

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

**John Bosco Lourdasamy**

**Dept of Humanities and Social Sciences**

**IIT Madras**

**Week 08**

**Lecture 05a**

## **TUTORIAL 8 - Indigenous Systems Today; Overall Conclusions and Reflections - Part 1**

Hello and welcome to this special lecture - because this is the last of all our lectures - Lecture number 40 and this is a tutorial. And there are two things we are going to do in this tutorial. One is following the principle of trying to connect some of what we saw in the previous few lectures, to things happening in the present. That way since our last few lectures were about the kinds of encounters between western systems of medicine and indigenous systems, what we will do, is to try to connect some of those discussions with the present and in fact, the future as well. And the other part of the tutorial is about overall conclusions and reflections since this is the last lecture - whatever we gathered from the entire course, just a quick summary and final thoughts.

Coming to the question of indigenous systems, we saw that many of them were marginalized and they were caught in the midst of colonial politics and the practitioners of indigenous systems of medicine did not take things lying down. But one of the important points we noted was that there was not that unified monolithic field we can build, that is indigenous systems all as one. So there was much of diversity and there was much of internal politics. In fact, we even started that set of lectures asking what is indigenous. There are several ways in which indigenous itself can be seen - that itself is problematic. But within that, especially for instance, some of the mainstream systems within them like Ayurveda and Unani were also worried about who they saw as quacks - so some kind of a sub-hegemony or looking down upon the various tribal and folk practices. Now when we think of doing justice, we have to think of all of them. Not only the relatively established systems like Siddha and Unani but also the hundreds of tribal and folk traditions because the same logic applies - that there would be something really fruitful and also these two kinds of justices: One is epistemological justice - those kinds of knowledges also deserve their place under the sun. Because of the particular situations of the colonial context, there was a lot of epistemological violence, a lot of marginalization, lots of castigation, lot of stigmatization and stereotypes. Now that colonialism is gone, probably there is a greater chance for doing that epistemological justice or at least undoing some of the epistemological violence. And similarly, cultural

justice - all the cultures have to be given their due place and medicine has to be seen in a cultural sense. In any case, we saw like there is much of culture attached to medicine, whether it is here or anywhere. All cultures, especially tribal and other cultures also need to be recognized and they have to be seen as part of their collective being - rather than applying external logics to them and judging them unfairly. At the dawn of independence, (considering modernity and all the offerings of modern science that came to India, starting from Raja Ram Mohan Roy), one can ask, if we failed to take certain paths. Like Robert Frost's famous poem 'The Road Not Taken', were there some roads that we did not take? For instance, trying to get the best of both that was coming from outside and trying to take the best of what is inside - that kind of true hybridization. Scholars talk of hybridity in different senses - but this kind of true organic hybridization experiments - could that have been done? We will come to that. Here we are talking about generally, - overall, not just about medicine. Or was it just prudent at that time just to ride on the existing setup - whatever the colonial state left? (of course, we had many other problems.) Or was it a right time to try to shake everything to the bottom - just as in the spirit of these words of Omar Khayyam:

To grasp the sorry scheme of things entire

Would not be to shatter it to bits -- and then

Re-mould it nearer to the heart's desire.

Could that have been done? Or was it more wise and prudent not to try these kinds of excessive shake-up? Other questions we can ask are: Probably we were still not confident enough to try those things? Or not sure enough? When you are trying those kinds of experiments - is it prudent to even try when you are not sure what kinds of outcomes would come? Or at least at that time, when there was the immediate job of nation-building : there were already very pathetic issues of partition, bloodshed and all those other things. Was that the time to do these kinds of experiments? Or was it better, more prudent and practical, to first settle down on some of the more /other broader things, and even with regard to these things, settle down with the existing setup. For instance, with regard to the field of medicine, if we talk about the existing setup, it is the colonial state medicine if we can call so. We know till the end of the colonial period western medicine was still confined to urban and semi-urban areas and vast majority of the hinterlands were not covered. Having said that, still, among these systems, that state supported system was the most broadly stabilized setup - irrespective of the geographical reach. On the other hand, also, we have to concede that, because of the kinds of revitalization movements and the protests and the kinds of concessions they got, the alternatives like Siddha, Unani and Ayurveda also had stabilized - but then they were

not part of an all-India umbrella and they did not have that kind of the full backing of the state. They were more diffuse and diverse. We also have to say that soon after independence also these were totally junked or marginalized. Starting from special Councils for research on these, or Centres, we moved on to Departments and now we have a fully-fledged ministry of these alternative systems - the Ministry of Ayush which includes Ayurveda, Yoga, Unani, Siddha and also Homeopathy (though it came from outside) – that is, all the alternatives to what is now, by and large, called bio-medicine.

