

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

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**Week 08**

**Lecture 03**

Hello and welcome to yet another lecture - Lecture number 38 and this is part of the contest between western medical system and indigenous systems. One of the ways in which indigenous systems reacted and resisted the hegemony of the western system was by professionalizing some of their own practices - making their field more professional. When you say professional, that term itself indicates western influence and in any case much of the process involved borrowing from the western system - not only the idea, the concept of being professional or making the field professional or seeing this as a profession in the modern sense. Apart from all that, as we will see, there are a lot of things from marketing and other forms of standardization which are very liberally followed from the western system - even as the fight was against that very system. One of the ways of making the systems professional was by starting with the text - making the textual contents very tight which could be done by eradicating what were seen to be aberrations and corruptions from the original lore, the original text and also locating and editing newly, what were considered to be the authentic texts, and then also translating them to English and other languages. All of these gave textual authority and made the major works accessible to a wider audience. This is particularly to be highlighted - the question of textual authority - because this is also one of the important aspects of what we call modernity or the modern period - with the coming of printing press which is held to be one of the central pillars of modernity, which made knowledge more democratic - taking what was earlier only available to those who had access to manuscripts - 'manu' script - written by hand and therefore only limited copies. That limitation was transcended by the coming of the printing press. That is one thing - being able to print multiple copies and to circulate at reasonable cost - and also to be able to take it beyond a certain kind of people - that is beyond the people who knew that particular language say for instance, Latin or Sanskrit - in this case translating for instance, Sanskrit works to English or to other vernaculars. This gives an element of standardization but we have to bear in mind that just because there is a possibility of proliferating the text easily - the same opportunity can also be available for false texts/ wrong texts. We all see that in the social media today where proliferation has become phenomenal and you know all kinds of things can proliferate - not only good things. In fact, one suspects that social media is used more for spreading misinformation (than actual information), or

half-cooked information and unchecked information. While we talk about the power of media - like the print media - and the power of multiplication and the power of democratizing, democratizing can also have its problems. But here on the other hand, what we are talking is about the other, more positive use - things are properly tightened and at the same time being made available to wider population. To do all these, we need the right kind of institutions (once they are tightened) - the proper kind of institutions for instruction. For instance, the All India Ayurvedic Vidyapeeth was established in 1907 - basically for these kinds of purposes. The Vidyapeeth's courses had canonized Sanskrit Ayurvedic literature text alone as legitimate corpus - weeding off whatever were thought as aberrations of corruptions - not only in terms of texts but in terms of practical validity too. It was argued that for instance, the value of Ayurvedic drugs had been established empirically by being tried and tested for over many centuries. But at the same time, (while that is one kind of empiricism – it had worked for many centuries), but they were also open to modern lab-oriented methods of validation and standardization. In doing that, indirectly they were also yielding to the authority acquired by Western medical techniques - surrendering to that kind of an yardstick rather than projecting your validity on your own terms. That was anyway, because it served the purpose of tightening, because it would add value and legitimation. The tightening of this entire enterprise of drug production and all the practical aspects - as in the case of text - will be discussed in detail in a special lecture on standardization and commercialization. The idea was to overcome the habits of the vaidas, the practitioners of Ayurveda to rely on improper methods or improper knowledge or using illiterate apothecaries to prepare the drugs - such methods and habits not only rendered the medicines ineffective - not having the desired efficacy - but it also eroded the trust of the users. It could also earn the ridicule of the critics – ‘see these are the kinds of medicines they have.. of which we can't be too sure....or producing all kinds of unexpected results’ - all of which can happen if the methods are improper.. or people employed are not up to the mark). Eminent practitioners of Ayurveda like P.S. Varier of a Kotakkal fame - about which we'll be talking about in a while - held that Ayurveda had to move out of the old ruts and that it had to adopt modern techniques - but at the same time without being detrimental - these changes, reforms being detrimental to the inherent qualities of Ayurveda. All this has to be done if the popularity had to be regained. People like him were in favour of the practitioners preparing medicines themselves according to proper methods - they should be well instructed themselves and based on that they should be making drugs. They should also give proper attention to standards and strict Ayurvedic principles. They were also to be ready to borrow from the models of Western pharmaceutical methods things like the manufacturing, storing and marketing. On the one hand, people like him were insisting that there should be proper attention to the texts and to pass the good traditions. But at the same time, they were open to these things. He said it was time to transcend misgivings about olden day practitioners not having followed such methods - we can't

keep on saying 'oh, our ancestors didn't do it .. how can we do it .. they did not do these kinds of mass manufacture and stocking and sale..etc.' That's not the right argument - we have to move according to the changing times, wherever possible and wherever needed - at the same time also seeing to it that the basic essence is not compromised. People like him were also open to following the Western systems of hospitals, dispensaries, institutional forms and bureaucratic forms of management. The fruits of all this were visible - for instance, the first Ayurvedic dispensary in Calcutta was opened in 1878 by Kaviraj Chandra Kishore Sen. In the south, the earliest Ayurvedic dispensary was opened in 1898 by Pandit Gopalacharlu who was a Telugu speaking vaid (Telugu is one of the languages spoken in southern India).

