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COLONIALISM AND MEDICINE: A STUDY OF AYURVEDIC MEDICINE IN LUCKNOW (1900-1947)

***AKHILESH KUMAR GAUTAM**

**Ph.D. Research Scholar Department of History Banaras Hindu University
E-mail: akkigauti@gmail.com*

ABSTRACT

One of the first conventional medical systems that have been practiced all throughout the world, endured for ages, and flourished is Ayurveda. The development of traditional medicine was largely fueled by the investigation of the old medical system. Ayurveda had a major part in the formation of the native Indian medical system and significantly influenced Indian nationalism throughout the colonial era. The concept of hegemonic power will be covered in this essay along with the understanding of the paths of compliance and resistance to western medicine. Colonial thought in India will also be covered in general, along with a variety of indigenous and subaltern responses that occurred during the colonial era. The national movement, which has been closely associated with the resurgence of Ayurveda, is a prime example of how political action is used to gain legitimacy for scientific research and medical practice when it comes to medical authority and dominance issues. During colonial rule, western medicine and its concepts were introduced to Indigenous medicinal knowledge and practices, which were then reinterpreted and reconstructed. During this time, Lucknow was a significant location where Ayurvedic medicine arose in huge numbers and nationalism served as a fertile field for Ayurvedic healing and activities.

KEYWORDS: *Medicine, Ayurveda, Colonialism, United Provinces, Lucknow*

INTRODUCTION

The basis of the traditional Indian medical system known as Ayurveda is the "natural" and comprehensive approach to physical and mental health. There have been thousands of years in this system. Ayurvedic medicine is a cornerstone of Indian traditional healthcare and one of the oldest medical systems in the world. The Sanskrit term for Ayurveda means "The Science of Life". The medical system known as Ayurveda originated on the Indian subcontinent. Ayurveda places a strong emphasis on balance in daily life, right thinking, eating a nutritious diet, leading an active lifestyle, and using medications to prevent disease and maintain health.¹ Understanding Ayurveda allows one to cultivate this harmony of body, mind, and consciousness based on their individual constitution. In order to attain and preserve this equilibrium, they can also modify their way of living. The manner of life of the indigenous population has been profoundly impacted by colonisation, which is perceived as a cultural invasion. The reshaping of medicine and perspectives on disease and treatment is initiated by the process of cultural regeneration in reaction to nationalist movements and colonial modernising processes. During the British rule, Ayurvedic, Unani, and Sidha medicines met the majority of the populace's colonial needs. There were also attempts to create an integrated composite system during this period.² The most significant development at this time was the arrival of Western medicine. Originally brought to India to help Europeans, it eventually became an imperial instrument. Throughout the first part of the twentieth century, the movement was sustained by Ayurvedic publications that addressed Ayurvedic knowledge and history. At the beginning of the century, nationalism provided the space or favourable environment for the growth of Ayurveda.

As soon as Ayurveda entered the modern medical governance arena, the colonial state denounced its substantive logics and practitioners' practices, but it often exploited the system's and its doctors' social and cultural capital to impose public health policies. Early nationalist organising gave the Indian body a new ethical mission and activated the bio via acts of protest and dissent, reviving it as a place of resistance.³ The Swadeshi movement at the start of the 20th century was the first to employ the idea of a universal Indian body as a political strategy. On the grounds of economic resistance, Indian consumers were advised to buy swadeshi, or products "of the land," rather than imported goods. The first professional association for Ayurvedic practitioners was established in 1907 and was called the All India Ayurvedic Congress (A.I.A.C.).⁴

The period between 1906 and 1935, considered to be one of the most significant for the development of Ayurvedic medicine, involved not only the increasing demand for swaraj, or home rule, which peaked in frequency and intensity during the 1920s and 1930s, but also the projection of a modern, scientific, and progressive image of India to legitimise and justify that very demand. Thus, attempts were undertaken at this time to prove the scientific and progressive credentials of ayurveda.⁵ Analysing the discourse around Ayurvedic

medicine might help us better understand the critical links that occurred throughout these pivotal decades of the 20th century between nationalism, identity, modernity, science, and medicine. Examining how indigenous practitioners argue for a divided response to colonial attempts to use western medicine to dominate the indigenous medical system is the main objective of the study on indigenous practitioners and colonial control.⁶

