

## **Social History of Medicine in Colonial India**

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**Lecture 02**

### **Indigenous Response to the Domination of Western Medicine**

Hello and welcome to the next lecture, -Lecture number 37 - on a very interesting topic: the various kinds of indigenous responses to the domination of western medicine. We already saw the continuing attitude of the colonial state and especially the practitioners of western medicine - that increasingly condescending and patronizing attitude. That was not to go without its corresponding responses and reactions and contestations. Now these kinds of reactions came not only from the practitioners of alternative systems -indigenous systems -but also from public figures, leaders and the press – because, as I said, now in the background, the spirit of nationalism has been building up. All that is also aligned to the quest for establishing the status of the indigenous system. Like rising nationalism, parallelly there was this increase in Hindu revivalism, Hindu pride and the colonial state also had always done its bit to keep those kinds of passions and fire alive -divides between Muslims and Hindus. With particular pride in the religion then Ayurveda for instance, was seen as a direct and long standing continuous heritage from ancient Aryans and also indigenous medicine was seen very culturally more appropriate. All of this is to show how the enveloping spirit of nationalism, cultural nationalism or religious identity and political nationalism - of all of them - had their effect. Coming to the medical part as such, some of the practitioners of indigenous medicine even very creatively used the tropical paradigm (which we saw as one of the new and emerging paradigms, that itself was used) as an argument - they said if the tropical diseases were very specific to the tropics, then the medicaments or the remedies which were available in the tropics would be more suited for those kinds of so-called tropical diseases - also underlining the point that western medicine on the contrary was developed in alien cultural conditions of temperate Europe – and so they may not be all that suited to what are called tropical diseases.

The purists, those who did not want any kind of compromise with other systems, wanted strict adherence to Ayurvedic fundamental principles like the *tridosha* - the three humours and they also wanted to maintain whatever nomenclature and anatomical and other terms

as they were existing and they also went on the offensive. They were not only defending their own systems, they also went on the offensive and attacked western medicine as being too much dependent on external technology. They also called the western practitioners as a 'catalogue people' - because there were just too many catalogues - medicine catalogues - and every time they were referring to those catalogues. In fact, they also went on to advise the practitioners of western medicine that they should learn Sanskrit and they should first of all fully understand before they criticised others' systems - they should try first to learn 'our system', that way they would also fully appreciate the value and then they could go ahead and criticise - but before that they should take some time to read what was there and learn Sanskrit also to do that.

But, all of them were not entirely opposed or on the offensive like that, some versions of the revitalisation movement favoured creative absorption of western medicine respects which could be very fruitfully borrowed and used. They felt that nothing was wrong in borrowing or learning from outside. In fact, they felt there was rather responsibility to continue to be learning, interrogating and adding to the existing stock of knowledge - even if it involved borrowing. Some of the advocates called for the reformation of their indigenous system and borrowing from other systems. But even before borrowing, there should be also reformation, - clear, especially, some of the weeds, as we will see. Then also be open to accept ingredients, like for instance, particular medical substances like quinine, or borrow some practices from western traditions of anatomy or pharmacology or diagnostics or use of particular instruments like thermometers or stethoscope - which many indigenous practitioners started in fact using. Later on, they even were in favour of shelf medicine - otherwise most of the indigenous systems followed customised medicine, which was not already made and kept in the shelf and ready to be just dispensed - it was only after meeting the patient, talking in a very intimate way and understanding - only after that, in front of the patient - or if not in front of the patient - at least after the talking - that the medicine was prepared specifically for that particular person for that condition. But, now with the changing times the indigenous practitioners were very open to commercial production and putting them in the dispensaries and pharmacies - and also even the culture of setting up hospitals and dispensaries appointments and all that, which will actually be discussed in detail in another lecture. But coming to the contestations, they contested some of the repeated name-calls and stereotypings that the system was crude, marked by blind empiricism, unscientific, not very open to change ...and all those kinds of repeated things. These were now very vigorously contested and the practitioners of indigenous medicine called for proper treatment: treat us properly, there should be mutual respect, there cannot be that kind of condescending patternising attitude, we should treat others with respect and we should work on equal terms.

