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In Search of Indigenous Medicine:
Medical Pluralism and the Ayurvedic Movement in Colonial India

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Abstract

Michel Foucault in his pioneering work The Birth of the Clinic *argues that with the onset of modernity healing practices throughout the world underwent significant epistemological and structural transformations. In the Indian context it was the colonial modernity which ushered similar makeover of indigenous healing systems such as Ayurveda and Unani. In this regard, the present paper explores the intricacies of the movement to revive Ayurveda as the 'indigenous' system of healing and its encounter with western medicine during the late nineteenth and early twentieth century. It shows that the proponents of indigenous medicine were not united not only in their response/resistance against western system of medicine but they were also divided within their own groups. Keeping this in view, the paper assesses the Ayurvedic revivalist movement of the aforesaid period arguing that any assumption of binaries in this matter is misleading. Further, this paper also highlights the social underpinnings of the emergence of 'modern' Ayurveda during this time.*

Keywords: Ayurveda, Unani, indigeneity, Hakim Ajmal Khan, All India Vaidya Sammelan

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Introduction

Writing in the Annual Report of the Ayurvedic and Unani Tibbia College in 1920 Hakim Ajmal Khan emphatically argued that '[I]f we want to take the administration of government into our own hands, we must right all national things, including the indigenous method of healing. Our real progress depends on these things. We fail in serving our country if we are dependent on outside things.'[1] In fact, by the late nineteenth and early twentieth century, the template of 'indigeneity'[2] or '*swadeshi*' or '*deshaj*' had become prominent in the public discourse of the newly emerged reformist elite of India due to various political and professional reasons. Political reasons were mostly guided by the emergence and growth of nationalism in India which required creation of an indigenous identity different from the colonial one. In this regard, Partha Chatterjee persuasively argues that the newly emerged reformist elite of the time tried 'to fashion a "modern" national culture that is nevertheless not western.'[3] While the colonized societies had to incorporate material techniques of modern western civilization in their projects of reorganization, it was imperative for them to maintain a distinctive spiritual essence in order to prevent the erosion of their national identity.[4] In this pursuit of construction of a non-western/non-European national identity the idea of 'indigeneity' was quite handy.

Rejuvenated indigenous traditions claiming their origin in remote 'golden past' were one of the significant tools of nationalist resistance against colonial domination.

At the same time mass demand for indigenous or *swadeshi* items, traditions and artefacts had the potentiality of opening new opportunities of livelihood and employment for the educated Indians. Here it is noticeable that besides being attractive politically, the idea of indigeneity had tremendous commercial appeal as well. The enhanced commercialization of Indian economy under colonialism created the background for cooption of indigenous

[1] Cited in Barbara D. Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan", *Modern Asian Studies* 19, no. 1 (1985): 20.

[2] Actually, colonial India witnessed the efforts both by the colonizers as well as the colonized to settle the issue of whatever is 'indigenous' to India. However, eventually both of them ended up making this category more messy, debatable and contentious than ever. This paper nowhere claims to resolve this contentious category, instead, it explores the complexities associated with what is called 'indigenous' with special reference to medicine. Hence, while I have avoided putting the terms indigenous and indigeneity everytime within quotes, one needs to bear in mind the complexity of this category in the Indian context.

[3] Partha Chatterjee, *The Nation and Its Fragment: Colonial and Postcolonial Histories* (Princeton: Princeton University Press, 1993), 6.

[4] Partha Chatterjee, "Colonialism, Nationalism and Colonialized Women: The Contest in India", *American Ethnologist* 16, no. 4 (Nov. 1989): 622-33.

products and traditions by the capitalist culture thereby making them a profitable venture. Thus, the idea of indigeneity gained prominence in the on-going public discourse of the late nineteenth and early twentieth century.

However, the classification of indigenous was, and still is, quite complex in the Indian context. After all, which cultural artefact, system or tradition truly represented India's 'indigenous' culture, or system, or tradition was/is very difficult to determine in a pluralistic society like that of India. This situation often led to what one may regard as cynicalization of the claims to indigenous culture, system or tradition where groups or communities or castes or class with certain vested interests of their own – through a combination of organization, publicity and politics – tried to establish their notions as being worthiest for the claim of indigenous often at the cost of 'other' such competing notions. The matter of indigenous medicine in India was not devoid of such cynical tendencies. The present essay explores this tendency in relation to the late colonial Ayurvedic movement which was poised to project Ayurveda as the true representative of 'time-tested' 'authentic' 'indigenous' healing system of India.

Incidentally, the initial historiography on medical revivalism in India viewed the indigenous response to western medicine in binary terms of resistance or acceptance.[5] It failed to look at the multiplicity and complexity of nationalist interaction and encounter with western medicine. Nationalist resistance and revivalism nowhere denied the possibility of 'interaction' and even 'selective adoption' even in the case of 'purists' and it was nowhere merely a question of complete resistance or complete acceptance of western system of medicine. For the first time it was Charles Leslie who way back in 1970s in his various articles talked about this 'interaction' and 'selective adoption' or to use his own words 'the ambiguities of medical revivalism in India.'[6] Further, the first decade of the twenty first century witnessed a flood of writings which clearly brought forth the complexity of the nationalist medical revivalism. Significant among them are the works of Seema Alavi, Neshat

[5] See R.C. Majumdar, "Medicine", in *A Concise History of Science in India*, eds. D.M. Bose, S.N. Sen and B.V. Subbarayappa (New Delhi: Indian National Science Academy, 1971), 213-268; Poonam Bala, "Medical Revivalism and the National Movement in British India", *Ancient Science of Life* 10, no. 1 (July 1990): 1-5.

[6] Charles Leslie, "The Professionalising Ideology of Medical Revivalism", in *Modernisation of Occupational Cultures in South Asia*, ed. Milton Singer (Durham: Duke University Press, 1973), 691-708; Charles Leslie, "The Modernisation of Asian Medical Systems", in *Rethinking Modernisation: Anthropological Perspectives*, eds. John Poggie and R. Lynch (Westport: Greenwood Press, 1974), 377-94; Charles Leslie, "The Ambiguities of Medical Revivalism in Modern India", in *Asian Medical Systems: A Comparative Study,* ed. Charles Leslie (Berkeley: University of California Press, 1976), 356-67.

