Social History of Medicine in Colonial India

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Lecture 01

Western versus Indigenous Systems

Hello and welcome to the next lecture - Lecture number 36, which is on a very, very interesting topic that is the contest between the western and indigenous systems of medicine. Of course , we have very conveniently used the word western and indigenous, but they are very, very problematic. There is a lot of issues with the nomenclatures themselves. When we say western, is it fully western? Is it entirely western? What we call western - has it not borrowed much, if not over the years, even recently? Many things have been borrowed, and even in the colonial context, there have been much influence of what had happened in the colonies on the way the field of medicine that been studied or practiced in the countries of the west. So there is a problem. We will keep revisiting this. Or if you call it scientific medicine - scientific medicine is another name used for western medicine - these are words which are used interchangeably (some books in fact, would say western/scientific/modern/biomedicine) - it is not easy as that. When you say scientific medicine, it means as though all the rest are totally unscientific. It also involves a level of judgmentalism: ***this*** is the scientific, and yours is all just bogus - based on some romantic or fictional or imaginary or fancy elements - which cannot be the case. And also (when you say), scientific - in what sense is it scientific? You are talking about the empirical sense or the application of particular kinds of theories and rigours - all those kinds of problems are there. So the term scientific medicine is particularly problematic. Then with 'modern medicine' - there is again the question of what part, what is that modern part? What is modern? Is it that some period like say from the 16th century onwards that is modern or some kind of an attitude that is modern,- say, the culture of going out to a clinic, to a hospital or the kinds of setup which is there, is that modern? Or is it the application of modern scientific principles, the modern ways of looking at the world, the modern experimental and other things that go with what we call modern science? Is that what defines that modernity? So, again there are lots of issues there. And, in between, you also have to mention this field of homeopathy. What category this will come under? I have been mentioning this particularly - many people very erroneously, even now, think that homeopathy is some kind of an indigenous thing as opposed to whatever we called as western medicine,

modern medicine or whatever - which is not the case. Homeopathy is also coming like within the period you will generally call modern. It was introduced in 1796 - and definitely it is not indigenous. This was introduced by German physician Samuel Hahnemann. Basically it is homeo in the sense of sameness - the principle of sameness. A particular disease can be cured of the same kind of symptoms associated with it or produced by it - 'like cures like'. For instance, Hahnemann himself noted that when he took quinine for malaria, some of the symptoms of malaria were in fact produced by the use of quinine, which he felt had an effect in the curative process – so, 'same cures same' - that is why it is called homeopathy. But our point is not about how the system works but about what will it be grouped as. Definitely it is not indigenous, it is not old/non-modern and we have to highlight that because later on, towards the end of the section, we will see a department called AYUSH - I will come to that in a bit.

Then, we have this term biomedicine, which seems to be encapsulating almost everything that we identify with whatever we said now about the modern - which means especially the modern scientific principles. That is why, if we meant that, by modern science, modern medicine then it is better to use the word biomedicine - if it is about the scientific aspects of the way in which medicine is approached from a particular period of time - using and insistence on standards, on evidence, validation and research and use of proper biological and physiological principles - the kind of medicine based on all these things. But in our case, we will use the term 'western' considering the particular historical context: one is that biomedicine is a term which is more recent (or definitely, that was not a term which was used at that time) - but many of the players that we come across whether it is the Europeans or the Indians, they were conscious and they were more using this term - seeing what was coming from the west as western medicine, as opposed to what was in, here. But even there, there is a problem: what is indigenous medicine, what do you call indigenous, is it the kind of medicine which is using drugs based on indigenous pharmacopoeia, materia medica or is it the kind of medicine which uses materials - whether it is ores or plants or herbs - which are available and produced and cultivated in a particular localities - in this case India, or is it the kind of medicine practiced by local indigenous personnel? Then there is a problem there because people in India were also, in due course, practicing what you call western medicine.

