Chicago Press, 1991).

38. *Ibid.*

39. Seow Ting Lee and Iccha Basnyat, ‘From Press Release to News: Mapping the Framing of the 2009 H1N1 A Influenza Pandemic’, *Health Communication* 28, no. 2 (2013): 119–32.

40. Banerjee, *Power, Knowledge, Medicine*; Bode, *Taking Traditional Knowledge*; Laurent Pordié and Jean-Paul Gaudillière, ‘The Reformulation Regime in Drug Discovery: Revisiting Polyherbals and Property Rights in the Ayurvedic Industry’, *East Asian Science, Technology and Society: An International Journal* 8, no. 1 (2014): 57–79.

41. PIB Delhi, ‘Enhancement of Healthcare Workforce’, News Release, March 25, 2022, accessed June 9, 2025, <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1809812>.

42. Harish Naraindas, ‘Of Spineless Babies and Folic Acid: Evidence and Efficacy in Biomedicine and Ayurvedic Medicine’, *Social Science and Medicine* 62, no. 11 (2006): 2658–69; Matthew Wolfram, ‘Truth Claims and Disputes in Ayurveda Medical Science’, *Journal of Linguistic Anthropology* 20, no. 1 (2010): 149–65; Maarten Bode and U. Payyappallimana, ‘Evidence Based Traditional Medicine: For Whom and To What End?’, *eJournal of Indian Medicine* 6, no. 1 (2013).

Main themes

The nature of Coronil

Evidenced by both the word frequency analysis and textual analysis, much of the media discourse on Coronil was centred on its nature and correct labelling: whether it was a ‘cure’ for COVID-19, a ‘COVID-19 management drug’, an ‘immunity booster’ or a ‘food supplement’. Launching Coronil on June 23, 2020, Ramdev called it the ‘first Ayurvedic, clinically controlled trial-based evidence [*sic*] and research-based medicine’ for COVID-19.⁴³ When the Ministry of AYUSH clarified that it had only permitted Patanjali to sell Coronil as an ‘immunity booster’, not a medicinal cure for COVID-19,⁴⁴ Ramdev proceeded to claim that Coronil was a COVID-19 ‘management drug’.⁴⁵ Adding to the ambiguity, the state secretary of the IMA of Uttarakhand, Ajay Khanna, claimed that Coronil had been recognised as a ‘food supplement’.⁴⁶

Word frequency analysis also reveals how the media characterisation of Coronil inevitably wedded Ayurveda to the standards and language typically associated with biomedicine (for example, ‘clinical trials’); therefore, we explore the relationship between Ayurveda and biomedicine further below.

Representations of Ayurveda vis-à-vis biomedicine

The debates surrounding Coronil unfolded within the longstanding debates in post-colonial India around the nature, veracity and efficacy of local medical traditions like Ayurveda in treating diseases. On one level, the ambiguity about Coronil was grounded in the conflicting representations of Ayurveda as both a local medical tradition that is uniquely apt for Indian bodies and its global appeal as a medical system suitable for everybody. This was reflected, for example, in Health Minister Harshvardhan’s address during the relaunch of Coronil on February 23, 2021, when he boasted that Ayurveda was popular in many countries such as Australia, New Zealand, Cuba and China.⁴⁷

On another level, these debates include contrasting arguments on the relations between Ayurveda, biomedicine and science. Grossly simplifying, these arguments develop along three lines: Ayurveda is science just like biomedicine; Ayurveda is

43. S.S. Jaiswal, ‘Patanjali Claims to Have Found Covid Cure, Ayush Ministry Asks for Proof, Tells It to Stop Advertising Drug’, *The Times of India*, June 24, 2020, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/dehradun/patanjali-claims-to-have-found-covid-cure-ayush-ministry-asks-for-proof-tells-it-to-stop-advertising-drug/articleshow/76536519.cms>.

44. A. Tikku, ‘Never Claimed Patanjali’s Coronil Cures Covid, Says Acharya Balkrishna’, *Hindustan Times*, June 30, 2020, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/never-claimed-patanjali-s-coronil-cures-covid-says-acharya-balkrishna/story-jV0gVGrabgFX9PEzjUQa0O.html>.

45. N. Santoshi, ‘Uttarakhand HC Notice to Jaipur Institute, Patanjali over Covid-19 Cure Claim’, *Hindustan Times*, July 2, 2020, accessed April 13, 2025, <https://www.hindustantimes.com/dehradun/uttarakhand-hc-notice-to-jaipur-institute-patanjali-over-covid-19-cure-claim/story-rApGjx8Nj0cpLwoQjVpatO.html>.

46. P. Ghosh, ‘Coronil Not a Medicine’, Uttarakhand IMA Raises Concerns over Ramdev’s Therapy’, *Hindustan Times*, June 5, 2021, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/-coronil-not-a-medicine-uttarakhand-ima-raises-concerns-over-ramdev-s-therapy-101622894953076.html>.