Quaiser, Claudia Liebeskind (all of whom have focussed on Unani Tibb) and Kavita Sivaramakrishnan, Uma Ganesan, Madhuri Sharma and Projit Bihari Mukharji (who have dealt with Ayurveda).[7]

The aforementioned recent works have shown how the colonial context led to the evolution of 'new' vaids and hakims who differed remarkably from the hakims and vaids of earlier centuries. In fact, in their revivalist zeal, these new vaids and hakims fundamentally reshaped and redefined indigenous systems of healing in order to compete with the western system of medicine by incorporating novel traits such as standardization, professionalization, institutionalization, etc. In line with this, the present essay takes cognizance of the 'interactive indigeneity' in the case of Ayurvedic revivalist movement in colonial India.[8] Further, this essay also illuminates the social dimensions particularly the caste and class aspect within Ayurvedic revivalism. It is thus argued that reshaping and redefining of indigenous systems of medicine not only resulted from the resistance or revivalism, rather several other driving forces were involved in it.

The contested terrain of 'indigenous' medicine

Against the growing dominance, or more so hegemony, of western medicine[9] in India there emerged an entire movement to revive indigenous systems of healing by the late nineteenth and early twentieth century. It should be noted that western medicine in India was used by the British to colonize the 'Indian land' and the 'body' and access to western medical

[7] Seema Alavi, "Unani Medicine in the Nineteenth Century Public Sphere: Urdu Texts and the Oudh Akhbar", *Indian Economic and Social History Review* 42, no. 1 (2005): 101-29; Neshat Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory", in *Health, Medicine and Empire: Perspectives on Colonial India*, eds. Biswamoy Pati and Mark Harrison (New Delhi: Orient Longman, 2001), 317-355; Claudia Liebeskind, "Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900-50", in *Plural Medicine, Tradition and Modernity, 1800-2000*, ed. Waltraud Ernst (London: Routledge, 2002), 58-75; Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab, 1850-1945* (New Delhi: Orient Longman, 2006); Madhuri Sharma, *Indigenous and Western Medicine in Colonial India* (Delhi: Foundation Books, 2012); Projit Bihari Mukharji, *Doctoring Traditions: Ayurveda, Small Technologies and Braided Sciences* (Chicago: University of Chicago Press, 2016).

[8] Although I have briefly touched upon Unani, this essay is primarily focused on Ayurvedic revivalist movement in North India. Certain aspects of revivalist attempts in Unani medicine have been invoked largely in connection with explaining the features of ongoing Ayurvedic movement.

[9] While it is true that 'western' medicine was never a homogenous entity in terms of its origins and practices, I have preferred using this term over 'biomedicine' in the present essay largely because the Ayurvedic practitioners of the period under discussion used this binary opposition of 'indigenous' vs. 'western' to shape their revivalist nationalist discourse.

facilities had racial overtones.[10] This complicity between western medicine and colonial rule was so pronounced that according to some scholars, western medicine in India became synonymous with 'colonial medicine.'[11] Simultaneously, the frequent comparison/criticism of Indian systems of healing as 'primitive', 'prehistoric', 'stagnant', and 'non-scientific' methods of treatment, amounting to 'quackery', also disgruntled the reformist elite. In colonial medical discourse, Indian systems of healing essentially appeared as the non-scientific 'other' of western medicine. Despite occasional recognition of traditional Indian healing systems as useful, the binary opposition of western medicine and indigenous healing systems of India was by and large maintained by the colonial medical authorities.[12] Hence, for the Indian nationalist elite revival of a 'truly' Indian indigenous system of healing worthier than western system became crucial to their very identity. Thus, as Poonam Bala observes:

> '[I]n a move to reassess and construct a national cultural identity during the height of the national movement in colonial India, coeval with disbelief in British rule, Indian forms of knowledge, including Ayurveda and Unani, formed an essential component of the overall political prerogatives of claims over a rich historical past.'[13]

Nevertheless, the pursuit of the revival of indigenous systems of healing in India had its own intricacies. There were two fundamental questions which the practitioners and proponents of indigenous medicine had to resolve immediately. The first question was 'Which system most appropriately represented the indigenous healing system of India?' Secondly, 'What sort of practices, knowledge system and healers precisely constituted that indigenous healing

[10] For detailed discussion on this theme see Poonam Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective* (New Delhi: Sage Publications, 1991); David Arnold, *Colonising the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914* (Cambridge: Cambridge University Press, 1994); Anil Kumar, *Medicine and the Raj: British Medical Policy, 1835-1911* (New Delhi: Sage Publications, 1998).

[11] The term 'colonial medicine' does not merely refer to western medicine/medical practices which came to be disseminated through colonial regimes, rather as defined by David Arnold, it was 'the operation of colonial power within and through medicine in a colonial setting'. See David Arnold, *The New Cambridge History of India III.5*, *Science, Technology and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2000), 15.

[12] In a way, this 'otherization' of Indian healing systems was also linked to the Orientalist reconstruction of Indian civilization which portrayed it as the 'mirror opposite of the West'. The idea that Indian healing systems were 'great' at some point of time in history but had come to stagnate over past few centuries was inculcated deeply by the British orientalists in the nineteenth century. That is why, as observed by Claudia Liebeskind, the medical revivalism in India worked within the 'ideology of decline' whereby its proponents believed that indigenous medical systems needed to be revived in order to regain its 'former height'. See Liebeskind, 'Arguing Science', 58-75.

[13] Poonam Bala, '"Nationalizing" Medicine: The Changing Paradigm of Ayurveda in British India' in *Contesting Colonial Authority: Medicine and Indigenous Responses in Nineteenth and Twentieth Century India*, ed. Poonam Bala (Lanham: Lexington Books, 2012), 2.

system which is deemed as most appropriate for the aforesaid claim of indigeneity?' The response to these two pertinent questions made the entire scene of indigenous medicine quite complex as claims and counterclaims plagued the whole discourse of medical revivalism. As the present essay would argue, the responses were not solely premised on medical grounds, rather they were driven by narrow socio-political considerations comprising caste, class and community oriented concerns. In this regard, the essay particularly focuses on the late colonial Ayurvedic revivalist movement emerging out of North India.[14]

Unity of knowledge vs. 'Hindu' vaids and 'Muslim' hakims

To address the first concern, any question regarding which system in India truly represented the indigenous healing system was a tricky one. India has traditionally been the abode of various healing systems ranging from Ayurveda to Unani to Siddha to other practices which did not fall under any 'system' (non-systemic healing practices).[15] Out of these, Ayurveda and Unani emerged as primary contenders for the aforesaid claim of 'indigeneity' during the period under discussion. Nevertheless, for the time being the proponents and practitioners of different healing systems joined hands to fight back the growing (colonial) influences of western medicine in India. This collaboration between Ayurveda and Unani at the national level was manifested through the writings and the works of Hakim Ajmal Khan, fondly regarded as '*Masih-ul-Mulk*' (Healer of the Nation).