And one of the things that indigenous practitioners were very conscious was the importance of state support and patronage for any scientific endeavor, for any endeavor artistic or any endeavor - as we all know through history, money has to come and more than money is also the kind of encouragement given by the state. They particularly, for instance, also noted at least the Unani system had the patronage for the few centuries before that time because of the presence of Muslim rulers. The Ayurvedic practitioners felt particularly the lack of this patronage over many centuries now. That was very important and that is why now the only state – the colonial (of course, there was the nationalist movement but then, at that given point of time, that was the state which was available and whatever the kind of state, the) state support was needed. They constantly appealed to the state for its proper support and its recognition. Simultaneously even as they were contesting, as they were appealing to the colonial state and as they were contesting vis a vis the state-supported western system of medicine, there was also something of what we can call sub-hegemony. They were also trying to kind of dominate or judge various other sub-systems or local systems – say, for instance, tribal or folk traditions. The leading lights of the revitalization movement, even as they were strengthening and tightening their particular systems, felt there are others relatively which are indigenous but which do not measure up to their practice - indigenous practices. There was also that process: many other indigenous practices called by these indigenous practitioners as superstitious and quackery - just as the practitioners of western medicine called Ayurveda and Unani practitioners as quacks.

Just as in Ayurveda, Unani also added its own revivalism. Unani is a system of medicine brought to India by the Muslims - it is an Arab based system. It, as I said, had the support of the Muslim rulers and therefore when that rule declined, the patronage also declined. Therefore there was a need for bringing it back and the movement, in this case of Unani, was spearheaded by Hakim Ajmal Khan who was a son of a celebrated physician. This revival movement was centered around the Madrasa Tibia in Delhi of which he took charge in 1889. Hajmal Khan went about doing several things: one was to collect and systematize traditional medical knowledge because the whole point was about making this appear as tight, as neat, as respectable as possible - especially in the light of these being termed as quackery, disorganized, diffuse and all that. In both cases in Ayurveda as well as here, we see this constant effort, (as we will see in some other lectures also), to basically collect and accept certain things as right texts and to systemize both the codification as well as the practice also and in the process, weed off unqualified tabibs that is doctors, who it was felt did harm to the system and eventually to the people and patients, and also weed off what were considered as unnecessary accretions, additions to what was the proper system or the proper text and removing these unqualified tabibs and in their place produce properly qualified practitioners with rigorous training in diagnostics, pharmacology and also in practical anatomy and surgery. These are all ways of making things clear, systematic, not only the knowledge part but

also the training also so that no one could just consider them as pushovers, or their systems as being done in a very disorganized way. He was also open to internal dialogue with Ayurveda and to incorporate aspects of Ayurvedic system as part of his reforming of the Unani. In fact he named the college itself now from just Unani, to Ayurvedic and Unani Tibbi College. But, the majority of the students who went there were Muslims. And as could be expected, he earned the displeasure of the traditionalists and conservatives who were more for a purist stand and did not want any kind of compromise with other things. Of course, as we saw, he himself was actually very dedicated to the kind of the tightening of the system - that was by eradicating what he thought were not proper canonical works. But he was open to others - that was not liked by the purists.

But, nevertheless one good thing was that though the Mughal rule was gone there was still nobility - like the Nawabs of Rampur and Dacca. He had their support and as well as the Muslim elite. Also to advance the cause of the system in terms of state recognition and support, he used another different route, different argument to highlight how this had some commonality with western medicine itself as Unani also was built upon the Greek tradition by the Arabs. That original founding point - starting/originating point - that Greek connection that was highlighted - so the state which was espousing western medicine had some kind of a reason to support (and that also ensured the rationalism coming from the Greeks). Now, we will delve a little more into that connection between the revivalism and nationalism. As I said, the rising nationalism cast its shadows - long shadows on the medical revival movements. Earlier the quest was - given that the IMS was too white-centered - in fact it was very racist, it was very exclusive - one of the main concerns of the nationalist camp was to get more Indians into IMS and that IMS itself should become more Indian in nature, there should be adequate representation and all that. This meant the direct acceptance of the western system of medicine - what was asked was a greater place for Indians inside that western system of medicine - not only in IMS - but generally across the board in the colonial medical structure - better place for Indians. From 1920s onwards the Indian National Congress in its annual meetings (which used to be held every year around December in different places, passing several resolutions), passed resolutions specifically on the importance and relevance and the usefulness of indigenous systems of medicine - particularly Ayurveda and Unani. The national movement called for the establishment of schools and colleges and hospitals for both the teaching and as well as treatment in accordance with indigenous systems. Also now, the colonial healthcare infrastructure was dominated by the western system. So there was a call for inclusion of Ayurveda and Unani also into that - that was again another way of earning the legitimacy and the status. It also called for the licensing and registration of indigenous practitioners and proper recognition of Indian systems because this licensing was another way of gaining as well as granting legitimacy.