47. ‘The Row over Patanjali’s Coronil, and Why Maharashtra Wants to Ban It’, *The Times of India*, February 21, 2021, accessed April 13, 2025, <https://indianexpress.com/article/explained/explained-why-maharashtra-wants-to-ban-coronil-for-now-and-what-is-its-who-certification-7201589/>.

science in its own way, unlike biomedicine; and Ayurveda is not science. While the third line of argument has become marginal in contemporary discourse, the first two are strongly present, sometimes in hybrid forms, producing epistemological ambiguity that is commercially exploited. In the context of Coronil, the claims to its alternative (non-biomedical) nature, which links Ayurveda to national glory and local wisdom, coexists with assertions that Coronil is a product of a modern scientific system based on clinical trials and regulatory certifications. For example, Ramdev was reported to have said the following: ‘Some people feel research is a monopoly of those who wear a suit and tie. They think a saffron-wearing sanyasi [ascetic] has no right to do any research. What sort of untouchability and intolerance is this?’⁴⁸ In this statement, Ramdev also evokes a larger debate over the class divide between the biomedical scientific research community and himself as a supposedly ordinary ascetic who wants to promote ancient knowledge under current research standards.

Ramdev also exploits the uncertainties embedded in modern science to attack biomedicine for failing people. Calling allopathy (biomedicine) a ‘stupid science’, he remarked that hundreds of thousands of patients had died because of biomedical treatments, and over 10,000 doctors in India had died even after vaccination against the coronavirus.⁴⁹ At other times, however, Ramdev promoted the use of both Ayurveda and biomedicine in a complementary way by proposing the addition of Coronil to a COVID-19 kit. This was implemented at a 150-bed hospital in Haridwar, which Ramdev called an ‘integrated holistic treatment center for COVID-19 patients’, run jointly by the state of Uttarakhand and Patanjali, where patients were administered biomedical treatments along with herbs and Coronil, as well as advised to practise yoga for speedy recovery.⁵⁰ Similarly, the Haryana health and AYUSH minister defended his decision to distribute 100,000 Coronil kits in the state, explaining that biomedicine, Ayurveda, homeopathy and other medical systems were not opposed to each other, but complementary.⁵¹

The argument of a complementarity and integrative approach to healthcare is quite common in the government discourse, but it is often opposed by biomedical doctors, as well as Ayurveda doctors who insist on practising *shuddh* (pure) Ayurveda. In fact, as Madhulika Banerjee⁵² explains in *The Indian Express*, there are many Ayurvedic practitioners ‘who are true to their education and confidently prescribe only Ayurvedic medicines’. However, with the exception of this article, there was no coverage of the position and opinions of Ayurvedic practitioners on Coronil.

48. ‘From Calling Allopathy a “Stupid Science” to Dubbing Coronil as Covid Cure: Ramdev’s Controversial Remarks’, *The Indian Express*, May 25, 2021, accessed April 13, 2025, <https://indianexpress.com/article/india/ramdev-coronil-allopathy-coronavirus-doctors-remarks-7329359/>.

49. Ibid.

50. M.S. Nawaz, ‘At Ramdev-Govt Covid Centre, Patients Given Coronil, Allopathic Drugs’, *The Times of India*, May 26, 2021, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/dehradun/at-ramdev-govt-covid-centre-patients-given-coronil-allopathic-drugs/articleshow/82953074.cms>.

51. ‘Vij Says Ordered Coronil Kits in View of Sentiments of People in Villages’, *The Times of India*, May 29, 2021, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/chandigarh/vij-says-ordered-coronil-kits-in-view-of-sentiments-of-people-in-villages/articleshow/83048392.cms>.

52. Banerjee, ‘Ayurveda Deserves Better’.

In contrast, there are many articles that cover the opposition to Coronil and its inclusion in the COVID-19 kit from the biomedical community of the IMA. For example, the IMA representatives saw the combination of Coronil and biomedical treatments as ‘mixopathy’⁵³ that is a cocktail of Allopath and Ayurveda which is not permitted as per the rulings of the honorable Supreme Court.⁵⁴ The IMA was also reported to have challenged the rigorousness of Coronil’s clinical trials because of its small sample size and the inclusion of only mild and moderate COVID-19 cases.⁵⁵ The newspaper articles went on to report that the Ministry of AYUSH had revoked Patanjali’s rights to call Coronil a ‘cure’ for COVID-19, reducing it to an ‘immunity booster.’⁵⁶ This kind of reporting creates a sense that the biomedical community, in the face of the IMA, had won a war on Coronil, which implies that Ayurveda was once again proven to be a hoax. In the words of Banerjee, ‘this episode reinforced all the modern stereotypes of traditional medicine—that of mumbo-jumbo peddled by charlatans and quacks.’⁵⁷ We argue that the mainstream media, particularly *The Times of India*, *Hindustan Times* and *The Hindu*, have essentialised and caricatured Ayurveda, instead of drawing attention to the heterogeneity and complexity of the voices within it. Apart from the reporting on concerns and questions raised by the Ministry of AYUSH, there was a glaring lack of newspaper articles that described the opposition to Coronil from Ayurveda practitioners.