Born in Delhi on 11 February 1868, Ajmal Khan was associated both with the Indian National Congress and the All India Muslim League,[16] and was a renowned practitioner of indigenous medicine himself. He was the scion of what was regarded as India's leading Unani Tibbi family, the Sharifis of Delhi. Over the years his political outlook moved from Sir Saiyid Ahmad Khan and his Aligarh style of politics to championing the cause of Hindu-Muslim

[14] Here it should be kept in mind that the present essay nowhere denies the fact that that there were various regional Ayurvedic discourses as well as discourses from the margins each of which had its own specificities respectively. In other words, this essay duly acknowledges that the Ayurvedic discourse of the time was neither singular nor monolithic. Hence, one should not generalize the conclusions of the present essay across regions and margins.

[15] Incidentally, medical pluralism as a phenomenon was not only restricted to India. As Roy Porter argues, even in Europe the terrain of healing has always been characterized by great diversity, with learned or scientific medicine existing alongside popular or folk traditions, irregular or alternative medicine, as well as 'quackery'. For details on medical pluralism in European context see Roy Porter, ed., *The Popularization of Medicine, 1650-1850* (London: Routledge, 1992). See also Waltraud Ernst, ed., *Plural Medicine, Tradition and Modernity, 1800-2000* (London: Routledge, 2002).

[16] Interestingly, Hakim Ajmal Khan shares a rare feat together with M.A. Ansari and Mohammad Ali Jauhar of having been elected as President of both the Indian National Congress (Ahmedabad session, 1921) as well as the All India Muslim League (Amritsar session, 1919). Simultaneously, he was also the President of the All India Khilafat Committee.

unity.[17] It was through the efforts of Hakim Ajmal Khan that the first meeting of the All India Ayurvedic and Unani Tibbi Conference was convened in 1910. The three main objectives of the Conference, as delineated by Guy Attewell, were: Firstly, to further the institutionalization of Unani and Ayurveda, in separate or combined schools; secondly, to encourage the horizontal dissemination of knowledge of indigenous medicine bringing them out of the hereditary control of traditional vaids and hakims; and thirdly, to provide a forum to lobby and bargain with the government for advancement of indigenous medicine.[18]

Incidentally, the All India Ayurvedic and Unani Tibbi Conference of Hakim Ajmal Khan was at the forefront of the aforesaid agenda of collaborative action. It used to organize annual *jalsas* or gatherings where Ajmal Khan invited the prominent people of the city such as local elites, zamindars, honorary magistrates, municipality members, etc. Besides seeking popular support for indigenous healing systems, cultural events like *kavi durbars* and *Tibbi mushairas* were unique to these *jalsas* which encouraged the intermingling among Ayurvedic and Unani practitioners.[19] While the Conference nowhere challenged the standard colonial dichotomy of 'Muslim-Unani' and 'Hindu-Ayurveda', it emphasized on the unity of *ilm* (that is, knowledge) of indigenous medicine in India. In fact, Hakim Ajmal Khan went on to refer vaids and hakims as constituting one *qaum* (community) or *groh* (group) irrespective of their religious affiliations.[20] For him growing influence of western system of medicine under the patronage of the colonial state was the primary concern which required immediate attention of both vaids as well as hakims. Hence, he concentrated on waging a unified resistance against western medicine. He and his Conference, in fact, remained at the forefront of opposition raised against the discriminatory Medical Registration Acts[21] passed by various provincial governments in the second decade of the twentieth century.

The collaborative pursuits of Ajmal Khan could also be seen in the establishment of an Ayurvedic and Unani Tibbia College in Delhi. Aimed at harmonious promotion of both Ayurveda and Unani, its foundation stone was laid by the then Viceroy of India, Lord

[17] Liebeskind, "Arguing Science", 60.
[18] Guy N.A. Attewell, *Refiguring Unani Tibb: Plural Healing in Late Colonial India* (Hyderabad: Orient Longman, 2007), 152-53.
[19] Sivaramakrishnan, *Old Potions, New Bottles*, 116.
[20] Attewell, *Refiguring Unani Tibb*, 158.
[21] These Acts made a distinction between the 'registered' and the 'unregistered' practitioners or between 'legally/duly qualified' and 'unqualified' practitioners though only in the case of the practitioners of western medicine. The practitioners of indigenous medicine were kept outside the purview of official registration which was taken as a symbol of colonial disrespect by the vaids and hakims of the twentieth century.

Hardinge, in 1916, and was inaugurated eventually by Mahatma Gandhi in 1921 at the height of non cooperation movement. In his inaugural speech at the opening of the Ayurvedic and Unani Tibbia College, Mahatma Gandhi considered it a prominent symbol of Hindu-Muslim unity.[22] Similarly, it was on the advice of Hakim Ajmal Khan that Hakim Wasil Khan established the Unani and Ayurvedic Medicine Company (later renamed as Hindustani Dawakhana) to produce Ayurvedic and Unani drugs. It was through the constant efforts of people like Ajmal Khan that the Indian National Congress eventually recognized the claim of indigenous systems of medicine and passed a resolution at its thirty-third session in December 1918 stating:

> 'Recognising the comparatively dominant prevalence of the Ayurvedic and Unani systems of medicine in India and their undeniable claims to usefulness this Congress strongly recommends to the Government of India the eminent desirability of taking definite steps to secure to them the advantages vouchsafed to the western system under the present administrative policy of the Government.'[23]

However, in spite of the collaborative efforts of people like Hakim Ajmal Khan, the early twentieth century simultaneously witnessed intensified polarization even in the field of indigenous medicine when vaids and hakims throughout North India openly took sides with communal forces. In the discourse associated with such communal polarization the revival of Ayurveda/Unani was emphasized upon by linking it with the broader agenda of Hindu/Islamic revivalism and the consolidation of Hindu/Islamic religious, cultural and national identity. Hence, despite efforts of conciliation, indigenous healing practices eventually turned into symbols around which there was possibility of communal polarization. It was yet another example of the construction of a communal identity by extracting sacred symbols and spaces out of their context and developing around these an idiom and a specialized vocabulary so as to express the vision of a 'politically constructed community' and to subsequently mobilize it around these erstwhile sacred symbols/spaces often in opposition to the 'other' community.[24] Ayurveda and Unani now vied for 'truly' representing indigenous healing tradition of India, often condemning each other. This rivalry between

[22] "Speech at Opening of Tibbi College, Delhi, February 13, 1921", *The Collected Works of Mahatma Gandhi*, 3rd revised ed. (New Delhi: Publication Division, 2000), Vol. 22, 341.