The native newspapers also played a very important part. They, along with the nationalist leaders, projected Ayurveda as a national symbol. The advancement of indigenous medicine was not just about some kind of an epistemological struggle to get the rightful place for a particular kind of knowledge system. It was also a matter of national pride and also national duty. They also highlighted that in the context of the First World War (1914 to 18), there was a shortage of medical officers because many of the people who were here had to be diverted to the war front and also the drugs coming from outside became more costly because of the conditions of the war. Therefore now with the time - see, many factors coming together: both the nationalist politics as well as international affairs - all this again goes to show how several factors - political, cultural, and religious go to the shaping of medicine, medical policies, medical quests contestations and all that. Now all of these, were added reasons for the state to promote indigenous practitioners as well as the drugs. Also again the same fact remained that 90% of the Indian population was still dependent on indigenous medicine. It is all the more incumbent on the state to support that kind of medical systems.

Another interesting thing which we have not talked much about, is about the Princely States. As I told in a couple of lectures - the Princely States - though they accepted the suzerainty of the British and pledged their loyalty to the colonial state - were allowed to run their affairs pretty much independent - especially the general administration, including medicine and health care. Many of these Princely States - like the Princely States of Travancore or Mysore had very commendable health care infrastructure generally. Also, just because they were Princely States and run by local princes/ kings did not mean that they were averse to western system. In fact, they very eagerly welcomed - for instance, the state of Travancore very enthusiastically welcomed missionaries to come and set up specially medical missions, establishing hospitals and all that. On the one hand, these were called very 'progressive' Princely States - they were given that certificate. But simultaneously, they also encouraged indigenous systems by establishing hospitals, dispensaries and also providing scholarships to students to pursue training in indigenous systems. The nationalists were pointing out how that was possible - the fact that the same government could simultaneously give importance and patronage to both.

Coming back to the larger British India, the Government of India Act of 1919, as you've seen in a couple of other lectures, opened a new opportunities for possible patronage of indigenous medicine. These kinds of Acts like Government of India Act of 1919 or 1935 were like acts of concession in response to the rising nationalist spirit. The colonial could not be remaining thoroughly inured to these kinds of demands and petitions. This particular Act also called as a Montague-Chelmsford Act provided for some measure of self-government to Indians. This was the same Act which provided for dyarchy under which the provincial government had considerable control over local issues like health,