Therefore, we argue that rather than interpreting the media coverage of Coronil as a debate between biomedicine and Ayurveda, it is better read as a controversy of a specific drug manufactured by a highly influential (and provocative) guru, Ramdev. Our position can be further supported by the fact that some government actors publicly denounced Coronil while still showing their endorsement of Ayurvedic treatments for COVID-19. For example, the Rajasthan health minister, Raghu Sharma, claimed that his government chose another Ayurvedic treatment called *kadha* that had ‘better content’ than Coronil.⁵⁸

53. Mixopathy is a provocative term. It is created by joining an English word ‘mix’ or ‘mixing’ with a Greek suffix, *páthos*, which literally means ‘suffering’, but in India, it has come to denote a medical system, as in homeopathy and allopathy. It is not uncommon to hear doctors and government officials talk about many ‘pathies’ in India, i.e. medical systems. In this context, both biomedicine and Ayurveda are viewed as separate ‘pathies’ on their own. However, since 2020, the newly invented word ‘mixopathy’ began circulating on the internet as a derogatory reference to the government attempts to integrate the elements of biomedicine and Ayurveda. Beyond the COVID-19 pandemic, the term mixopathy featured in the responses of the biomedical community in India to the government’s proposal to allow Ayurvedic doctors to conduct some biomedical procedures, including surgeries.

54. Ghosh, ‘Coronil Not a Medicine’.

55. TNN, ‘Jaipur: Health Department Issues Notice to NIMS for Conducting Covid-19 Clinical Trials’, *The Times of India*, June 25, 2020, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/jaipur/health-dept-notice-to-nims-for-conducting-covid-clinical-trials/articleshow/76595726.cms>.

56. Santoshi, ‘Uttarakhand HC’.

57. Banerjee, ‘Ayurveda Deserves Better’.

58. ‘Ramdev Must Apologise for Harsh Joke on Covid Cure: Rajasthan Health Minister Raghu Sharma’, *The Times of India*, July 2, 2022, accessed May 29, 2025, <https://timesofindia.indiatimes.com/city/jaipur/ramdev-must-apologise-for-harsh-joke-on-covid-cure-rajasthan-health-minister-raghu-sharma/article-show/76748374.cms>.

Legal disputes

From the time it was launched, Coronil was caught in legal disputes. Its status as a 'cure' for COVID-19, questionable adherence to regulatory requirements, and claims of certification were all contested through First Information Reports (FIRs), Public Interest Litigations (PILs), legal notices, defamatory suits, trademark disputes, and demands for the rescinding of claims by governmental as well as non-governmental actors. On the very day of the launch of Coronil, the Ministry of AYUSH asked Patanjali to provide details of the drug composition and clinical trials; it also ordered Patanjali to stop advertising claims of COVID-19 treatment.⁵⁹

Further, Yatendra Singh Rawat, a licensing authority officer at the Directorate of Ayurvedic and Unani Services, Uttarakhand, clarified that Patanjali had only been given a licence to create immunity booster kits.⁶⁰ Then, Anand Swaroop, the director of the Directorate of Ayurveda and Unani Services, Uttarakhand, further assured Indian citizens that Coronil's licence would be revoked if any violations were found.⁶¹ On February 19, 2021, Patanjali reported that the drug had received certification from the Ministry of AYUSH 'as a medicine supporting Covid [*sic*] treatment as per the WHO's certification scheme and was allowed to be sold in more than 150 countries with scientific evidence', but the WHO was quick to deny any such certification.⁶²

Despite these controversies, we find that the way the newspapers covered legal disputes presents the judiciary as lenient towards Patanjali and Ramdev. The reports describe how judges either abstained from acting against Patanjali for its misinformation campaign or outright punished the petitioners for bringing in lawsuits against the company. For example, the Delhi Medical Association (DMA) filed a suit for the civil rights of doctors in the Delhi High Court, 'accusing Ramdev of falsely representing Coronil as a cure for COVID-19 and spreading misinformation about modern medicine' amid a public health emergency.⁶³ However, the court refrained from restraining Ramdev from expressing his opinions on biomedicine, citing free speech.⁶⁴ Similarly, no action was taken when the IMA of Uttarakhand filed a defamation suit against Ramdev, claiming that Ramdev's campaign against COVID-19 vaccines and his statements against biomedicine in general would derail vaccine

59. 'ICMR, Ayush Ask Patanjali to Stop Promotion of COVID Cure "Coronil"; Asks Them to Verify Their Claim', *The Times of India*, June 23, 2020, accessed April 13, 2025, <https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/icmr-ayush-ask-patanjali-to-stop-promotion-of-covid-cure-coronil-asks-them-to-verify-their-claim/articleshow/76533063.cms>.

60. N. Santoshi, 'Coronil Runs into Further Trouble, Uttarakhand to Issue Notice to Ramdev's Firm', *Hindustan Times*, June 24, 2020, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/coronil-runs-into-further-trouble-uttarakhand-to-issue-notice-to-ramdev-s-firm/story-xl8YD6xwkMvlFRM8B5X61J.html>.

61. *Ibid.*

62. HT Correspondent, 'Delhi Medical Body Condemns Letter Criticising Health Min for Coronil Launch', *Hindustan Times*, February 24, 2021, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/delhi-medical-body-condemns-letter-criticising-health-min-for-coronil-launch-101614138885041.html>.

63. R. Banka, 'No Curbs on Ramdev, He's Entitled to His Opinion: HC', *Hindustan Times*, June 4, 2021, accessed April 13, 2025, <https://www.hindustantimes.com/cities/delhi-news/no-curbs-on-ramdev-he-s-entitled-to-his-opinion-hc-101622764028341.html>.