If it was fine that, at that time, we had other things to do, more pressing things of settling down and building the nation, and all that, what about now? Are not we confident enough to experiment? In fact, I think, in the past 15 years in particular, this question is being answered. Also even from the colonial period, we have the model and the legacy of the patronage extended by the princely states. The colonial state would have marginalized or would have given recognition only grudgingly. But the princely states were able to ride on both the tracks. On the one hand, they willingly invited missionaries. A good case is the Travancore princely state - supposed to be one of the progressive ones - where they proactively invited missionaries and other forms of western medical practitioners. They were invited to set up clinics and they were a vibrant. At the same time, they also extended patronage particularly to Ayurveda. So, there was already that model - we could not have exactly replicated - but at least there was that legacy already. And, as I said, even after independence, the alternative systems had their place but still they were in the margins. Is it time now to bring them from the margins and to integrate? And here again for this integration - in modern times, especially the last four-five decades, we have had models. For instance, the Integrated Pest Management System is one outstanding example where the best of methods from the modern scientific lab-based system is integrated with a variety of local options - either from products design from cows or from neem or a variety of other herbal possibilities. We do know that human lives are more complicated and more important than insects' lives - where we feel there is more leeway to experiment. We will have to be more serious. But still, at least that model is there. Whatever is the model, whatever is the legacy, the most important thing is that it all has to start in the head or from the heart - that openness of mind - especially from the practitioners of biomedicine because we saw that the kind of problems that indigenous medicine had, in terms of marginalization or being looked down upon, was not just from the colonial state alone. Even Indians who had become practitioners of modern western medicine also looked down upon and they were not too happy dining, sitting on the same table with a whole lot of other kinds of practitioners and that still continues. The colonial government might have gone but some of those mentalities remain through us Indians ourselves. There should be that openness and also from the side of the practitioners of indigenous medicine also, there should be some kind of give and take.

Of course, biggest kind of openness has to come from the government. There will be concerns and especially from the ultimate beneficiaries. All said and done, it is not just about the practitioners of this kind or the practitioners of that kind and then the government in the middle. Ultimately, everything is done in the name of the people and for the people and they can not be neglected. We have to take into account the kind of mental state - there will be concerns on the part of the people also - as much as they might want to support, out of cultural reasons, or because it is Indian medicine or it is just locally available (rather than patronizing some foreign company or trying out something which is coming from some other country far away). As much as they might have all the good intentions, still the question of reliability (can I trust?) - especially among educated people who are used to the scientific method and who are used to proofs. Western pharmaceutical products are tested in the lab - even if they do not see it - there are proper procedures, safety measures and they are accountable and can be tested by others. But can the same be said about indigenous medicines? Suppose there is a tradition in my own village - there is this particular man, with a particular stature and with some kind of knowledge inherited from the family. He says when you have this problem, take a combination of this leaf and that leaf, I would, for several reasons (like it is easily available and may not have side effects - which is another big concern among the beneficiaries with regard to modern medicine), want to have that. But then what is the proof? Who is he? Does he have a lab? Is he a scientist? Can I just trust his stature, his grandfather's stature and take it? Sometimes I may take just out of faith, or because my intuition says it is good. All this is happening - many of us do it just because we feel it is right and nothing will happen to us. We can try but then is that scientific or will be playing with our lives? Will these suffice? Can they substitute for actual tested ways and products?

This also calls for more serious things - again it is not just about the tablet or the herbal medicament and all that - it involves many other things - about the heart, the mind and even philosophical questions - about what is reason - is it only what the western man says is reason? Is reason something which can be only cultivated in the lab? Can't there be alternative kinds of reasons - where I also have some room for intuition which is also coming from the same brain? It is not like I am being irresponsible or not being reflective. Is it possible to think of reason beyond the way it has been defined to us in the so-called modern scientific method or by the western world? Is there a possibility of the meeting of several kinds of rationalities? Or do we have to be always rational itself? That itself is question and then what kind of rationality.... Thus in medicine ..it is not an easy job.. on the one hand, we might think what is politically correct and culturally the right thing to do is to patronize (indigenous systems) and do epistemological justice and all that. But then there are all these kinds of issues that we have to keep in mind.

Now, we will go on and go back to where we started the course and take a quick recap of some of the important things and then end with some more final reflections. One of the things that this course, I hope, has done to all of you is that to question several things which we would have just assumed about what medicine was: we know what is medicine ..we know what is health... or disease... But, things are very complicated - starting from the word 'medical' itself - which is not fixed. What was once not at all a medical issue or what not did not belong to the medical domain is now very much part of it or what was medical may actually get out. It is always changing, contingent and with lots of overlapping meanings and especially culture-bound. But even after we arrive at the definition of medicine - including everything: medicine is not just about hospital, clinics and injections - it involves production, it involves research, it involves hygiene, it involves sanitation and all that - we see that still it would involve many other things. As we saw in the last few minutes, there are many things of the heart and the mind, of the culture. There are many cultural and social issues. I think that is one of the biggest takeaways from this course. This will continue because medicine is much about life and life cannot be disentangled from culture and especially the local culture and social society and its values.