[23] See "Memorandum", F.No. 174-175/B, August 1926, Health Branch, Education, Health and Land Department, National Archives of India, New Delhi.

[24] For detail on this phenomenon of construction of a community around erstwhile sacred symbols and spaces especially in North India see Sandria B. Freitag, *Collective Action and Community: Public Arenas and the Emergence of Communalism in North India* (Berkeley: University of California Press, 1989).

Ayurveda and Unani along communal lines was intensified particularly by the All India Vaidya Sammelan.

The first session of the All India Vaidya Sammelan was held in Nasik, in 1907, with the twin objectives of streamlining and standardising the Ayurvedic discourse/movement and to bring all vaids under one roof thereby giving them a collective corporate identity. There were various provincial units of the All India Vaidya Sammelan each under the control of an Ayurveda Mandal of its own. Organizationally, all the Ayurveda Mandals used to function under the supervision of the Ayurveda Mahamandal which was a permanent standing committee and representative body of the All India Vaidya Sammelan. Ayurveda Mahamandal was founded during the third session of the Sammelan (Allahabad, 1911) to organize these annual gatherings, to formulate the norms of the profession and to keep an eye over Ayurvedic educational institutions. Many prominent vaids of the time were associated with the Sammelan and participated actively in its proceedings. Notable among them were Jagannath Prasad Shukla, Shankar Daji Shastri Pade, Gananath Sen Saraswati, Vaidya Yadavji Trikamji Acharya, Ranchhor Das Kirtikar and G. Srinivasmurthy. Incidentally, the founding members of the All India Vaidya Sammelan such as Shankar Daji Shastri Pade and Jagannath Prasad Shukla were also members of the Hindu Sabhas and the Hindi Sahitya Sammelan and were actively associated with Hindu communal politics.

The Vaidya Sammelan often claimed to be the sole spokesperson of the Hindu vaid interests and stressed that the concerns and interests of the Hindu vaids were not only different but also antagonistic from that of the Muslim hakims. This led to suspicion on the part of the Sammelan regarding the activities of the All India Ayurvedic and Unani Tibbi Conference which had been emphasising on the collaboration and cooperation of the indigenous practitioners of both kind. Incidentally, in the discourse of the Sammelan, the All India Ayurvedic and Unani Tibbi Conference was characterized as 'Vibhishana'[25] whose activities, no matter how righteous they might be, should always be handled with care.[26] The Sammelan overwhelmingly used the popular templates of Hindu communal consciousness like 'Aryan heritage', 'ancient Hindu Sanskrit-based' learning of the sages and their sacred writings, epics like *Ramayana* and *Mahabharata*, 'Hindu science', theory of 'dying Hindu

[25] A mythical character in the ancient Indian epic *Ramayana* who went on to become a symbol of betrayal.

[26] *Sudhanidhi* 2, no. 3 (1913): 168. *Sudhanidhi* was the famous Ayurvedic magazine started in 1909 by Jagannath Prasad Shukla who, in turn, was also associated with the mouthpiece journal of the All India Vaidya Sammelan viz. *Vaidya Sammelan Patrika.*

race', and several other popular beliefs in its discourse. Further, under the aegis of the Sammelan issues like 'Hindi *prachar*', 'cow protection', and the cause of 'Hindu education' often formed the subject of vaid campaigns throughout North India.[27] In the discourse of the Sammelan, Ayurveda figured not only 'distinct' from other existing healing systems but also most 'original' and 'indigenous' to the Indian soil owing to its local origin vis-à-vis Unani which was deemed as 'foreign'. Further, the Sammelan emphasized Ayurveda as being 'sacred' derived primarily from Hindu Vedic gods and scriptures thereby associating it with diverse elements of Hindu mythology and sages. Incidentally, for the Sammelan, Ayurveda and Unani represented not merely systems of medicine, but distinct cultures and hence defence of Ayurveda inherently implied the preservation of a 'glorious' 'Hindu' heritage. In this regard, a separate common front of Hindu vaids was advocated by the Sammelan and its leaders such as Jagannath Prasad Shukla to counter the Muslims and their tactics to humiliate the Hindus for selfish gains.[28] More specifically, a collective identity of Hindu vaids was sought by the Sammelan not just to revive and promote Ayurveda but to associate with politicized networks in order to nourish an overarching Hindu culture as well as the nation.

Here the deification of Dhanvantari as the common 'professional deity' of Ayurvedic practitioners and related celebrations of *Dhanvantari Mahotsava* at the behest of the Sammelan played crucial role in forging collective consciousness and identity amongst the vaids and gave their movement a sacred aura. It is noticeable that there is hardly any evidence of Dhanvantari being hailed as God of the Ayurvedic practitioners prior to the twentieth century. The initial popularity of Dhanvantari as a professional deity of vaids was clearly because of the support and publicity it received from popular Ayurvedic journals and the leaders of the Vaidya Sammelan.[29] Numerous Ayurvedic journals carried the imprint of Lord Dhanvantari right in the beginning or on the cover page along with ritualistic hymns or mantras devoted to him. Further, as pointed out by Madhuri Sharma, by the end of the 1940s each Ayurvedic practitioner used to keep an idol of Dhanvantari and began their daily routine only after praying to him.[30]

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[27] For communal overtones of the late colonial Ayurvedic discourse at the behest of the All India Vaidya Sammelan see Saurav Kumar Rai, "Invoking 'Hindu' Ayurveda: Communalisation of the Late Colonial Ayurvedic Discourse", *Indian Economic and Social History Review* 56, no. 4 (October-December 2019): 411-426.