With the coming of a dyarchy and devolution in 1919, there were dispensaries for Ayurveda and Unani and the homeopathy which were supported by the provincial governments and municipal councils. As we saw, the Government of India Act of 1919 gave some measure of leeway to Indian ministers who could influence policies in some small ways like this. An important place has to be given to the role of the press in all of these things. For instance, newspaper advertisements, articles and tracts and also medical journals - because of the presence of these avenues - the literate public could directly come into contact with extracts from Sanskrit texts and be quite familiar with the availabilities of indigenous remedies and medicaments. The newspapers and periodicals also highlighted the shortcomings of western medicine - for instance, its failures in dealing with epidemics and the kinds of problems that their dealing with epidemics created. They also spoke about the cultural unsuitability of Western medicine or rather how, on the contrary, indigenous medicines were culturally and even climatically more suited. They talked about the greater cost involved in Western medicine - with substantial parts of it having to be imported. These kinds of issues were highlighted by the press and public opinion. Interestingly this had impact on Indian practitioners of western medicine. Now, the revitalization movement was in full flow and a lot of tightening was happening and some of the products were available more freely in the market - produced through new methods, near-industrial mode of production and also knowledge about it available. These practitioners were already trained and used to training and reading books and already having some form of degree or diploma. They saw the new opportunities opening up to revive that indigenous systems as an extra avenue for making extra money. Also there are other reasons for them to do because as we have seen in a couple of other lectures, there was a question of lack of status in the state system - some inbuilt racism and also the kind of income they were getting. That's why this promised to be another extra source of income. They very eagerly took up to indigenous systems and creatively integrated the best of their formal training in Western medicine and also whatever they were able to learn, acquire through the benefits of the printing press and the availability of texts in whatever language they could understand

-in English which many of them would have been quite used to as part of their training in Western medicine or texts in their local language. They could tread both spheres.

Now coming to the revival movement as such, as I said, one of the outstanding examples is that of P.S. Varier who started the Kottakal movement in Kerala - he started the Kottakal Arya Vaidyashala. Its aim was to establish Ayurveda as a popular form of medicine as well as present it as a culturally more appropriate form of medicine as compared to Western medicine. Another important aim of the movement was to fight and root out all ignorant and superstitious folk practices. We see here again, the play of a kind of sub-hegemony - even as the practitioners of western system were talking about indigenous systems and practitioners as quacks and the need for eradicating quackery, these reformers were, in turn, talking about other kinds of systems which were not very textual - the kinds of folk and traditional tribal practices which they felt had to be rooted out.

Some details about Varier himself - he was born in 1869 and he studied Ayurveda for four years under a very qualified and eminent practitioner/vaid. He was also exposed to Western medicine and he learned the English language also. In fact he learned it straight from practitioner of Western medicine - a surgeon. He started practice in the Kottakal town which is actually in the Malabar region which was under direct rule British rule as part of the Madras Presidency. He launched the Arya Vaidya Samajam in 1902 and after this he came up with a clear roadmap for the revival of Ayurveda medicine. That was the manifesto. Following his own advocacy of coming out of olden day limitations or rut - as he called it - and the old practices, and his own call to embrace modern methods, he set his own ayurvedic pharmaceutical company called the Kottakal Arya Vaidyashala which continues to this day - many of you in your towns would have come across this pharmacy. From those days to this day it's been commercially very vibrant. Though the main focus was on medicine and reviving this particular form of medicine - Ayurveda - all of it was actually placed within a larger frame - a broader cultural plane. He himself for instance was very intimately involved in promoting Malayali language - Malayalam - it is the local language and spoken now mostly in the Kerala state of present-day India. He played a very important role in promoting Malayalam and promoting drama. He launched a journal in Malayalam called *Dhanwantari* which is related to medicine. But the journal also carried things beyond medicine. Of course, it was an important vehicle for propagating the ideals and spirit of the movement that he had started and it also gave regular updated details about the various kinds of medicaments and drugs available. He also worked towards the production of medical texts in Malayalam for reaching out to the common people. Apart from what was appearing in the journal, he also produced from time to time, specific books in Malayalam - some of the translations from Sanskrit and other languages so that common folk could get into touch with the system.