64. *Ibid.*

rollout efforts by creating vaccine hesitancy.⁶⁵ The Uttarakhand High Court dismissed a Public Interest Litigation seeking a ban on Coronil and imposed a fine on the petitioner.⁶⁶

In a trademark dispute between Patanjali and Arudra Engineers Private Limited, which claimed to have been using the term Coronil since 1993 for its cleaning product, the Chief Justice of India ruled that preventing Patanjali from using the word ‘Coronil’ could be damaging for its product during the pandemic.⁶⁷ What these cases demonstrate is the sense that despite legal and other disputes, Coronil was given a green light.

The newspaper articles describe (but do not comment on) the communication gaps between various government departments in their awareness of the Coronil trials. For example, the Rajasthan state health department issued a notice to the National Institute of Medical Sciences (NIMS), Jaipur, for conducting trials on COVID-19 but did not inform the state and central government. The Rajasthan health minister responded that no permission for Coronil had been granted, but the NIMS officials insisted that they had all the required permissions.⁶⁸ Such reporting lacks clarity and can create a sense of confusion among the readers who are not offered a commentary on who and what can be trusted.

On various occasions, Ramdev tried to paint the situation around Coronil in nationalistic and religious terms, diverting the hard questions about the scientific validity of the drug: ‘Some people cannot accept the progress Ayurveda has made. Anti-national forces were up in arms against Patanjali the day it shared the outcome of its research. Imperialist and parochial forces and modern medical science were shocked and rattled.’⁶⁹ This is not an uncommon response from Ramdev to his critics. At times he frames the opposition to his products in terms of the class struggles in the affordability of healthcare when the pro-allopathic ‘drug mafia’⁷⁰ prevents him from distributing cheap Ayurvedic medicines to the poor.⁷¹ At other times, he also argues that the opposition to his products equals a betrayal of the nation. By doing so, he relies on a broader Hindu nationalist discourse within which

65. ‘Apologise or Face Rs 1,000 Crore Suit, IMA Tells Ramdev’, *The Times of India*, May 27, 2021, accessed April 13, 2025, <https://timesofindia.indiatimes.com/india/apologise-or-face-rs-1000-crore-suit-ima-tells-ramdev/articleshow/82991432.cms>.

66. P. Jha, ‘HC Dismisses PIL Seeking Ban on Coronil’, *The Times of India*, August 8, 2020, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/dehradun/hc-dismisses-pil-seeking-ban-on-coronil/articleshow/77420730.cms>.

67. M. Krishnan, ‘Patanjali’s Coronil Sets Off a Trademark Dispute, Supreme Court Delivers Its Ruling’, *Hindustan Times*, August 27, 2020, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/sc-favours-patanjali-in-trademark-dispute-refuses-to-restrain-it-from-using-coronil/story-j4Ad4SW3L29bnzBkNzCoNI.html>.

68. TNN, ‘Jaipur’.

69. I. Mishra, ‘Ramdev Steps Back from Covid Cure Claims, Introduces Repackaged “Coronil Kit”’, *The Times of India*, July 2, 2020, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/dehradun/ramdev-steps-back-from-covid-cure-claims-introduces-repackaged-coronil-kit/articleshow/76737268.cms>.

70. S. Rawat, ‘Coronil Will Be in Stores Soon after Ayush Ministry Calls It a Covid-19 Management Drug’, *Hindustan Times*, July 1, 2020, accessed April 13, 2025, <https://www.hindustantimes.com/india-news/coronil-will-be-in-stores-soon-after-ayush-ministry-calls-it-a-covid-19-management-drug/story-Lmhw1MXRZqCf9nD5HoTLFO.html>.

71. Ibid.

people who oppose Ayurveda, yoga and other supposedly ancient Indian values are regarded as 'anti-nationals', non-citizens and traitors of India.⁷²

Populist medical pluralism

In contradiction to the public health messaging from the Ministry of Health and Family Welfare, which broadly followed the WHO guidelines for COVID-19, individual members of the national and state governments issued statements endorsing some treatments that did not have scientific evidence. Such conflicting messages within the official discourse added to the burden of choice put on ordinary people. We call a narrative strategy adopted by the officials who justified the provision of varied (including questionable) treatments over robust regulatory mechanisms a strategy of populist pluralism. This is exemplified by framing the backing of Coronil in terms of supporting the plurality of medical options for the benefit of the Indian people. The argument of populist pluralism here is tightly linked to the neoliberal ideology of the primacy of a citizen as a consumer and the state as a guarantor of an unobstructed market in which the citizen-consumer choices are fully met. For example, the logic of populist pluralism is seen in the words of Haryana health minister Anil Vij, who was reported as claiming that the ministry does not force patients to take Coronil, but it has to make Coronil available because many people 'believed in Ayurveda and its benefits'.⁷³

Importantly, by directing the citizens' attention to their economic autonomy and self-interest, the state ultimately discourages them from political participation and recognition of systemic injustices. Economic rights are deemed more valuable than social rights. Consider, for example, how in one of the court cases against Ramdev discussed above, the judge was reported as stating that he was 'least concerned' with the Delhi Medical Association's claim that Ramdev was a powerful person with a large following. The judge dismissed the role of power in social relations and implied that the court's duty was to support freedom of expression, i.e. allow people to decide for themselves what to believe in.⁷⁴ Here, the judge's mocking question, 'Is Ramdev to be blamed for people buying Coronil?', is an example of the flattening logic of populist pluralism coupled with neoliberal rhetoric, as if all choices are equally valid and none are implicated in the hierarchical power structures. Under this framing, it is neither the government's nor the court's duty to prevent death in the context of a public health crisis, but it is the citizens' responsibility to navigate the terrain of apparently legitimate options.