Therefore in the colonial context, it became even more a site of cultural contest - it was not just medicine it was a more of a cultural battleground. To start with, the British generally, not only in medicine, when they came, they were more open to indigenous cultures and systems and there were very practical reasons for that. One was not to upset the apple cart too soon; not to rub on too many wrong shoulders and also because their primary interests were something else- trading and quick money making - and this was not their priority. Another important reason was that they were not sure about how long this was going to be. With regard to medicine itself, there were other practical considerations like 'local malady, local remedy' - it's better to use what is available already there instead of importing everything and it probably is more suited - nature would have invested in such a way - blessed a particular place with the kinds of remedies that are needed for its own diseases - those kinds of beliefs. Also there was not too much of a difference in terms of aetiology - for instance, the humoral theory and all that. There was also appreciation and understanding of the richness of the local materia medica. For these reasons, there was a kind of very positive attitude towards the indigenous culture generally and to medicine. But after the 1830s, and once they had settled down, and once they were confident enough, and once they had known that they were there for the long haul - considering the kinds of new territories that they were acquiring, the way kingdom after kingdom was falling, they knew that there was a lot to invest and therefore from the 1830s the earlier attitude changed. They felt more confident to intervene across the board and particularly, culturally they did not have the touchiness. Therefore, as we would expect, medicine became one of the most important grounds of that cultural encounter and medicine became ground for the British for all kinds of

cultural commentary, stereotyping and judgmentalism. There were all kinds of comments about 'unhealthy' habits, 'backward' religious customs, totally 'dirty' living styles, 'unhygienic' living styles. People were projected as such 'hapless' victims of the tropical climate - they could do nothing, they were just 'slaves' of the climate and therefore they were 'enervated', fatigued by heat, sexually hyperactive, lazy and some 'effeminate' because they were eating only rice and not meat or wheat. The problem and the tragedy was that many of that was actually internalized - indigenous people themselves came to seriously believe some of these things. They also later on reacted - they accepted and resolved that they had to do something to build virile and strong body - so, that was another kind of reaction.

Continuing on the British judgmentalism, we feel in retrospect, some of the customs were also not right. In fact not only in retrospect, even at that time itself, Indians themselves especially the educated elite Indians themselves felt that systems like the traditional Dai system were to be reformed when better alternatives were available. Indians themselves felt that it was rather crude and at least some Indians felt that child marriage was something of social as well as a medical danger because some other Indians felt that the colonial state was including too much into social life into matters like marriage. This is again an example of what was once not part of health or was a medical issue becomes a medical issue - child marriage. Some were concerned about the medicalization of these kinds of issues. But in some of these matters, Indians themselves felt they were wrong as they felt in the case of Sati and some of the social evils.

Now going to the British side, medicine became the terrain on which all kinds of criticisms were made - even concerning the evils of the lock hospital. In fact, the lock hospitals were introduced by them as a kind of a very open, licensed way of having prostitutes - basically for satisfying the carnal desires of the British soldiers - most of whom had come as bachelors here - far away from the family. It was natural that venereal diseases would be spread - but then there also the women was looked as a kind of a criminal - the local Indian women who were used in a very open way for this prostitution were seen as almost like criminals who had to be controlled and isolated and locked. Therefore, this is one example along with several others where it is not just about passing stereotypes and judgments, but grounds created for controlling the body and isolating the body like in other epidemics and all that.

This kind of condemnation and condescension became more shrill especially when a new kind of innovation happened in a particular field. For instance, if you take the field of cure for smallpox, variolation was good enough and was practiced even in Europe. But when something like vaccination came, then suddenly all of this looked very barbaric, crude and even criminal. Similarly when germ theory came, that is when they moved from humoral and much of the environmental paradigm - they felt even more confident about denouncing whatever was not within that view.

Apart from general condemnation of the habits, they had particular kind of not-so-friendly attitude towards Indian systems of medicine. They complained and criticized the 'backwardness', the mythologies associated it, its very 'unscientific' nature. Of course, they appreciated that once upon a time it was great, it had a hoary tradition - they did surgery and all that, but then that interest was not sustained and there was lethargy on the part of later descendants of the great exponents of the past - indigenous systems were invaded by all kinds of superstitions and rituals, and whatever they were doing - even if there were certain things that were effective, they were just because of dark empiricism blind empiricism, crude empiricism. Many of the things were termed or understood as criminal practices.

All this, about the indigenous systems. And then there was criticism of Indian reaction to western medical initiatives like vaccination - when people hesitated to accept say smallpox vaccine or other vaccines. Then there was criticism of Indians for their 'hard-headedness', lack of open mind, 'religious primitivism' - not being open to science and all that. All these were of one kind and then with regard to Indians who had managed to go into the western system - Indians themselves who were trained and who had entered the state system - there again, it's not like they were treated very warmly: first of all, they were employed at very low levels with less salaries and discriminatory salaries - sometimes with the same job, Indian would be given only one third or two thirds of the salary given to the Englishmen. There were also all these kinds of very openly said things - like English lives cannot be entrusted to Indian hands entirely, and definitely not to Indian systems of medicine ('even if we pick people from those background we have to train them..'). Even those were trained in the new colleges and those who managed to write the entrance exam to enter into IMS, once they entered there, again life was not very easy for the Indians. They were looked down upon based on race.