education roads and agriculture - these kinds of 'transferred subjects'. Through this process of devolution, the administration of health came under the purview of Indian ministers. This was a real opportunity for Indians - now sitting as ministers - to support Indian systems - now from within. All these days, they were petitioning and proclaiming and claiming from outside. Now they had some little leeway - for instance, they could have some say in the allocation of funds or other means like for instance, setting up Committees to study... in fact one such Committee was the Usman Committee which was set up in the Madras Presidency to investigate indigenous medicine. The actual name of the Committee is the Committee on Indigenous Systems of Medicine. This was appointed in October 1921 with Mohammad Usman as the Chairman (he was a part-time hakim). The objective, as given in the original text, was supposed to afford the exponents of the Ayurvedic and Unani systems an opportunity to state their case in writing for scientific criticism and to justify state encouragement to these systems. This was a proper forum where they could argue and they could state their case very clearly. An important member of this committee was its Secretary which was Srinivasa Murthi, who was an Ayurvedic practitioner and who kept the Committee's attention particularly on Ayurveda. He was someone who was very much against using Ayurveda just as a source for extracting drugs - useful drugs - to be incorporated into the western medicine-based state system which was what was the trend - to just incorporate and try to avoid recognition (of Ayurveda) as a system - that was one trend of thought among the practitioners of medicine or the state establishment, in general. He was also someone who belonged to the broadly to the purist line - he wasn't very much for compromise and he wanted Ayurveda to have its own clear autonomous and rightful place. He wasn't too much for syncretism or any kinds of accommodation or too much of borrowing. The Committee based on testimony from physicians of the local traditions - of different traditions - concluded that: (I am quoting from the Committee's report) "From the standpoint of science, the Indian systems are strictly logical and scientific and from the standpoint of Art, they are not self-sufficient at present, especially in the surgical line though in the medical line, they are, generally-speaking quite self-sufficient, efficient and economical". This was a considerable gain for the revitalization movements. The Committee also recommended the establishment of College for Indian Medicine at Madras - that the main school would be in Madras the capital of the Presidency - but there would be divisional schools in specified centers in each linguistic area, because the Madras Presidency had people speaking different languages - there were the Telugu-speaking areas, there were the Malayalam-speaking areas, Tamil-speaking areas. Accordingly the concerned language would be introduced in the particular divisional School or College of Indian Medicine. What did the committee have to say on the role of the indigenous systems in public health itself? It recommended that the government should enable local bodies and private agencies to establish and run indigenous medicines-based dispensaries and hospitals - they should be part of the mainstream

health infrastructure. We were talking about the setting up of a college of indigenous medicine. This was set up in 1924 - the School of Indigenous Medicine. The government also allowed local bodies to open indigenous medical dispensaries and hospitals - recruiting indigenous medical practitioners. So what was recommended was all not just standing just as recommendation - soon the school was started.. soon we have dispensaries actually started.

The change in the government policy can be attributed to, among other things, the compulsion to expand its public health measures - that was a huge challenge, especially, with the epidemics and also with the new world war-related compulsions. But in the face of that, all the earlier doubts about the scientific validity of the indigenous systems seemed to stand aside. Actually we can't even say that - because the Committee also, in a few places, specifically stated that they were scientific, that in certain areas, they had merit, and all that. But, other more important reasons, are as we have been saying, were the rising tide of public opinion and the nationalistic fervour. As could be expected, the report earned the anger and anguish of those in the state medical establishment. They continued to remain unconvinced of all the arguments made in favor of the indigenous systems by the Usman Committee. They rather saw the report as a kind of nationalist ranting, propaganda and a diatribe.

But all said and done, there's one important thing which is generally not talked about when people talk about the Usman Committee report - which is the building of a new identity around the Siddha system. The Siddha system is generally understood as an assemblage of practices from ancient times in the Tamil speaking regions of southern India with its own exponents - that is a genealogy of Siddhars - with its own medical principles and drugs - especially mercury and particular ores. While this is true, yet actually in practice, till about the 1920s, most of the practitioners worked under the broad umbrella of Ayurved. With the growing prospects of state patronage on the horizon - as was seen through the setting up of the Usman committee - there was the growing concern and anxiety among the Tamil speakers - those who saw themselves as practitioners of Siddha in particular - that all of those benefits might accrue mostly to Ayurveda and Unani. Within Ayurveda, there was that rising concern about the processes of standardization and the strengthening of the Sanskritic content at the cost of the more local Tamil content. The Usman Committee hearings also served as a fruitful and useful forum for the expression of these concerns and that kind of a internal fight for the assertion of the Siddha identity based on organized and concerted efforts and testimonies. For instance, all these Tamil medical practitioners networked and communicated among themselves. They had a clear strategy that these were the kinds of responses to be given to the kinds of questionnaires circulated by the Usman Committee. There was to be some uniformity in what they said - that kind of a concerted effort was there. All of this succeeded in establishing a distinct Siddha space and identity within the

mainstream indigenous system. This again goes to buttress the point that we made at the beginning of the lecture - about the very nomenclatures: indigenous was not just indigenous - it's not something which we can take it very easily and unproblematically. We have even such a complicated thing as within Ayurveda, the emergence of a new identity which ironically comes out of the very fight against something else - these are important nuances which we should keep in mind, some of which we will revisit in a couple of other lectures. We will close this one, at this. Thank you