Within the logic of populist pluralism, Coronil is made to appear already accepted and practised by Indian people: rather than emphasising its novelty, the supportive government officials linked Coronil to Ayurvedic herbs well known to the Indian

72. Venera R. Khalikova, 'Medicine and the Cultural Politics of National Belongings in Contemporary India: Medical Plurality or Ayurvedic Hegemony?', *Asian Medicine* 13, nos. 1–2 (2018), <https://doi.org/10.1163/15734218-12341413>.

73. B. Nagpal, 'Months On, Coronil Kits Yet to Be Distributed in Haryana', *Hindustan Times*, August 4, 2021, accessed April 13, 2025, <https://www.hindustantimes.com/cities/others/months-on-coronil-kits-yet-to-be-distributed-in-haryana-101628017478318.html>.

74. Banka, 'No Curbs'.

population, implying Coronil's efficacy or at least harmlessness. For example, the Uttarakhand state head of AYUSH, Harak Singh Rawat, insisted that the ingredients of Coronil were similar to herbal kits that the Ministry of AYUSH was distributing among 'Covid warriors' to boost their immunity.⁷⁵ The newspapers also reported that Coronil was not unique but one of many alternative medical solutions being developed for COVID-19. *The Times of India* informed its readers that 'the Ministry of AYUSH, in collaboration with the Council of Scientific & Industrial Research (CSIR)', was conducting 'clinical trials testing the formulation of four Ayurvedic herbs', including *ashwagandha* used in Coronil and another drug, Ayush 64.⁷⁶ Moreover, the efficacy of Ayurveda (and hence Coronil) was reported in newspapers in economic terms, by referring to the growth of the market of Ayurvedic products.⁷⁷

Again, the only actors who were reported to be against the logic of populist pluralism were biomedical doctors, who saw the concurrent use of Ayurvedic and biomedical drugs as 'mixopathy'. For example, the IMA Haryana president, Karan Punia, was reported to have explained that the availability of alternative options like Coronil would lead to an increased death rate because '[b]y depending on the Coronil kit alone, a patient will delay reporting to the [biomedical] hospital'.⁷⁸ However, as the word frequency analysis reveals, neither Ayurvedic doctors nor the doctors of other alternative medical systems were given a voice. How they reacted to the promotion of Coronil was conspicuously absent from the mainstream media.

This is another reason why we call this type of pluralism populist and empty: it neither took alternative doctors seriously, nor did it recognise the diversity within alternative medicine. In an introduction to a special issue of *Asian Medicine*, Michael Stanley-Baker and Ronit Yoeli-Tlalim reflect on the position of Asian medicines during the pandemic globally:

Asian medicines have been deliberately misrepresented in high-level publications such as *Foreign Policy* and *Nature*, using nineteenth-century tropes of quackery, deception, and fraud. At the same time, the spread of conspiracy theory culture and internet misinformation has translated alternative, holistic affections for Asian medicine into antiscience sentiments that align with vaccine aversion and antiscientism.⁷⁹

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75. I. Mishra, 'U'khand Ayush Department Sends Notice to Patanjali, Says Firm Had Taken Licence to Make Immunity Booster, Not Covid Medicine', *The Times of India*, June 25, 2020, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/dehradun/ukhand-ayush-department-sends-notice-to-patanjali-says-firm-had-taken-licence-to-make-immunity-booster-not-covid-medicine/articleshow/76581045.cms>.
76. 'ICMR, Ayush Ask Patanjali'.
77. For the context: according to some estimates, the overall market of Ayurvedic products in India is expected to grow by 16 percent from 2023 to 2028: 'Ayurveda Products Market in India to Reach Rs 1.2 Trillion by FY28: Report', *Business Standard*, April 5, 2024, accessed April 13, 2025, https://www.business-standard.com/industry/news/ayurveda-products-market-in-india-to-reach-rs-1-2-trillion-by-fy28-report-124040500512_1.html.
78. J. Singh, 'Indian Medical Association, Haryana Opposes Government "Promotion" of Patanjali Pill', *The Times of India*, May 25, 2021, accessed April 13, 2025, <https://timesofindia.indiatimes.com/city/shimla/indian-medical-association-haryana-opposes-government-promotion-of-patanjali-pill/articleshow/82928154.cms>.
79. Michael Stanley-Baker and Ronit Yoeli-Tlalim, 'Asian Medicine and COVID-19: Ethnologies, Histories, Reflections', *Asian Medicine* 16, no. 1 (2021).

We add that even in a country like India with longstanding practices of non-biomedical traditions, the mainstream media failed to unpack and critically address the complex positioning of alternative doctors.