The fruits of the revitalization and professionalizing trends were seen in different forms in different other places as well. For instance, the All India Ayurvedic and Unani Tibbi Conference which was spearheaded by Hakim Ajmal Khan or the Ayurved Vidyapeeth at Nasik which was named after Gaekwad Sri Sayajirao Maharaj - the ruler of the princely state. This was established in 1906 under the patronage of Maharaja of Darbhanga - Sri Rameshwar Singh Nikhil - that's the ruler of another princely state. Beyond these organization and people directly related to the concerned indigenous fields of medicine, there were also other people and organizations which came into the fray - including the leading nationalist organization which was the Indian National Congress which supported the revitalization movements and served as a political platform to the vaidyas and hakims; and the Muslim League which was another party supported the All India Vaidya Unani Tibbi Association.

Vaidya Sammelans and conferences were held from time to time and these in fact helped create an *esprit de corps* and networks. At the beginning of the course, we are talking about *esprit de corps* in the context of IMS (about how IMS was not only one of the earliest services, but among the great benefits it gave, at least to the British, was the sense of team spirit, the sense of corporate belongingness - especially being far away from home and also sometimes being looked down upon by their own metropolitan colleagues back home). Similarly here, in the context of the assault and constant challenges, criticisms and marginalization from the colonial state, and the western system of medicine, there was the need not only for individuals like Ajmal Khan or Varier to operate in their own silos. There was that enormous need for all of them to come and to have that sense of corporate belonging - that network. These kinds of conferences helped to create that and the formation corporate bodies which also in fact led to forms of 'professional worship' - these were all the cultural elements which brought that cohesiveness. Dhanvantari deity was projected as a common symbol - as a professional deity for the Ayurvedic practitioners. In honor of that deity, there was a celebration of Dhanvantari Divas and other kinds of festivities associated with the deity and also with common set formulas of worship which all the practitioners would follow. Then there was the annual celebration of Dhanvantari Janmutsav which interestingly did not give just a cultural cohesiveness but particular relevant things also came to the fore there. This celebration had exhibitions where ayurvedic medicines, herbal medicaments and books/ translated books and pamphlets related to Ayurveda were displayed.

Thus you see how this whole thing was not just about professionalization and about standardization. But you also see how cultural, religious elements which normally would act and would go counter to the desire for professionalization, here, quite interestingly, are also summoned to actually contribute to this professionalization. The parts of professionalization included the institution of professional titles. For instance, practitioners of western medicine carried titles like Doctor so and so. Similarly here

some vaidas call themselves 'Professor Kaviraj Pandit' so and so, or Ayurvedacharya.... The sammelans (conference) and the other corporate bodies of the vaidas conferred sanction, status and legitimacy to the practitioners. Titles, honorifics and awards for distinctions were given during this sammelans in the presence of many other practitioners and also in front of the lay public. Later in the 1930s especially after the Government of India Act of 1935 there was more and more Indian presence - for instance, the 1935 Act gave provincial autonomy - there were ministries formed by the Congress and Muslim League. In that context, such governments also honoured vaidas with grand titles for their services.

One of the important challenges on this path of professionalization was tackling quackery. In the name of indigenous medicine, several people were using this moment also to peddle their own practices and materials which were of dubious nature. On the one hand, western doctors and Indian doctors, with training in western medicine, increasingly called vaidyas and hakims as quacks - especially now as they were seen as competitors challenging the monopoly they held. On the other hand, indigenous practitioners reacted to this kind of characterization and more vehemently raised their voices in the context of the revitalization movement and the process of professionalization. Here again, the local press came in support the particularly vernacular print media eagerly provided space for the vaidyas and hakims through their columns. Some of the newspapers or periodicals exposed the actual cases of quackery - very evident cases - for instance, students who had failed their courses in medical colleges would not reveal that they had failed. People would know that they had gone to college but they wouldn't know what was the result. But using the fact that they went to college, they would come and practice, and do all kinds of fake work. The revitalization movements basically sought to squeeze out such and other kinds of unscientific practitioners. One of the things they felt very sorely was the lack of institutional setup in the indigenous systems to distinguish between who they considered as properly trained vaidyas and these kinds of quacks. One of the things they blamed was the lack of uniform curriculum and registration methods. Whereas on the one hand, as far as practitioners of western medicine was concerned, their qualification was quite easily verifiable because they had standard degree certificates which were awarded by standard institutes after standard and uniform course of training and standard examinations which they passed. What was lacking here in the case of indigenous systems was that kind of standard procedures or examining bodies. But having them would involve enormous efforts. As it is, they had to spend a lot of energy coming together, translating, weeding out and rewarding and other such things. They tried their best to build that esprit de corps, the network and all that - but this was something which just this kind of association and their bodies alone would not be able to do. This definitely needed considerable state involvement which was the whole problem. Now that's what they were fighting and this is something which is of relevance even today especially in the

context of many private efforts taken by well-meaning bodies and all that. But the end of the day, some of these things - especially in matters of standardization - though some measure of self-regulation is possible, the final stamp, that authority can come with and an only as state support which we will see in this case also. We will cover a little more about their struggles in a couple of other lectures. We will close this one here. Thank you