Social History of Medicine in Colonial India

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Lecture 04

Standarisation and Marketing

Hello and welcome to the next lecture - Lecture number 39 and this is yet another lecture on the question of the encounter between western system of medicine and indigenous systems and particularly related to the response of the practitioners of indigenous systems. And as we saw, one trend of it was the professionalization, or at least increasing efforts at professionalizing the system. As part of that professionalization was the process of standardization and marketing, standardization of the practice, of the education, of the texts and various medical products. One of the important milestones in the contest between indigenous systems and the colonial state-sponsored system of western medicine, and one of the important assaults from the colonial side was the coming of the Medical Registration Acts at the start of the 20th century. In essence what these acts meant was that they gave legitimacy only to those who practiced western system of medicine. All of them were required to register and only they could register. People practicing other forms could not register. Registration meant that it carried all the other benefits and approvals that went with it. For instance, only they could sign as a gazetted officers - for instance, in case of taking leave, the medical leave certificate could be signed only by those who are registered. By and large, these were people who could be considered as proper registered practitioners - which meant all others - whatever may be the textual strength and whatever may be the hoary tradition of Ayurveda or Unani or Siddha or whatever, whoever did anything other than what was western medical system and was done by those who are registered - all others /the rest would become in one stroke quackery. This was a huge challenge and therefore a multi-pronged assault - particularly a direct threat to the very legal status and various rights of the local practitioners of indigenous systems. Naturally the vaidyas and hakims protested and sought either the withdrawal of the Acts or that they be included, that is, the indigenous practitioners should also be brought under the ambit of proper registered medical practitioners. They underlined the superiority of the indigenous practices, or at least, the equality and the compatible status of indigenous systems in relation to western medicine. This particular challenge added new sense of urgency to the question of standardization of indigenous drugs, practices, curriculum, instruction and all of that.

The Ayurved Sammelan as part of the efforts in this direction, set up a standing committee called the Ayurveda Mahamandal. This was basically interested with the task of framing a standard structure for Ayurvedic training as well as laying down clear norms and codes of conduct in terms of practice. This in turn led to the starting of the Ayurveda Vidhyapeeth to supervise standardized Ayurvedic education and to conduct all India examination - standard examinations so that standard certificates could be given based on which registration could be done. The Vidhyapeeth also went about setting curriculum for all the Ayurvedic institutions - Pathshalas - prescribing the relevant books and also publishing them and awarding specific degrees like Ayurved Visharadh meaning master of Ayurveda or Ayurveda Acharya (teacher). It revised the quality and raised the quantity of the syllabus of all the subjects for the examinations, that it was conducting, in a very common way, at an all India level, across different centers - like we have some all-India public exams - like civil service exams and entrance exams these days in different parts across the country.

And committees were appointed to make the course structure more practical as well as more professional. On the one hand, all the Ayurvedic institutions in India were exhorted to adopt the standardized syllabus and exams which were proposed by Vidhyapeeth. At the same time, even as this tightening was happening, there are voices for openness towards western medicine and for assimilation of aspects of western medicine into Ayurveda. This process of tightening did not close the doors to western medicine or any other forms or directions from where something useful could be added. But on the other hand there were counter voices which were concerned about the honor and distinctiveness. They feared that the efficacy of Ayurveda would be lost with those kinds of compromises and syncretic efforts that were made. Those were the purists.

And coming to Unani there were similar efforts at standardization and tightening, by Hakim Ajmal Khan and his Ayurvedic and Unani College. He was also open to assimilation from Ayurveda or from Western medicine - along with his concern for standardization of texts and practices and the products. Similarly in the case of Siddha, - especially this happened in the context of the formation of the Usman committee in the 1920s - this collection and translation and ordering of texts happened especially in relation to the fear of the domination of Sanskrit-based texts in the Tamil speaking area. The Tamil-speaking practitioners in the Madras presidency showed double enthusiasm and care to bring together what they thought were proper Tamil texts which needed to be resurrected and given their proper place without being crushed under the juggernaut of Sanskrit within this process of revitalization. That's how Siddha acquired its own identity in the first place and also a professional standardized identity. Similarly with regard to drugs, there were concerted efforts to standardize the drugs as well.