Discussion

The media discourse on any issue needs to be seen in the context of freedom of expression in a country. India is one of the biggest media markets in the world, with more than 118,239 publications registered with the Registrar of Newspapers as of 2018.⁸⁰ Most recently, as of 2023, more than 146,000 registered newspapers and periodicals exist in India.⁸¹ However, despite a large number of media outlets, India does not exhibit a plural media landscape, because media ownership is concentrated in the hands of a few. Moreover, India's ranking in the World Press Freedom Index has been declining, primarily since the coming into power of the current Hindu nationalist government led by Modi in 2014, going from 138 in 2018 to 161 in 2023 out of 180 countries.⁸²

As we have found, three out of four prominent anglophone newspapers in the country did not provide quality coverage of Coronil, by which we mean that there were almost no articles that highlighted systemic factors behind the launch, adoption and controversy of the Coronil drug. The notable exception was *The Indian Express*, in which our search identified four articles that analysed political-economic and ideological factors, including the contestations between biomedicine and alternative medicine, as well as the damaging impact of labelling Coronil an Ayurvedic drug on other Ayurveda practitioners who might have disagreed with Ramdev's stance. In contrast, most articles in *The Times of India*, *Hindustan Times* and *The Hindu* were brief and descriptive—they did not question the problems arising from health misinformation and its implications for ordinary people during a public health crisis.

Furthermore, our findings point to the lack of news on the prime minister's opinion on this matter. This is significant and surprising because the Coronil launch was a national-level event that happened at the peak of the pandemic in India and was attended by a minister from the Modi government. Modi's silence on the critique of Coronil can be explained in two ways: politically reciprocal relations between Modi and Ramdev, and Modi's overall highly publicised personal embrace of yoga and Ayurveda. While the Indian government has a long history of the institutionalisation of alternative systems of medicine, their visibility increased with the establishment of a separate Ministry of AYUSH in 2014 right after Modi's government was formed. In other words, the emphasis on Ayurveda along with yoga and other traditional practices became particularly pronounced with the rise of a neoliberal

80. Reporters Without Borders, *Media Ownership Monitor: Who Owns the Media in India?*, May 29, 2019, accessed May 8, 2025, <https://rsf.org/en/media-ownership-monitor-who-owns-media-india>.

81. Tanushree Basuroy, 'Number of Registered Periodicals India FY 2001–2023', Statista, March 25, 2024, accessed May 29, 2025, <https://www.statista.com/statistics/885241/india-number-of-registered-newspapers-and-publications/>.

82. Ibid.

Hindu nationalist state⁸³ that heavily emphasises the ideas of private self-interest and ‘self-care’, whereby citizens must take charge of their own health. As we saw in the reports, the government officials presented themselves as benevolently providing plural health options and pathways of care, both biomedical and alternative, from which ordinary people should have the freedom of choosing what suited them best. While it might seem fair, even democratically necessary, that individuals are given all options and full control over therapeutic decisions that concern their health, this logic obscures the fact that some options are motivated by politics or profit, are not in the best interests of the people, and are, frankly, unsafe. Yet, as we see in the media reports in India, any attempt to question the legitimacy and efficacy of the offered ‘treatments’ like Coronil for COVID-19 were criticised as a threat to market freedom. This position of the neoliberal government stands in contrast to the socially responsible government that communicates a clear, unified message about reliable healthcare measures. By doing so, the neoliberal government takes the focus away from the need for strengthening public health infrastructure—something that is crucially needed during a pandemic in a country like India that spends barely 1 percent of its GDP on public health, the lowest in the group of countries with comparable per capita income. In fact, the scarcity of reliable, up-to-date healthcare resources created by this dismal level of public health spending to a large extent contributes to the flourishing market of alternative cures in India.

It is against this contextual backdrop of underfunded healthcare infrastructure that the endorsement of untested alternative treatments for COVID-19 emerges as particularly problematic and harmful. The case of Coronil in India is then also different from, for example, the promotion of hydroxychloroquine in the United States where the doctor-patient ratio and the number of oxygen machines and other vital biomedical technology far exceeds those that are available in India. The fact that the major newspapers did not address the issue of how populist medical pluralism obscures economic inequalities and is embedded in political ideologies and other power structures, such as the influence of Ramdev on social media, is disquieting.

The media coverage of Coronil must be situated in the broader context of the resurgence of Hindu nationalism in India, which (at least in one of its iterations) advocates for self-sufficient, homegrown (*swadeshi*) consumption as a way of rediscovering the lost glory of the Indian civilisation when Indians supposedly lived long and healthy lives, while rendering foreign products and practices harmful. Within this logic, ‘traditional’ and ‘local’ Ayurvedic products like Coronil are favourably positioned against ‘foreign’ practices of biomedicine (allopathy), including vaccines. As Bharti and Sismondo eloquently phrased it, ‘pharmaceuticals often have clear political valences’.⁸⁴ As reported by some newspapers in our dataset, Ramdev clearly framed Coronil and the work done by Patanjali as sacred, patriotic work, which made any questioning of Coronil’s authenticity and efficacy an attack on the nation.