[28] *Sudhanidhi* 2, no. 3 (March 1912-13): 169.

[29] In this regard, Kavita Sivaramakrishnan especially mentions the crucial role played by Jagannath Prasad Shukla and his journal *Sudhanidhi* in consolidating forms and rituals of Dhanvantari worship (see Sivaramakrishnan, *Old Potions, New Bottles*, 117).

[30] Sharma, *Indigenous and Western Medicine in Colonial India*, 81.

Similarly, in the changing political climate of the early twentieth century communitarian concerns dominated the Unani revivalist discourse as well. The explicit manifestation of this communitarian tilt of Unani was the widening rift and clash of egos between the Delhi family of Hakim Ajmal Khan and the Lucknow family of Abd al Aziz[31], the two prominent Unani families of the time. The Lucknow hakims formed an exclusive association of their own called Anjuman-i-Tibia, in 1911, advocating an unalloyed professional Unani distinct from Ayurveda. Likewise the All India Vaidya Sammelan, the Anjuman opposed the conciliatory tactics of Hakim Ajmal Khan's All India Ayurvedic and Unani Conference. It went on to make an appeal to the hakims of the province, particularly that of Lucknow, to boycott the Conference. Soon Anjuman-i-Tibia was renamed as the All India Unani Tibbi Conference thereby claiming for a wider credibility among the practitioners pledged to work for the advancement of Unani alone. Thus, the interests of *qaum* (i.e. community) received an upper hand over the interest of the *mulk* (i.e. nation) in the Unani medical discourse of the communally charged atmosphere of North India.

Interactive indigeneity

Moving towards the second contentious issue the conflict was not just between the Hindu vaid and the Muslim hakim, but vaids and hakims were divided also within their 'own groups' respectively. This internal division was largely over the question of the nature of practices, ideas, knowledge and healers that precisely constituted the projected indigenous system of healing. This issue became particularly significant as a lot of dialogue/interaction had been going on between western medicine and/among indigenous systems of healing during this time often resulting into flow of medical ideas and healing practices across different systems. Hence, it was significant for the proponents of Ayurvedic revivalism to streamline the whole system as one major criticism levelled against it by the colonial authorities was that it constituted an eclectic mixture of practices and was devoid of any standard knowledge system.

As K.N. Panikkar points out that caught in a paradox to discard the old and create a new cultural milieu, on the one hand, and to preserve or retrieve the traditional cultural tropes

[31] Medical services of the Azizi family began when the Mughal Empire was breathing its last. Along with the Sharifi family of Delhi, it played an important role in sustained development of the practice of Unani Tibb even in those tumultuous days. The family derived its name from the most famous hakim of the settlement Abd al Aziz (1855-1911) who made serious efforts for the progress of Unani medicine. He wrote a treatise on Unani drugs, *Tuhfah-i-Azizi* and founded a medical school in 1902.

so that the past is not swept off the ground, on the other; the proponents of indigenous medicine engaged critically with both western medicine as well as the classical texts in their quest of revitalising Ayurveda.[32] As a corollary, even in their resistance to western medicine, there was often a tacit acceptance of the standards set by the colonizers. In other words, the indigeneity professed by the newly emerged reformist elite of the late nineteenth and early twentieth century was 'interactive indigeneity'. Hence, there is need to look beyond the simple framework of 'resistance' and 'acceptance', and to explore the reorganization of the entire practice in a modern colonial context. In their revivalist quest, the vaids and hakims of the time dramatically reshaped and redefined indigenous systems of healing to incorporate the traits on the basis of which western medicine was claiming its superiority. Incidentally, these adoptions were largely the product of hegemony created by colonial conception of a 'modern' 'scientific' healing system which forced the Ayurvedic practitioners to 'reform' while reviving their system of healing so as to match the standards set by the colonial authorities. Hence, the Ayurveda which was revived in late nineteenth and early twentieth century was 'modern' Ayurveda and its practitioners were 'new' vaids exhibiting sharp contrast with classical Ayurveda[33] and traditional vaids.

The three traits that were adopted by the Ayurvedic practitioners from western medicine during the period under discussion which, in turn, made it different from the classical Ayurveda were: institutionalization of learning, standardization of remedies, and pharmaceuticalization. Prior to the late nineteenth and early twentieth century, Ayurvedic knowledge was passed from one generation to the next primarily through apprenticeship or through the institution of the family. The '*Guru-shishya parampara*' (or the tradition of mentor and disciple) was the fulcrum of transmission of Ayurvedic knowledge. However, lack of any standard institutionalized training was viewed as a sign of backwardness of Ayurveda by the colonial rulers. In response to this one can see a number of Ayurvedic schools and colleges coming up in different parts of the country during the aforementioned period to impart institutional trainings in Ayurvedic learning. At the same time curriculum of Ayurvedic course was attempted to be homogenized across regions. It was with this aim to standardize Ayurvedic training and education throughout India the All India Vaidya Sammelan, during its third annual session at Allahabad (1911), proposed to establish an

[32] K.N. Panikkar, "Indigenous Medicine and Cultural Hegemony: A Study of the Revitalisation Movement in Keralam", *Studies in History* 8, no. 2 (1992): 283-308.

[33] By classical Ayurveda I simply mean the form of Ayurveda which was there in pre-colonial India. This nowhere implies that Ayurveda as a system of healing remained unchanged through the centuries of its existence.

'Ayurvedic Vidyapith' to promote Ayurvedic education and to prescribe the syllabus for the same.

Further, if we look at the classical Ayurveda, it lacks standardization of remedies. If two patients suffering from the same disease approach a traditional vaid, the remedies imparted to them were not always be the same. This is largely because to a traditional vaid more than the disease, it is the factors leading to humoral imbalances that are more significant. Disease for him is nothing but expression of either excess or deficiency of one or more types of humors at a particular point of time thereby distorting the equilibrium. Hence, for a traditional vaid daily routine and dietary habits of an individual invite greater attention than the disease itself. On the other hand, western medicine resorts to standardization of remedies viz. same remedy for same disease (although the dose of medicine might differ based on the severity of the disease). Therefore, the non-standard remedial procedures of traditional Ayurveda were criticized by the practitioners of western medicine. As a result, the new vaids of twentieth century also started advocating in favour of standardization of remedies to an extent that textual authority gained prominence over the experiential and personalized knowledge.