Production, unlike before, was done under strict supervision by qualified people - most preferably by the practitioners themselves or even if they were employing subordinates they had to be very carefully chosen. They were very open to using modern methods, modern technology, factory methods and storage methods - bringing in shelf medicines as opposed to earlier days of customized medicine prepared on the spot for the particular patient. In the process, there was a transparent declaration of the virtues and uses - as in the western pharmaceutical case - everything was put upfront there unlike the earlier practice where the patient went to the practitioner and though most of it may be actually done in front of the patient - customized medicine, made by mixing together various ingredients, herbs and potions and all that - yet it may not be very transparent i.e., the patient being clearly told, for future reference, what was in there, what were the actual ingredients and what were the purposes and virtues. Now all of this was there - perhaps one suspects they became too transparent and too commercial in this whole process because one sees a flood of advertisements especially in the vernacular medium. The local newspapers, national newspapers and periodicals carried both visual and verbal print advertisements - that is the not only using words - attractive words, the catchy phrases and all that, but also very attractive photographs or diagrams and in course of time, - when it was available - colour was also introduced. All of this in fact showed considerable entrepreneurial skills. Though these were medical practitioners, apart from their medical skills (because the exigency of the situation demanded), they were more than mere practitioners. On the one hand, they already had to be producers - they could also employ - especially when they were producing in industrial mode there would be others who had been employed - not with the same kind of expertise as them in the text. Nevertheless they were already involved in production. Now so many other qualities came out - apart from their medical qualities. They also displayed commendable use of communication techniques both through print and through other means. Today we are talking about marketing strategies with degrees for them - in fact we have people finishing their main course/degree in say, engineering or even medicine, and then taking extra degree in business management to learn all these things and become successful - especially in these kinds of activities. It was a really striking these people who were already under the weight of all the kind of very negative depictions - fighting very serious battle - apart from the epistemological aspects of it - trying to clear the ground and trying to tighten things and those kinds of challenges in framing the syllabus and setting proper institutions and all that, (that itself was considerable leadership, but apart from that kind of leadership, knowledge-level leadership), they also had to show all these other kinds of techniques - ranging from communication to marketing to business acumen. In all of these things, they were very skillfully using local, cultural idioms - this is something which we have to keep in mind. Sometimes there's a wrong belief that resort to tradition or religious symbolism is actually a counter to some of these

modernization and standardization processes. But actually it was possible to bring a fruitful marriage between aspects of tradition and this kind of standardization.

Very interestingly, this use of cultural idioms was done even by practitioners of western medicine or those who are marketing western medicines. They in fact were advertising in English as well as in the vernacular media. They started initially targeting the English-educated Indian customers. Then they widened the net and when they did, that they had to also resort to vernacular languages and a wider range of periodicals. It is there they also felt that apart from using the vernacular languages, it was also very smart to use some of the local symbols, idioms and broader cultural elements - like use of local gods, playing on family sentiments - like a caring mother, the virtue of having a male son and using powerful words from a particular language - like Sanskrit words like *virya* (virility) and things like that.

These techniques now were even more fruitfully used by the indigenous systems and they had greater resonance when they did it - given the spirit of nationalism or religious revivalism also. They sought to instill in the consumers the sense of their own participation and contribution to the nation by buying these indigenous products - that very act of patronising these goods was itself one small kind of contribution by the people. These movements effectively used sales persons who furthered the cultural and nationalistic association by using other techniques also - going beyond the print medium and the photos and pamphlets and other things. When they actually went to the people, they used local songs, local, tales myths and traditions, and the local tunes so that it became even more culturally embedded. All of these things not only enhanced the place of Indian drugs and drug manufacturers. Not only did they enhance their profits. All of these also raised the profile and the status of the practitioners also. In fact the practitioners also joined the flood of advertisements and very happily advertised their practice. Some of them had their own products - so apart from advertisement for their products, they also advertised their practices with their name, their own self titles, and very broad descriptions of their skills and whatever they had to offer in terms of curing methods as well as whatever products they had. They also followed other marketing techniques like giving free calendars with their names very prominently written (or the names of their clinics) along with photographs of people. Just as we have some calendars now with say Gandhi's photo or Michael Jackson's photo, they had the photographs of eminent personalities and also photographs of gods and goddesses like we have for instance, jewelry shops giving you calendars with pictures of Lord Krishna or goddess Lakshmi which you would cherish in your house, so that name is always there even if you forget – actually, even if you want to forget, you can't forget as every morning you look up at the calendar there you see this ayurvedic clinic and you're reminded of its presence and what it can offer you. Also another way of doing it was to publish and freely give religious books/ booklets and have it written on the back of them : “Freely

distributed by…" "Courtesy of …" such and such pharmacy or clinic. These were the different ways, and the advertisement for the drugs and the advertisement of the practitioners fed into each other very fruitfully. Because of the increasing appeal and the wider presence of the drugs, the practitioners also benefited. The practitioners through their advertisements and through their prescriptions also contributed to the wider spread of the products too.