Or should we call that as medicine which originated originally in India. Then that would leave out Unani because that was born elsewhere in the Arab world - but by this time, considered in our discussions, as indigenous. Will it (indigenous) mean then anything excluding what came in recently, that is what came in the modern period - whatever came from outside? In that way, then Unani can be in, and whatever the British brought can be out - as by that time, Yunani had been indigenized - about 5-6 centuries since its coming. Or should it be everything that is within but not in the European/British systems or pharmacopoeia? Also, after all these, after you arrive at some kind of definition of

indigenous, is there only one kind of indigenous? Can we have a monolithic, can we talk about a monolithic indigenous system? In fact within that, we have the textual tradition - with long traditions with standard text - or text which they tried to standardize - especially during this period. Then there are those folk tradition. Then there are tribal traditions in the distant hills among isolated tribal population. And within the textual traditions, the more organized traditions, there are others which are not exactly the same. Between Ayurveda and Siddha, as we will see later, Siddha had lot in common with Ayurveda but then it took its own identity from the 1920s in the Tamil speaking world of southern India. Then Yunani which is recognised with its textual tradition - but which had come from the Arab world. What is interesting is that now we have a Ministry (earlier it was a department which was started some 10-15 years back but now, the past few years it is a Ministry), called AYUSH and interestingly, the acronym stands for Ayurveda, Yoga, Unani, Siddha and Homeopathy. (Homeopathy is also clubbed here basically it does not mean that is Indian). It is basically a ministry which involves everything else which is not under the rubric of conventional medicine (which - see the irony -is what is, now, another term used especially in the western world for western medicine or modern medicine or biomedicine - conventional medicine - that is conventional, that is normal. In any case, the fact of the matter is that is more mainstream - even in the colony even after colonialism is over). So AYUSH encompasses everything else that does not belong to this mainstream of what we will now call western medicine.

But now let us go back to history, and going back to some of the earlier periods we saw - earlier we had a lecture on the initial attitudes towards indigenous medicine - we will just make a quick recap. First, even before that, we will have to see the change in the terrain - now western medicine is not something which is practiced only by westerners. That is why, I said , even as we use the term western for convenience among the various terms options available to us, we have to be conscious of the problems. Some of the qualifications we have to make is that western medicine was now espoused and eagerly studied and practiced by the colonized also - in our case, Indians. Then we can't talk merely in terms of colonial attitude to indigenous systems because there were also Indians who were not part of the colonizers. Now, we have to talk about the attitudes of the practitioners of Western medicine - which could include Indian practitioners and students of Western medicine.

Now the recap of the earlier attitudes: as we know, there was a general praise especially in the beginning for the hoary origins of fields like Ayurveda and the kind of its practice in the distant past - even giving credit for its being older than even the Greek tradition - which meant it was also an independent tradition - that it did not derive, like many others, from Greek and including Unani. Then, there is a usual criticism of the subsequent fall from that original state of glory due to the influence of, and influx of

ritualism, superstitions and abandonment of what were considered to be certain good practices like surgery being abandoned because of considerations of impurity and concerns about coming in close - too much of close - contact with blood and dead bodies. There was criticism about abandonment of anatomy and all that, due to these kinds of influx of various socio-cultural - unwanted socio-cultural – elements. And there was the appreciation about the rich materia medica - but also the recognition that the world had now moved to more scientific form of pharmacology rather than endlessly going back to the materia medica and depending on the herbs themselves - rather there are new ways of producing the essential ingredients or the effects of what was there in the particular material in more synthetic or other ways. Then there was the criticism about all of the successes and working efficacy of indigenous medicines being merely due to having acquired by practice over the years by crude empiricism or dark/ blind empiricism without actually knowing how it works - they know somehow it works. And in more intemperate moments this critique would go to the extent of clubbing all Indian medicine indigenous systems indiscriminately as quackery. Much of this kind of attitude continued in the period that we have now come to - the late 19th early 20th century and this is particularly. This is specially because now the terrain - the other side - has also changed with path breaking developments. Just as vaccination in the beginning of the century - in the 1800s - made variolation look very barbaric as vaccination looked more scientific, now after the many developments in many fields, the coming of new fields like bacteriology, parasitology the starting of Pasteur Institutes and more and more vaccines apart from the small pox vaccines (now we had vaccines for rabbies, plague cholera and all kinds of things) - all of these made the others - especially indigenous things - look even more old and outdated and archaic. Therefore the criticism of the 'unscientific' nature of all of them further intensified and the IMS officers and the colonial medical establishment was against any kind of accommodation with indigenous systems. So no compromises - because they were convinced that if at all there were anything useful left - 'we have studied everything' and 'we know that there were things which were done well in the past - there is such materia medica which is rich and all that - and now we have understood everything, and then we know in comparison to what is there in Western medicine, it is not much and if at all there is something useful, some residue - fruitful residue - there, it has to be fruitfully incorporated into the Western medicine instead of granting them status - treating them - as systems in their own right. And now another important development was that the resistance was no longer based on the above kind of contrast based on the scientificity and other concerns on that plane. Now there were also personal interests coming into play both on the part of the Westerners as well as Indians practicing Western medicine. They felt any recognition or patronage of indigenous systems would adversely impact on the state funding which they now exclusively enjoyed (only western system of medicine was by and large enjoying that - that might go).

