Chapter 3

MEDICINE AND SOCIETY IN INDIA

This chapter attempts to deal with the history of Indian medicine from Vedic period to the present day. First, it starts with the early history of Indian medicine. It depicts the origin of Ayurveda, basic principles and the foundational ideas of Ayurveda. Then the chapter has a short discussion on Unnani and Siddha system of medicine and its societal functions. The last section of the chapter will be offering a brief discussion on the introduction to the modern medicine in British India and its impact on Indian society. Then the chapter concludes with the present status of various medicinal practices in India.

India is an ancient land with a unique culture, religion, philosophy and tradition which governed the life and living. From time immemorial, the gods were imagined as playing a crucial role in shaping the destiny of the country. They are thought to be imagined as imparting their wisdom, through ancient scriptures, that attempted to explain the meaning of life, the nature of man and man’s relation to the universe around him. Therapies evolved with in this milieu and for many centuries it continued to exist as canonical, conceived as handed down by the gods for the benefit of man. The genesis and evolution of

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1Farokh Erach Udwadia, , Man and Medicine- a History, New York, Oxford University Press, , 2000, p.32
Indian medicine can only be understood against the cultural background in which medicine took root and flowered.  

During 5000-1300 B.C., there were only a few places in the world where cultural assemblages, worth to be recognized as a civilization existed. During the early part of that epoch, the Indus Valley (Harappan), the Tigris-Euphrates (Sumerian), the Nile (Nilotic), Canaan (Canaanite), the Crete Island (Minoan) and the Hoang Ho valley (Chinese) were the seats of the civilizations of higher stature. Between 1500 and 100 B.C., the Harappan civilization gave its way to Aryan cultural streams in the Gangetic Valley of Indian North, which followed the settlement of a discreet cultural/material type.

Our chief sources of ancient Indian Culture and medicine after the advent of Aryans are the four Vedas. The word ‘Veda’ means ‘knowledge’. Sacred-lore of Vedas were thought to be revealed by the godheads by Brahma, and received by certain inspired sages who passed them on by the word of mouth. The texts consisted of hymns, prayers, incantations, chants ritual formulas. Rig-Yajur and Sama Veda are very closely related. They are the backbone of India’s religious life for over three thousand years, and today are still the most important canonic books of Hinduism. Slightly different, not in language and style, but in intention, is the Atharavaveda, a collection of 731 hymns, prayers, in 20 books. It is somewhat later than the Rig-Veda and may have been composed around 1200 B.C. Because of its outspokenly shamanic

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2 Ibid.  
3 Henry E. Sigerist, A History of Medicine- Early Greek, Hindu and Persian Medicine, New York, Oxford University Press, 1961, p.150  
4 Ibid.  
5 Ibid. p.151
character it was not immediately accepted as canonical, and it is yet not recognized as such by some philosophical schools in the subcontinent. However, as a source of ancient medicinal practice and history it is the most important work, for it reflects the popular conceptions and practices. Most of its verses were not recited for the glorification of great gods or on the occasion of formal sacrifices but to protect the people against enemies, witchcraft, lighting, worms, all kinds of disease or to provide them welfare and long life, freedom from fear etc. In other words, this is a book which reminds is very strongly of certain Egyptian and Mesopotamian influences.\(^6\)

It would be a mistake to assume that Indian medicine in the Vedic period was only magical and religious. Like all archaic therapeutics, it also had empirical and rational elements, and probably many more than we can ascertain, since we have no medical treatises from these periods\(^7\). However, the classical medical literature was the outgrowth from a much older tradition, and there can be no doubt that much of its factual content could be traced back to the Vedic period. Medicine was not practiced by priests exclusively, but here, as everywhere else, also by laymen who know symptoms of disease, had knowledge of drugs, and were able to perform certain operations\(^8\). Even in the Vedic Samhitas, purely religious books, we find a reflection of anatomical, physiological, and pathological views, which are neither magic nor religious, and we hear of treatments, which impress us as being rational.\(^9\)

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\(^6\) Ibid. p.153
\(^7\) Ibid. p.162
\(^8\) Ibid. p.185
\(^9\) Ibid.
There were other traditions reflecting on the divine origin of Ayurveda. According to Susruta, it was Dhanvanthari, who was assigned as the god of medicine. H.R. Zimmer, pointed out that, Dhanvanthari, is closely related both to Vishnu- maintainer of the world—and Siva—the conqueror of king of death and the lord of destruction. Thus the sankalpam of Dhanvanthari was able to combine the two main elements of Hindu medicine and cosmology.\(^{10}\) Dhanvanthari is considered as the patron deity of classical Indian medicine, the tutelary divinity of physicians, and as such, this murthi is still held in high esteem wherever classical medicine is studied/ practiced in contemporary India.\(^{11}\)

**Medicine in Prehistoric Times**

Since, even the most primitive of men have some rudimentary system of therapeutics, we may assume that in the prehistoric Harappan Culture, which dominated the northwestern part of the Indian subcontinent for several centuries before and after 2000 B.C. there was a system of medicine with professional healers. Though this culture reached a high level of urban civilization, its surviving written records are brief and unintelligible, and therefore our knowledge of it is deficient in many particulars. We know nothing about its medical lore, though it may be suggested that, as in many

\(^{11}\) Ibid.
other features of Indian life, the Harappa culture contained the seeds of much that was characteristic of later Indian medicine.\(^\text{12}\)