83. Nanda, *God Market*; Upadhyay, ‘Neoliberal Capitalism’.

84. Bharti and Sismondo, ‘Political Prescriptions’, 2.

The debate around Coronil is thus ultimately part of a larger debate over the politics of knowledge: whose knowledge matters, whether there is a uniquely indigenous way of knowing, and what its value is. In a situation of a public health crisis, when hospital beds, oxygen cylinders and biomedical treatments are out of reach for a large proportion of the Indian population, it is easy to understand the appeal to cheaper and seemingly familiar medicine.⁸⁵

Similar issues have been described regarding some biomedical drugs, such as chloroquine and hydroxychloroquine, that were popularised in several countries as old and cheap solutions that could be used to treat COVID-19. The hydroxychloroquine controversy ultimately tapped into the question of the public participation of the masses and the tension between the medical establishment and citizens in making therapeutic choices. Here, the debates ultimately revolved on ‘the conflicting claims of authority in contemporary medicine’, specifically, ‘statistical objectivity’ in the form of clinical trials and rigorous methodology versus ‘charismatic subjectivities’ of the drug proponents like Trump and Bolsonaro who claimed to serve the interests of ‘the people’.⁸⁶ In India, as we show with the case of Coronil, Ramdev similarly portrayed himself as standing with abstract Indian people who prefer marginal, indigenous, alternative medicine in juxtaposition to elite, biomedical doctors. But rather than truly serving the people, Ramdev and the aligned politicians and judiciary silenced the opposing voices and ignored the inequalities in healthcare access. As Berlivet and Löwy rightfully caution, ‘far from being the expression of a movement for the democratic re-appropriation of science by lay people, enthusiasm for untested and potentially toxic therapies promoted by conservative social media and populist politicians have had just the opposite effect: silencing debates over the social and political underpinnings of science’.⁸⁷

Therefore, we insist that the Coronil discourse has to be understood within the political economy of public health in India. ‘Public health crises are, almost by definition, simultaneously social, political, and health crises’,⁸⁸ and the discussions around Coronil reveal tensions and conflicts in these three dimensions, including the health infrastructure in which about half of health expenditures are paid out-of-pocket by patients themselves.⁸⁹ Since most biomedical infrastructures and facilities are located in the urban centres of the country, making it an inaccessible, unaffordable and inequitable health system, ordinary people are compelled to rely on alternative medical modalities and local healers. This is reflected in the fact that about 30 percent of all doctors in the country are non-biomedical practitioners.⁹⁰ According to a WHO report, about 57 percent of biomedical doctors and 55 percent of all

85. However, both claims of providing homegrown and affordable treatment are in stark opposition to the fact that Patanjali is itself a multinational corporation whose products are not always low priced.

86. Berlivet and Löwy, ‘Hydroxychloroquine Controversies’, 527, 536.

87. *Ibid.*, 536.

88. Bharti and Sismondo, ‘Political Prescriptions’, 3.

89. T. Deol, ‘India’s Persistently High Out-of-Pocket Health Expenditure Continues to Push People into Poverty’, *Down To Earth*, September 22, 2022.

90. ‘PIB Delhi, ‘Enhancement of Healthcare Workforce’.

doctors in India have no medical qualifications.⁹¹ The scepticism about biomedicine and dependence on traditional medicine are crucial factors that Patanjali exploited while marketing Coronil.

Conclusion

The WHO, in its Strategic Communications Framework for Effective Communication, has noted that a unified and consistent message, in addition to transparency, credibility, social responsibility and timeliness, are key features of an effective public health messaging campaign.⁹² For a public communication campaign to be successful, it is imperative that every member of the top leadership of a country clearly and consistently repeat the same simple, convincing message. In contrast, using the example of the Coronil tablet, our findings point to multiple actors and claims that have frustrated the efforts of unified messaging around COVID-19 and its management in India.

There was apparent disarray between different government bodies and individual officials in their responses to a drug that had no transparency and rigor in clinical data and that had not gone through an appropriate regulatory approval. While some government officials, including from the Ministry of AYUSH, expressed concern and scepticism about Coronil, it was directly endorsed by the then health minister of India, himself a biomedical doctor. Moreover, the fact that Coronil was not banned but merely relabelled as an immunity booster and a management drug indicates that Coronil enjoyed the backing of the official establishment. Thus, the discourse on Coronil, with both supportive statements and silence of direct criticism from the representatives of the national and state governments, undermined the work of public health messaging carried out by the Ministry of Health and Family Welfare. The entire government seemed like a mythical monster with multiple talking heads that were not in agreement with each other. The disorder was further exacerbated by a lack of reporting on the assessment of Coronil by the prime minister, who holds immense credibility among the citizens.

Beyond the failed public health messaging, which was by no means unique to India at the time of the COVID-19 pandemic, our analysis identified the rhetoric of populist medical pluralism. All statements against Coronil, especially those made by the volunteering association of biomedical doctors (IMA), were countered by some government officials, Ramdev and the judiciary with arguments that invoked the need to provide plurality of therapeutic options and satisfy patients' 'demand' for Ayurveda. We have shown that this medical pluralism is not substantive, but populist and empty, grounded in Hindu nationalist sentiments and the neoliberal market logic: rather than seriously engaging with the potential of plural therapeutic

91. S. Kanwar, '57.3% Doctors Not Qualified: WHO Report', *The Times of India*, July 20, 2016, accessed April 13, 2025, <https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/57-3-doctors-not-qualified-who-report/articleshow/53295890.cms>.