Why this question arises at all regarding recognition/ patronage? As, we will be seeing, we have to consider the political situation around - with rising nationalism. One of expressions of the nationalism was the call for greater support and recognition of indigenous systems. The people on this (western) side - including Indians - were worried that any kind of yielding to those kinds of demands would affect them the monopoly of the funding and support they were receiving and their practice will now be affected if there were other recognized competitors. Also, they felt that once they come and they are recognized - the indigenous practitioners - and if you are rubbing shoulders with them, that would then make you look unprofessional or maybe even untouchable especially by colleagues back home or colleagues even here i.e., other practitioners of Western medicine. Therefore, any kind of accommodation, any kind of syncretism - taking the best of this and that and practicing - any kind of legitimacy given to indigenous systems would not be prudent from the point of view of the practitioners of Western medicine.

But however, everything was not that one-sided and that biased. Also, through the intervening developments, we can, in fact, raise the question of what were the kinds of impacts of the indigenous system on Western medicine itself. It is also important to take note of the continuing limitations of state medical system in India in spite of many decades of the its practice and the state, by and large, backing it. There were still enduring limitations. One was that the reach of Western medicine was still limited given the vastness of the country and the remoteness of several areas. Most of the practitioners of Western medicine including Indians were mostly in the towns. On the other hand, indigenous alternatives were more immediately available and also more cheap in the hinterlands. Western medicine, in spite of all the things that I mentioned - the coming of vaccine, and the research and all that - still was not all that magnificently successful in dealing with epidemics or curtailing mortality - there are still those issues of mortality in substantial numbers. And then, there were cultural considerations of the indigenous systems being more culturally immediate - less alien and such things.

When we are talking about the impact of indigenous medicine or the rising voices of revitalization, what were the kinds of impact that they had on state medicine? Those - the revitalization movements themselves - will be explained in a separate lecture, but here we can talk about some of the impacts already happening. For instance, someone central to the state medical structure - someone at such a high level as the Director General of the entire IMS - someone of that standing himself - was a significant exception to the medical establishment's attitude. He felt convinced that many of the empirical methods adopted by the practitioners of Ayurveda, the Hakims – i.e., the practitioners of Unani - their methods - were of the greatest value - most or the many of them. This was not just an opinion sitting somewhere afar. This was based on his intimate experience, on his observations and reflections, through 36 years of his own stay in India. He also felt

somehow that there wasn't much of a difference between the medicine of the West and the East - except that the former had moved a bit ahead with the times while the latter - the indigenous systems had stagnated. He was also against this tendency of indiscriminately clubbing together all indigenous systems - all kinds of practitioners - as quacks. He was one from among the heart of the medical establishment who spoke in favour of supporting indigenous systems of medicine as far as possible, and also considering the important fact that still 90% of the population lived in the hinterland without much access to Western medicine. This was honey for the years of those in the revitalization movements and the practitioners of indigenous medicine - but not so for those in the IMS - the majority did not share his views.

But, as I said, this was a changed situation - with rising spirit of nationalism and questioning and other such things. So, these kinds of contemptuous views, their contempt could not be aired very openly as they could do in the past. On the other hand, there was a renewed interest in the indigenous materia medica. This was not out of some kind of an epistemological justice - consideration of the value of indigenous knowledge at that level. But it was more from practical considerations. The Home Department, in fact, set up the Indigenous Drugs Committee to investigate the use of these drugs in 1884 - we will see how it came about. This was very much against the contemptuous view of the medical establishment that the indigenous drugs were surviving all these days just because they did not have any better alternative - they had had better alternative they would have abandoned it long back. But in spite of that kind of attitude, the Drugs Committee was set up. Also Indians trained in Western medicine also, in spite of having their legs firmly - or maybe you can say, still having one leg or one part of one leg on the indigenous side - also particularly had an eye on the indigenous drugs. Generally there had been a lot of interest from the beginning in indigenous drugs and especially the connection between botany and medicine. It was also part of the Company surgeons' interest both in their practice as well as in their education - they were well trained in Botany also as part of their medical training in some of the best schools in England. There was also a long tradition of investigating indigenous herbs, minerals, ores – their usage and their presence in the market - many of them used to be called the bazaar medicines. Though this kind of a tradition was thriving, there were all kinds of difficulties and complications because in the early days they were depending almost entirely on local informants. The reliability of the veracity of what the informant said was always doubted - you coukd never be sure if you're hearing the right thing. Then there was also problem with the nature of the names: they complained that several things were called by same name and the same thing was called by several names in India - especially plants – so they had these kinds of confusing situation in nomenclature.