This spirit of commercialization and advertisements also spread to related fields like birth control, virility and general maintenance of very shapely and strong bodies. For instance, the newspapers and periodicals started having information on contraceptives in the vernacular newspapers from about the 1930s. New methods of contraception and all kinds of technological innovations including rubber condoms and whatever was the latest were all advertised in the vernacular medium. Similarly advertisements for all kinds of aphrodisiacs, the various potions and solutions promising male potency or curing impotency (which was a very big social and cultural issue) - solutions in both the figurative and literal sense - solution to the problem through some kind of these solutions and the magic potions, and also solution in the larger sense to the cultural concern about producing male child. All these kinds of solutions and prescriptions of these kinds were all openly advertised. Similarly there were advertisements and books on marital love, sexual hygiene, on the bliss of wedded life and also on birth control. On the one hand, these were advertisements, but on the other hand, they were also educational - about having proper kind of sexual practices, and education about the need to control population through birth control. All of these books had very vivid illustrations of the human anatomy. These kinds of materials were made available on the roads and railway stations - something we can see even today. If they were not there available on the roads and railway stations, if they had to be only procured from specific locations and bookshops, the reaching of those kinds of specific places was also now facilitated by increase in transport facilities like trains or trams and buses across the towns. But one of the problems is that all of these were focused mostly on men and male bodies and their desires and not much on women and their sexuality. So there was gender disparity and that also speaks about the male domination. Gender domination expresses itself in different ways and this is one of the ways of disparity showing itself.

Such growing and vibrant presence in the market for the indigenous medicines and alternatives indicates a new confidence and the ability to provide a credible contest to the western medical practice with the weight of the state being, by and large, behind the western system, and in the light of all those kinds of characterizations and marginalizations. As we keep saying, all of this was to a great extent aided by the overall spirit of nationalism. These processes definitely contributed to standardization in a considerable way. But we should also bear in mind that the same avenues of publicity provided for cropping of dubious cures and medicaments. Now that this avenue was

open for advertising in very attractive ways it could not be restricted only to legitimate purposes. Even quacks could also use it. Also the vibrancy and this kind of commercialization, standardization of these leading systems like Ayurveda, Siddha and Unani did not, on the other hand, erode the continued presence of any number of other folk practices, traditional, tribal healing practices or practices centered around temples and mosques or other such religious institutions. These options very much continued to exist in the midst of all this. Even they also borrowed these kinds of institutions or setups, the ways of reasoning from these systems which were trying to standardize and also some of their culture - just as these standardizing systems borrowed from western medicine and its culture. For instance, some of the temple or mosque- based curing centers reasoned that the medical practitioners in clinics - whether they were western system or say Ayurveda or any of the indigenous centralized systems - could address only those kinds of ailments which were physical and ailments arising out of this world - worldly or physical reasons. They very confidently said that those people do not know about the kind of ailments caused by supernatural or spiritual forces which were not of this world, and that was that other world of factors of the other world of which they felt confident that they are experts. The clinic-based medical practitioners were zero with regard to this as this involved belief in a higher power and the power of prayer and the need for devotion. These were all central to many such systems and healing processes.

But the fact that they were coming to these temples or mosque or other religious institutions did not necessarily discourage people from resorting to western or other systems of medicine for the usual physical diseases. In most cases even for those kinds of diseases they would go to these kinds of centers only after exhausting all the mainstream possibilities and having spent considerable money in some of the processes including various testings and other things. The resort to these kinds of institutions is also based on a sense of cultural rooting and belonging - in the sense that it is not very alienating - religion is anyway something to which they always had been belonging, and the people there giving the care or cure to them gave that extra sense of belonging. Thus there was this smooth treading - walking between the different kinds of options without much heartburn. Similarly there were many tribal traditions also which survived in spite of all of these things. They based were on tribal beliefs and local tribal deities. They were using local forest/mountain herbs or various ores, plants, minerals, metals and animal extracts. They had their own medical material. One thing to be noted is that with the coming of colonialism and its new technologies and forms of transport and communication, the isolation that used to be there, say, few centuries before - that was not the same. The isolation of these tribes and the hills or hinterlands was broken. Wherever they were, for instance, if they were in the hills, the colonial states arms reached there through various of its projects like setting tea plantations or sanatoria or whatever. Their isolation was thus considerably broken. How does it matter in the medical sense? From their point of view, they could also go out and their systems now

included newer ingredients - apart from what we mentioned - the earlier point - about using local herbs. They were able to go and willing to go beyond and use newer ingredients from these other areas from which either people came to them or to which people from their locality could now go using the new openings of transport. Some of these traditional tribal systems also borrowed systems and culture from others - like production-related or marketing- related systems - attributes from the western pharmaceutical or medical system - just as the standardizing Ayurvedic and many systems were doing. They could do this at least, at the cottage level. All of this goes to show that the indigenous medical systems or the contests were not some kind of a uniform, totally organized, monolithic process. There were a lot of nuances and a lot of internal struggles, internal marginalizations and all that. On that note, we will close this lecture. Thank you.