92. World Health Organization, *WHO Strategic Communications Framework for Effective Communication* (2017), accessed May 8, 2025, <https://www.who.int/docs/default-source/documents/communicating-for-health/communication-framework.pdf>.

approaches in dealing with the pandemic, the references to Ayurveda were routinely framed in a populist, nationalist language that praised the greatness of Indian civilisation, which, through its ancient sacred knowledge, was meant to save India and the whole of humanity from the myriad contemporary problems, including the COVID-19 pandemic.

Moreover, the empty promise of medical pluralism is also visible in the fact that the media reports included no discussion of other alternative medical traditions (such as Unani, Sowa-Rigpa or Siddha) and only focused on commoditised Ayurveda. The uncritical, taken-for-granted characterisation of Coronil as 'Ayurvedic' and almost complete lack of coverage of responses from practising Ayurvedic doctors resulted in the reductionist and vilifying representations of traditional medicine. By focusing on a single drug, such representations failed to attend to Ayurveda's culture of care with its emphasis on the interrelatedness of physical, mental and social suffering—issues that we now know are crucial for understanding and managing the toll of pandemics.

Our analysis of Patanjali Ayurved Limited and its drug Coronil reveals many similar features described in the studies of other 'miracle drugs'. We emphasise that not only alternative medicines but also some biomedical drugs like hydroxychloroquine and even public health solutions like vaccines, masking and quarantine were at the epicentre of ardent debates about what 'works', what is 'safe', what kind of 'proof' is required, and ultimately who has the right to make public health decisions. These debates questioned the hegemony of medical elites and Global Pharma and the role of the public in the production of medical knowledge. However, the case of Coronil also complicates and goes beyond those studies because of the added anti-imperial tropes in the promotion of Coronil as a homegrown medicine that stands against the foreign (and presumably dangerous) biomedical vaccines and treatments. By presenting Coronil as cheap and familiar (based on old Ayurvedic formulations), Ramdev masterfully positioned himself as anti-establishment, making use of the polarisation between the ordinary Indian people and the foreign imperialists, including foreign-oriented biomedical doctors.

Yet we insist that a non-biomedical domestic pharmaceutical company should not be romanticised as an ethical antipode to biomedical Global Pharma. The companies that produce so-called traditional medicines, including Patanjali Ayurved, are what Stephan Kloos and Calum Blaikie⁹³ call 'Asian medical industries' that are multinational, profit-driven, innovative, mass-produced and professionally marketed, and they behave accordingly. Although it would be a mistake to describe Asian medical industries as Pharmocracy, i.e. 'the global regime of hegemony of the multinational [Euro-American] pharmaceutical industry',⁹⁴ they too operate within the capitalist regime of selective experimentation, production, circulation and access. But unlike other Asian pharmaceutical companies described in Kloos

93. Stephan Kloos and Calum Blaikie, *Asian Medical Industries: Contemporary Perspectives on Traditional Pharmaceuticals* (Routledge, 2022).

94. Kaushik Sunder Rajan, *Pharmocracy: Value, Politics, and Knowledge in Global Biomedicine* (Duke University Press, 2017).

and Blaikie's volume, such as those producing Sowa-Rigpa (Tibetan medicine) drugs, Ayurvedic pharma in India both enormously benefits from and contributes to nationalist, hegemonic Hindutva. While we are mindful of the fact that forms and practices of Ayurveda in India are complex and diverse, it is the commoditised Ayurveda that dominates the market and public discourse. This form of Ayurveda, exemplified here by Patanjali Ayurved, serves as a platform for Hindutva, pushing forward the doctrine of biomoral consumerism,⁹⁵ which describes how Indian consumers are asked to act on their health and body by choosing 'morally right' domestic, homegrown products like Ayurveda. The biomoral rhetoric of Ramdev appeals to the cultural duty of Indian citizens to uphold ancient Indian traditions, thus producing the justifications for consumerism and radical nationalism. This leads to detrimental, even deadly, consequences as we saw during the COVID-19 pandemic.

In sum, the producers and proponents of Coronil made inflated and unverified claims about its efficacy in curing or preventing COVID-19, which the mainstream media (with some exceptions, like *The Indian Express*) failed to address critically and comprehensively. Most news reports were descriptive, not analytical. They misrepresented the disputes over Coronil as a debate between biomedicine and alternative medicine. It is a matter for further study to determine whether and to what extent the discourse on Coronil led to vaccine hesitancy and negative attitudes towards biomedically framed public health guidelines on COVID-19. It is also worth exploring the impact of the Coronil discourse on the practitioners of Ayurveda and other alternative systems. During a public health crisis, it is important to have clear messaging about the probable causes of and solutions for the disease in a culturally appropriate and politically neutral way, putting the needs of ordinary people above political ideologies, lobbying and economic profit. The unified messaging should come in a consistent form from all the top leadership, government departments and personnel, and influential people who can affect public attitudes towards the disease (Tables 1–3).

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95. Khalikova, 'Ayurveda of Baba Ramdev', 115.

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Data availability statement

The datasets generated during and/or analysed during the current study are available from the corresponding author upon reasonable request.