AYURVEDA MEDICINE DURING EARLY BRITISH PERIOD

Ayurvedic medicine and other traditional Indian medical methods were initially welcomed and even appreciated by Indians. However, by the late 1800s, Indian Western physicians began to view traditional medicine as inherently inferior, and they developed a strong dislike for ayurveda. Ayurvedic practitioners found themselves in a perilous position as a result of the loss of British assistance and a decline in royal patronage. They responded in two ways: on the one side, they revived and reconstituted the ayurvedic tradition, and on the other, they promoted it on a nationalist platform.⁷ The global search for a non-Western, non-medical system that is more appropriate, organic, native friendly, and has less side effects than allopathic care began when the colonial sickness exposed the so-called hegemonic medicine. In the evolution of indigenous medicine at this time, medical education rose to prominence. The first medical college opened its doors in Calcutta in 1835, and later medical schools opened in Lahore and Delhi as well. These institutions were first founded to serve the requirements of British soldiers stationed in India. Known as Thompson Medical College in Agra, the medical facility was established in the United Provinces in 1854 to provide training for aspiring physicians.⁸ In order to implement change, medicine and education played significant roles in colonial administration at the same time.

Dispensaries and government-run hospitals were only established in the most significant locations in the early 19th century, but they soon began to operate in other locations as well since the empire needed to expand.⁹ Rather than focusing on modern issues, the Ayurvedic discourse has organically expanded beyond the boundaries of the tradition as established by its ancient writings. Even so, during the 19th century, researchers such as Alavi and Berger observed the emergence of the national constitution rhetoric in the Ayurveda and Unani public spheres.¹⁰ The emergence of nationalist consciousness in the early 20th century was spurred by the Swadeshi movement, which addressed social and cultural aspects of serving the people following Bengal's partition.

AYURVEDIC EDUCATION AND NATIONALIST INSTITUTIONS ARRANGEMENT FOR MODERNIZING AYURVEDA AND ITS DISCRIMINATION

From the beginning, Ayurveda was primarily known as Hindu medicine and was practiced by Pandits, Rishis, and other religious figures. Hinduism and popular Hindu beliefs have been linked to Ayurveda because it was thought

that Hindus should naturally be tied to Ayurveda. The drive to bring back Ayurveda might be seen as a part of the emerging national consciousness in India, which sought to bring back Indian dialects while emphasizing the value of Sanskrit literature and language revival. Hindu cultural nationalism was fueled by the notion that Hindus are a monolithic religious and ethnic community and by claims that Aryan Vedic knowledge is superior.¹¹

One of the most significant outcomes of the government's decision to bring indigenous medicinal systems into official state medicine and to extend its acceptance of them was the establishment of educational facilities for the study of Ayurveda and Unani medicine. During this period, Ayurvedic institutions emerged, but Unani institutions had a completely different history. It took a long time for Ayurveda to gain professional recognition. Up until the 1920s, the primary method of teaching Ayurvedic knowledge was through the guru-shishya model.¹² Shriyut Pandit Shankardaji Shastri Pade of Allahabad founded the Akhil Bharatvarshiya Ayurved Mahasammelan and All India Ayurvedic College. These organisations were developed for social groupings and mostly consisted of Pandits and their followers. Establishing and overseeing a medical health department at the state and provincial levels was their main objective.¹³

The institutionalisation process was pushed upon by the Board of Indian Medicine, which would theoretically ensure that all Vaidys throughout the subcontinent had received equivalent training. Thus, the institutionalisation of medicine and medical policy was entwined with the provincial politics of the Raj and the emerging political empowerment of Indian actors.¹⁴ In order to register Vaidyas and Hakims, the United Provinces developed the Medical Registration Act. When the government objected to Ayurvedic medicine being used to treat tuberculosis and polio at the beginning of the 20th century, indigenous medical practitioners responded by replicating the treatment in their own unique method using their whole local knowledge and authority.¹⁵ The 1919 Montagu-Chelmsford reform established municipal medical councils, which strove to improve the knowledge and treatment of regional medicine and its practitioners throughout the united province. The 1919 Montagu-Chelmsford reform established municipal medical councils, which strove to improve the knowledge and treatment of regional medicine and its practitioners throughout the united province.