But in spite of all that, there were outstanding examples of personal interest - like JF Royle who was the Superintendent of the Saharanpur garden which was at foothills of the

Himalayas - therefore having a more temperate kind of a climate. It was a 40 acre botanical garden. During his time there, and even otherwise - he had spent a lot of time collecting, cultivating, studying and recording the medicinal values of several plants. He even had merchants deliver to him seeds and plants from Kashmir. When they went for trading, on the way back, they would bring them from such faraway places and places in between. He meticulously classified and studied the medical usage of various plants as used by the local practitioners. That kind of a tradition was renewed and the one of the main reasons for that was the starting of the local and international exhibitions. Many of you would have heard of the Paris International Exhibition and London International Exhibition which were starting from the mid 19th century. This was a new culture exhibiting to the world the best of human creativity from different fields - that could include medicine also. For instance, in the Calcutta International Exhibition, large samples of indigenous drugs were exhibited. Also, in the Indian Medical Congress which was held in the year 1894 in Calcutta, there were many presentations which were covered - indigenous drugs in the presentations in the pharmacology section of the Congress. Kani Lal Dey was the section president of the pharmacological section and he called for serious trials of selected drugs at hospitals and dispensaries and also for the cultivation of medical plants in farms which the government should set up. He also championed the cause of marketing them through exclusive drug indigenous drug emporiums - this would also ensure the constant supply of the indigenous drugs. This would increase the ready availability of indigenous drugs at all times in all parts of the Empire. The Medical Congress passed resolutions which supported these kinds of ideas and these were taken very seriously by the government as well. One outcome of it was the setting up of this very Committee in 1894 - the Indigenous Drugs Committee which did produce reports - but encountered difficulties and hostilities which were expected from the practitioners of Western medicine especially from from the European practitioners who felt that this was unnecessary experimenting with unknown and doubtful drugs when they already had drugs whose efficacy was well established and already known. But, in spite of such hostilities, the investigations continued intermittently - in response to the constant pressure and demands from the press and nationalist politicians on the other side - while the physicians or practitioners of Western medicine were pulling on one side. One of the interesting outcomes/uses of these investigations was to, in a way, marginalize indigenous systems in a scientific way. Since they were finding out much use and validity and efficacy in a very scientific way for all of these things they said we may as well incorporate them into the Western medical system - that way, they don't need to be given the status of separate system - indigenous medicines need not be recognized as separate system. Thus, very ironically, the very detailed investigation of the drugs had the danger of going against the system – the indigenous system and the recognition of the system. This also gave the very confident

stance to the colonial medical establishment that whatever useful had been identified through these studies.

Interestingly, an Indian practitioner of Western medicine, and at the heart of it - the IMS - and also a professor at Calcutta School of Tropical Medicine - Ram Nath Chopra - chaired another committee on indigenous drugs in 1930. - when that committee was set up. His report also advanced the views that Indian drugs may be advantageously incorporated into Western pharmacopeia. There was no need to revive and recognize the systems themselves. You see this is by an Indian himself (but then very much part of the Western medical system). Chopra chaired one more committee closer to independence - now this had a wider mandate. What should be the nature of the state's relationship at large, with indigenous medical systems ? What kind of support, what kind of recognition? Where should the indigenous systems of medicine be especially in the new nation that is to be born? He was also asked to suggest means of raising the usefulness of indigenous drugs for the public and for the health infrastructure. His ultimate conclusion once again in this report also tended to reinforce the prime place that was to be given to Western medicine at least as far as the question of public health was concerned though there was always some deference to alternative systems. He also accepted/conceded that there was much merit - especially with regard to the drugs but he made it very clear that the system to be patronized by the government - even the independent Indian government also - was to be the Western system of medicine as practiced at that time. We will see more of the repercussions of it in a couple of other lectures. But we will close here for this lecture. Thank you