In a similar vein, prior to the late colonial period, in the case of traditional Ayurveda the same person assumed three different roles – the person who diagnosed the disease (that is, the doctor), the person who prepared the medicine (that is, the pharmacist) and the person who imparted the medicine (that is, the chemist). Colonialism fundamentally altered this unified set up of the traditional Ayurvedic healing system where all the three identities (doctor, pharmacist and chemist) were merged into one person. This separation was more pronounced in the field of preparation of Ayurvedic medicine in the form of pharmaceuticalization. By the late nineteenth and early twentieth century, we see the emergence of some big pharmaceutical companies in different parts of India manufacturing indigenous drugs. For example, C.K. Sen & Company of Calcutta was established by Chandra Kishore Sen in 1878 that started large scale production of indigenous medicines from 1898 onwards; N.N. Sen & Company in Bengal was established in 1898; Shakti Aushadhalaya was established in 1901 in Dacca; and Arya Vaidyasala of Kottakkal (Kerala) was established in 1902 by P.S. Varier, and few others. Some of the nationalist leaders such as P. C. Ray also pushed for the manufacturing of standardized Ayurvedic remedies. Similarly, Madan Mohan Malviya opened an Ayurvedic pharmacy in Benares after

consulting eminent vaids of the city. At the same time one can also trace the origin of present day Ayurvedic pharmaceutical giants such as Dabur (1884), Zandu (1910), Baidyanath (1917) and Himalaya (1930) during this period.[34]

Besides these big pharmaceutical companies manufacturing indigenous drugs on a large scale, there were numerous small pharmacies in different cities operating at the local level. In fact, the rise and growth of patriotic fervour particularly following the partition of Bengal in 1905, wherein boycott of foreign goods was adopted as one of the tools of anti-colonial nationalist agitation, gave fillip to Ayurvedic pharmacies as well.[35] The contemporary newspapers often carried advertisements of these pharmacies and medicines prepared by them and the tall claims that they used to make about their products (for illustration see Fig 1).[36]

Thus, by early twentieth century 'modern' Ayurveda and new vaids appeared at the forefront of Ayurvedic revivalism in India. They gradually pushed the traditional vaids into background and came up with their own version of Ayurveda which they deemed as most authentic and worthy of claiming the status of India's indigenous healing system.

Making of an upper caste/class Ayurveda

The social structure also played an important role in creating fissures within the practitioners of indigenous medicine around the issue related to precise practices/knowledge/healers constituting a particular system of healing. Here it should be noted that no trace of 'Ayurveda' as a canonical text can be found by the same name even in its mutilated form. The earliest traceable Indian treatises carrying Ayurvedic concepts are *Charaka* and *Sushruta Samhitas*. In the absence of a canonical text, over a period of time a number of healers and their healing practices entered the broader realm of Ayurveda.

[34] For detailed description of pharmaceuticalization of Ayurvedic drug manufacturing and consequent shifts see Madhulika Banerjee, *Power, Knowledge, Medicine: Ayurvedic Pharmaceuticals at Home and in the World* (Hyderabad: Orient Blackswan, 2009).

[35] Sujata Mukherjee, "Ayurvedic Medicine in Colonial Bengal: Challenge and Response", in *India's Indigenous Medical Systems: A Cross-Disciplinary Approach*, eds. Syed Ejaz Hussain and Mohit Saha (New Delhi: Primus, 2015), 108.

[36] For detailed discussion on how these medical advertisements turned 'users' into 'consumers' see Madhuri Sharma, "Creating a Consumer: Exploring Medical Advertisements in Colonial India", in *The Social History of Health and Medicine in Colonial India*, eds. Biswamoy Pati and Mark Harrison (London and New York: Routledge, 2009), 213-228.