The primary source of disagreement was the Acharya classification, which has its origins not in the medical field but in Sanskritic tradition. The Institute emphasised on situating Ayurvedic teachings within the more conventional facets of practice, emphasising the role Sanskritic history played in drawing those lines, and distancing the practice from the links to medical "modernity" that the BIM had been attempting to ascribe to it.¹⁶ Ayurvedic practitioners were trained at other state-funded institutes using the College's curriculum as a model. The curriculum was split into studies on allopathy and Ayurveda over a period of five years. The Institute had to draft a formal constitution outlining the executive branch's role in the college's activities before it could receive

the grant of administration. The Gokaran Nath Niara committee, which was constituted in 1925, suggested the formation of a provincial research centre of Indian medicine as well as the implementation of a committee to reorganise the Ayurvedic and Unani systems.¹⁷ There are presently numerous Ayurvedic colleges in Benaras, Aligarh, Cawnpur, Haridwar, and Lucknow. The Western medical system arrived in Lucknow as a result of increasing trade between British officers and the East India Company.¹⁸ According to Lucknow University, an Ayurvedic college will be established under its jurisdiction, and Vaidyas and Hakims who graduate from medical schools are eager to work in rural areas. In addition, a subsidised system is already in place to encourage them to establish private practices in rural areas.

The institutions that dealt with teaching of traditional medicines and were connected to the Lucknow Board of Indian Medicine are listed below.¹⁹ These are-

- (a) State Aided Ayurvedic medical college, Lucknow
- (b) Kanyakubja Ayurvedic College, Lucknow
- (c) Moolchand Rastogi Trust Ayurvedic College, Lucknow
- (d) Ayurved Bhaskar Aushdhyalaya College, Husainganj, Lucknow

The United Province requested that the Lucknow University build an Ayurvedic faculty in order to provide instruction based on contemporary science, and the development of this institution will be closely monitored.²⁰ These medical establishments awarded licensure in Ayurvedic medicine and significantly raised public awareness of the risks associated with using Western medicine. The Indian Medical Services was also concerned about the granting of these certificates to prominent local doctors.²¹ In the end, it was agreed that these provisions would only apply to practitioners in the United Provinces, preventing visiting practitioners from practicing while in the UP.²²

In 1938, the government requested a list of pharmacies that made and supplied medications used in the native medical systems from the Board of Indian Medicine.²³ In the years that followed, the Seva Samiti Dawakhana in Allahabad and the Mulchand Rastogi Trust in Lucknow were added, along with the Ayurvedic Pharmacy, Benaras Hindu University, Rishikul Ayurvedic College, Pharmacy, Haridwar; Ayurvedic Rasaymshala, Ayurvedic and Unani Tibbi College, Delhi; Ayurvedic Pharmacy, Kashi-Ras-Shala, Gyan Vapi, Benares; Hindustani Dawakhana, Delhi; and the Unani Dawakhana, Allahabad.²⁴ This presented an academic, commercial,

and professional network that the government considered to be an authentic component of the pharmaceutical industry of the united provinces.

Notwithstanding its seeming dedication to modernising the native medical systems, the Board of Indian Medicine possessed actual authority to take action even during the Congress administration. The government's disdain for the Board of Indian Medicine (BIM) and its diminishing efficacy serve as evidence that the process of institutionalisation has not altered the provision of indigenous medical services. The modifications primarily affected the services provided by vaidas and hakims to government officials, with little impact on the general population.²⁵Vaidas started to actively discuss and argue the definition of Ayurveda, which paved the way for the formalisation of numerous medicalized practises into a medical system. More important than colonial government as embodied by the province boards was the inflexibility of knowledge and experience categories developed in the public sphere.²⁶The government's reforms are the primary obstacle to a thorough and significant overhaul of Indigenous medical systems since they are not relevant to the lives of most Ayurvedic practitioners.

CONCLUSION

One of the first conventional medical systems that has been practiced all throughout the world, endured for ages, and flourished is Ayurveda. The development of traditional medicine was largely fueled by the investigation of the old medical system. Initially, the British government in India abstained from meddling in the domestic concerns of the Indian populace. The limited healthcare involvement that did occur was enclavist in character, catering to the interests of the British administration's own peoples.

Congress aimed to establish a secularist worldview by transforming old institutions into new ones, and it utilized the language of "progress" to defend its actions. The Vaidas at the Ayurvedic College made an equivalent, if not identical, attempt to further their own goals through emblems of governmental authority. These organizations ultimately provided a foundation for many kinds of development, despite what was perceived as their "failure" to satisfy the demands of the provincial administration. Its ultimate move from being merely a set of concepts to becoming a political ideology marks the advent of Ayurveda as a well-known and frequently utilized political trope.

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