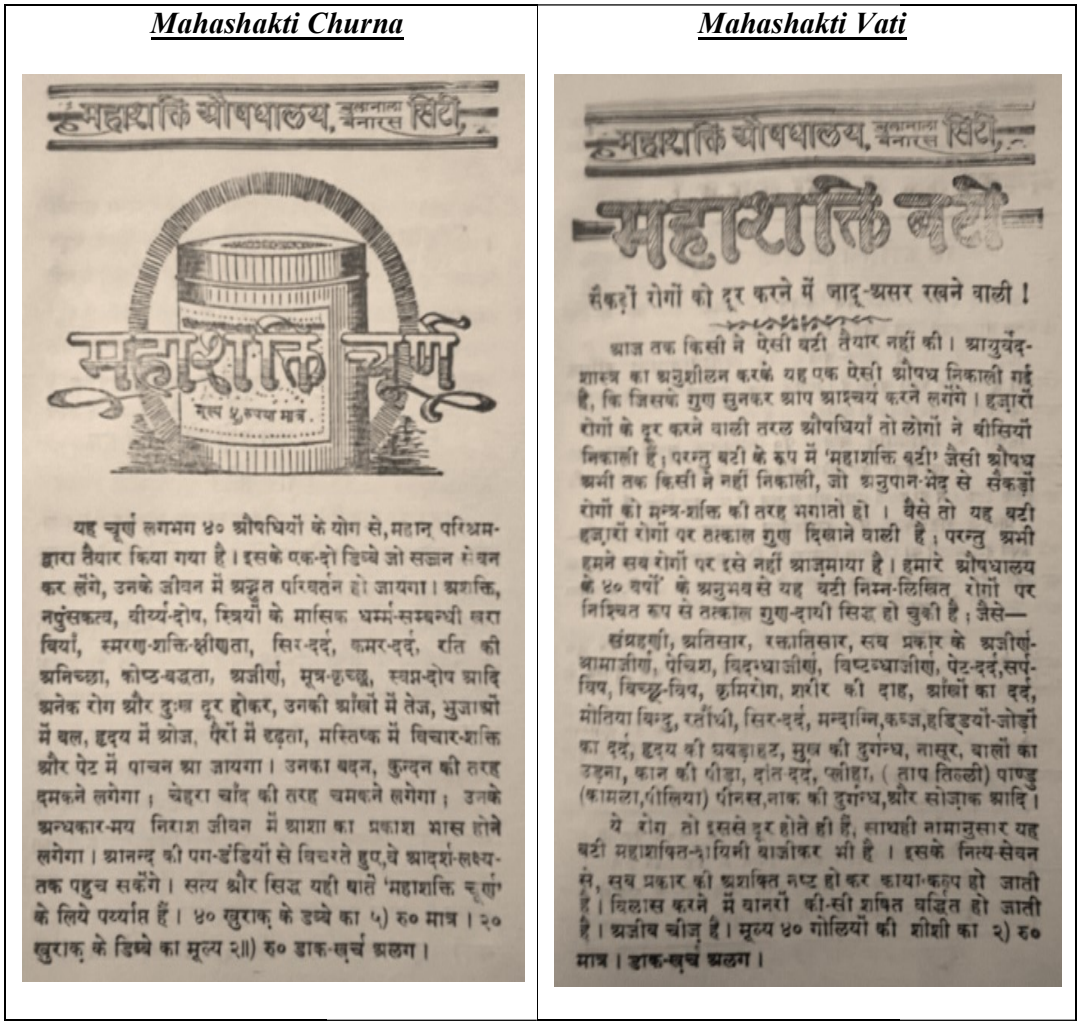

Figure 1: Some of the advertisements of Ayurvedic panacea or *Ramban Aushadhi* by Mahashakti Aushadhalaya (Benares). Note the claims made and the language used in these advertisements.

[Source: Pravasi Lal Verma, ed., *Arogya Mandir* (Benares: Mahashakti Sahitya Mandir, 1927)]

In this regard, Charles Leslie in one of his seminal texts on medical anthropological study titled *Asian Medical Systems* writes 'Asian medical systems are intrinsically dynamic, and, like the cultures and societies in which they are embedded, are continually evolving'[37], and rightly so. Hence, the boundaries of Ayurveda over the centuries remained fluid and undefined. This drew severe criticism at the hands of colonial rulers who were more prone to fix boundaries of hitherto fluid cultural practices. Owing to the fluidity of healers and healing practices mentioned above, the colonial authorities refused to accept Ayurveda as an organized system of healing.[38] This, in turn, led to the efforts on the part of new vaids to streamline the Ayurvedic system wherein caste and class paradigms came into the scene.

As K.N. Panikkar remarks '[T]he quest to revitalise indigenous medicine reflected a multi-pronged struggle for cultural hegemony, not only between the colonizer and the colonized, but also between the classes within the colonized society.'[39] In other words, the entire project to recast indigenous medicine which was going on in the period under discussion cannot be studied while ignoring the paradigms of both caste and class. While the newly emerging vaids were contesting the dominance of western medicine, they were also trying to purge the tribal and low caste healing practices and influences (all of which constituted an important part of folk healing) out of the fold of Ayurveda.[40] This was part and parcel of the creation of an upper caste/middle class identity of Ayurveda during this time. Simultaneously, it also manifests the process of urbanization of Ayurveda as most of these new vaids belonged to the urban landscape.

Incidentally, in its efforts to streamline Ayurveda, not only were the practitioners of the 'other' systems targeted by the Sammelan, but alongside, it also tried to purge a number of low caste/class folk healers and lay practitioners ('subaltern vaids') as well from within its fold. It was believed that in due course of time many people had entered the field of

[37] Charles Leslie and Allan Young, eds., *Paths to Medical Knowledge* (Berkeley: University of California Press, 1992), 6.

[38] The apprehension towards fluid boundaries, culture and identity was peculiar to colonial modernity. Scholars like Bernard Cohn have extensively shown that how in its urge to codify and categorize each and every cultural practice and knowledge system the colonial state eventually rigidified the complex Indian episteme and culture thereby stripping it of its characteristic fluidity. See Bernard S. Cohn, *Colonialism and its Form of Knowledge: The British in India* (Princeton: Princeton University Press, 1996).

[39] K.N. Panikkar, *Culture, Hegemony, Ideology: Intellectuals and Social Consciousness in Colonial India* (New Delhi: Tulika, 1995), 175.

[40] The medical terrain especially that of the countryside was full of such folk healers and subaltern practitioners who had also been claiming the Ayurvedic authority. Incidentally, most of these folk healers belonged to the lower strata of the society. In fact, there were a few subaltern healers who even specialised on a particular aspect of healing such as *Kohals* (folk eye surgeons), *Jarrahs* (orthopaedists or bone-setters), *Dais* (midwives), etc.

Ayurveda who did not possess the 'required' wisdom for this Vedic knowledge. They were more interested in reaping pecuniary benefits by making some panacea or through patenting any useful Ayurvedic drug. Lamenting on this trend Pandit Shaligram Shastri of Lucknow argued:

> 'Now-a-days majority of people learn Ayurveda from the viewpoint of pecuniary benefits and many people have entered the profession who are unable to understand the classical texts of Ayurveda in their entirety. These people neither comprehend the secrets of Ayurveda nor do they have enough wisdom to accomplish that. Right from the beginning, they remain in hunt of some useful "*nuskha*" (formula) like that of *Amritdhara* and *Sudhanidhi*, so that they can patent it and become an abbot of some Ayurvedic establishment. These are self-proclaimed *kavirajs* or *vaids* who bring utter disrepute to Ayurveda.'[41]

In a similar vein, Dr. K.S. Mhaskar in his article "Ayurveda ki Sadyah Sthiti" (Contemporary State of Ayurveda), went on to group these folk healers and lay practitioners of Ayurveda with *mali* (gardener), *chamar* (leather worker), *nai* (barber), *dhobi* (washerman) and *burhi vidhwa* (old widows) as 'practitioners of *Kali* age'.[42]

However, this entire process of purging the lower caste/class healers out of the fold of 'modern' Ayurveda was not so simple and was marked by its own contradictions and ambiguities. On the one hand, upper caste/class vaids were condemning the tribal and low caste methods of treatment which were in vogue particularly in the rural areas and were claiming some sort of Ayurvedic authority, while at the same time they were appropriating some of these methods by Hinduizing or Brahmanizing them. For example, in Orissa, the treatment of snake bite was largely the domain of low caste healers.[43] This was largely because while treating snake bites one had to touch the body or even the feet of the patient (who could be even from a low caste), which was 'demeaning' for the upper caste healers. However, over the late nineteenth and early twentieth century we see Oriya medical texts coming up which not only urged the Brahmins to take up this job, but also provided the treatment of snake bite with a 'ritualized Brahmanical slant'.[44] In a similar way, while the early twentieth century Ayurvedic tracts made tall claims about the presence of surgical knowledge in Ayurveda by

[41] Pandit Shaligram Shastri, "Vedon me Tri-dhatuvad", *Vaidya Sammelan Patrika* 3, no. 8-9 (August-September 1933): 156.
[42] Dr. K.S. Mhaskar, "Ayurveda ki Sadyah Sthiti", *Vaidya Sammelan Patrika* 1, no. 12 (December 1931): 284.
[43] Similar was the case with the then United Provinces where treatment of snake bite was generally carried by low caste healers known as *Bhagat*.
[44] Biswamoy Pati, *Situating Social History: Orissa 1800-1997* (New Delhi: Orient Longman, 2001), 18.

frequently referring to *Sushruta Samhita*,[45] it concealed the fact that it were mostly the low caste people such as potters, barbers, kohals, etc. who carried surgical knowledge over the centuries.[46] In other words, the traditional practitioners of surgery in Ayurveda were gradually sidelined and were made invisible in 'modern' Ayurveda.

Similarly, the 'modern' Ayurvedic discourse condemned severely *dais* (midwives) and *dhais* (wet mothers) for their alleged 'unclean and polluting' habits and behaviour as they belonged mostly to the low/untouchable castes.[47] That is why one can find a middle class/upper caste urge to get rid of these 'lowly' midwives in the name of their professionalization. In this regard, the reformist elite of the time openly sided with the governmental drive to professionalize midwifery. Widows of the 'good families' were motivated to take up the profession of midwifery and suggestions were made to always employ wet mothers of one's own caste.[48] Hence, it was not just the hegemony of western medicine or the prejudiced efforts of the colonial government that the professionalization of midwives was called for, rather traditional caste and class concerns were involved in this process as well. A distinct gender aspect was also involved in this reformist urge for the professionalization of *dais*. The entire activity surrounding child-birth prior to the twentieth century in India was an exclusively woman-dominated sphere. Men were excluded completely from *sutika griha* or *antur ghar*[49] and they hardly had any say in birth rituals and activities. However, the professionalization of

[45] It should be noted that out of the two earliest available treatises on Ayurveda *Charaka Samhita* deals with medicinal remedies, whereas *Sushruta Samhita* primarily expounds surgical treatments.

[46] It is very difficult to ascertain that whether the lower social status of those performing surgical operations was there right from the beginning or it was a later development. Medical historians have generally assumed that it was due to the growing influence of Buddhism and the associated philosophy of non-violence that surgical practices were come to be seen in low light. Referring to such demotion of the social status of those performing surgery, Susmita Basu Majumdar, on the basis of the study of epigraphs, argues that most of the physicians performing surgical operations had to look for alternative professions for subsistence and they mostly took the profession of barbers (as they already had surgical instruments which sufficed the requirements of the barbers' art) and potters (as besides making pottery the art of a potter also includes making clay models and the surgeons having a thorough knowledge of human anatomy could easily shape such models). See, Susmita Basu Majumdar, "Medical Practitioners and Medical Institutions: Gleanings from Epigraphs", *Proceedings of the Indian History Congress*, 69th session, Kannur (2008): 196-210.

[47] For such upper caste/middle class demonization of *dais* or midwives in colonial India see Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India* (Delhi: Permanent Black, 2001), 181-82.

[48] Ayodhya Prasad Bhargava, *Santati Shastra* (Benares City, 1923), 252-54. In fact, it was believed that caste characteristics could be transferred through breastfeeding. Hence, it was emphasized that a Brahmin family should always have a Brahmin, a Kshatriya family a Kshatriya, a Vaishya family a Vaishya, and a Shudra family should have a Shudra woman as wet mothers, respectively.

[49] A dark unventilated small room or hut built generally outside the main quarters, where the woman used to spend the last few days of her pregnancy just before the beginning of labour and also 10-12 days after giving birth for ritual cleansing.

midwifery was supposed to open up this sphere even for males as it did in Europe.[50] Thus, in the course of reviving indigenous systems of healing the practitioners of the same system were also divided among themselves along caste, class and community lines in determining the practices, knowledge and healers constituting their respective system of healing.

Conclusion

The search for the most authentic and legitimate indigenous healing system of India towards the end of the nineteenth and early twentieth century opened up a Pandora's Box. Contradictions and complexities appeared at each and every level of the ensuing debate. Incidentally, as discussed above, the rift was not only between different systems of indigenous healing, rather there were contentions even among the practitioners of the same system. There was a desperate urge to invoke and reinterpret the classical texts of Indian medicine to satisfy the standards set by the colonizers regarding a 'modern' scientific medicine. It was in this course that we see the emergence of 'modern' Ayurveda and 'new' vaids who attempted to pose their version of Ayurveda as the true representative of 'time-tested' 'authentic' 'indigenous' healing culture of India. As a matter of fact, this 'modern' version of Ayurveda had its own socio-political manoeuvrings which was manifested in the mainstream Ayurvedic discourse of the time as well. A close reading of the late colonial discourse associated with the Ayurvedic revivalism, particularly in colonial North India, exposes its caste, class, community and gender oriented concerns which constitute a separate subject of research. Here it may be concluded that the form of Ayurveda which we see today has its specific origin in medical revivalism of the late colonial period wherein the newly emerged reformist elite guided by their own political and professional interests decided to regenerate Ayurveda as 'indigenous' self.

[50] For details on gendered aspect of professionalization of midwives in colonial India see Supriya Guha, "From Dais to Doctors: The Medicalisation of Childbirth in Colonial India", in *Understanding Women's Health Issues: A Reader*, ed. Lakshmi Lingam (New Delhi: Kali for Women, 1998), 145-60; Geraldine Forbes, "Managing Midwifery in India", in *Contesting Colonial Hegemony: State and Society in Africa and India*, eds. Dagmar Engels and Shula Marks (London: British Academy Press, 1994), 152-72 and Anshu Malhotra, "Of Dais and Midwives: 'Middle Class' Interventions in the Management of Women's Reproductive Health in Colonial Punjab", in *Reproductive Health in India: History, Politics, Controversies*, ed. Sarah Hodges (Delhi: Orient Longman, 2006), 199-226.

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