A few intimations of a more definite nature are to be found in the earliest literature of India, the *Rg Veda*, the data of which may mostly be referred to the latter part of the second millennium B.C. Here we meet the *bhisaj*, a word that later became more or less synonymous with *vaidya*, still the standard Indian term for a doctor of the traditional type\(^\text{13}\). The *bhisaj* is referred to in one passage (*R.V* : ix.112.1) as desiring a break, a fracture (*rutam*), in order to gain wealth, and this has been interpreted that he was originally a bone-setter\(^\text{14}\). The *bhisaj*, however, was definitely a healer of disease generally, for in another hymn he is referred to as conversant with healing herbs (*R.V* : x97.6). The same verse mentions the *bhisaj* as a *vipra*, a term usually applied to members of the emergent priestly class of Brahmans, and verse four refers to his obtaining a horse, a cow, and a garment, because of his knowledge of herbal mysteries. Later in the hymn, he is identified as a *Brahman*.\(^\text{15}\)

At this period, disease was believed to be largely due to the visitation of punishing gods or to the evil work of demons. The god *Varuna*, particularly associated with moral ideas, punished those who transgressed his command with disease, especially with dropsy (*A.V*.iv.16.7).\(^\text{16}\) Rudra, a god of ambivalent character, might arbitrarily inflict disease on men (*R.V*.i, 114.8; ii.33.11, 14 etc.). But he was also considered as the guardian of the healing

\(^\text{13}\) Ibid.
\(^\text{14}\) Ibid
\(^\text{15}\) Ibid p. 18
\(^\text{16}\) Ibid.
herbs (R.V:ii33.4, 13). A class of holy men or witch-doctors, called munis (a term later taken over by the Jains, but also sometimes used by Hindus and Buddhists with the meaning of “ascetic”), were adopt in the lore of Rudra and knew the magic of his herbs (R.V:x.136)\textsuperscript{17}.

The idea of healing is particularly associated with the divine twin gods, the Asvins (“divine horsemen”), who may have some remote connection with the Dioscuri of classical Europe\textsuperscript{18}. They are prayed to for healing in several hymns, and some of their miraculous cures are recorded. They were believed to have performed remarkable feats of rejuvenation (R.V.i.116-118; v.74; vii.68, 71, x.39; etc)\textsuperscript{19}. Demons as causes of disease loom large in the later collection of hymns known as the Atharvaveda. Most of the hymns of this text are in fact spells or chants, intended to achieve such aims as success in trade, longevity, skill in debate, satisfaction in love, and the curing of disease. These show that it was generally believed that illness was caused by evil spirits, who could be expelled by the utterance of the right formulae by qualified practitioners, often aided by the administration of herbal remedies and other treatments.\textsuperscript{20} At this stage in the evolution of Indian medicine, the bhisaj was evidently already developing away from the witch doctor, thaumaturge, and magician, and was in the process of becoming a true physician. He was already a professional man of considerable repute in his society, and gained a competent loving from his services to the sick and injured.\textsuperscript{21}

\textsuperscript{17} Ibid p.19
\textsuperscript{18} Ibid.
\textsuperscript{19} Ibid.
\textsuperscript{20} Ibid.
\textsuperscript{21} Ibid.p.19
In ancient India, men of medicine in spite of their scripture-orientation insisted on the supreme importance of direct observation of natural phenomena, and on the technique of rational processing of empirical data. The Charka Samhita an ancient medical text, says, “to one who understands, knowledge of nature and love of humanity are not two things but one”. Nothing illustrates in better the links between science and society.\(^2\) It is generally agreed that the Indian universe has been complex, pluralistic and hierarchical. Unlike in the Cartesian worldview, here nature and culture, subject and object were never seen in an adversarial mould.\(^2\) Pluralism was recognized but at the core, there remained a quest for synthesis and a holistic understanding. Again, it is this trend, which takes even *Yukti vyapashraya bheshaja* (rational medicine) into the mirth and mire of metaphysics.\(^2\)

The evolution of the classical system-texts

In the centuries succeeding the compilation of the Atharva-Veda, the traditional Indian medical system evolved into something like its surviving form. Its development can be traced though inadequately from the passing references in many Hindu, Buddhist, and Jain sectarian literature composed during this period. Simultaneously, legends and traditions arose among the class of healers, which gave dignity to their profession by connecting them with the gods and divine sages of the mythical past.

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\(^2\)Deepak, Kumar (ed), *Disease and medicine in India- A Historical Review*, New Delhi, Tulika publication, 2001p.10


\(^2\)R.C Majumdar’s enthusiastic account of Ayurveda is an example. See D.M.Bose. etal (eds) ‘*A Concise History of Science in India*’, New Delhi, 1971, 213-62
During the same period there evolved the strict system of socio-religious taboos controlling the contracts and dietary habits of the Hindus. It is argued that any consciousness of promoting health or avoiding disease was involved in these rules, but it is surprising that how many of the instructions in the texts would tend to minimize the dangers of infection and food poisoning. Indian society seems unconsciously to have found a means of remaining healthy as far as possible in a subtropical climate, in its efforts to preserve its ritual purity. The archetypal physician, the divine sage (rsi) Dhanvantari was later looked on as the ancestor of the vaidya castes. His origin was miraculous, when the cosmic ocean was churned by the devas and asuras to save the world from destruction; he was one of the fourteen precious things produced from the flood. He appeared last of all, bearing in his hands the bowl of amrta, the wonderful potion that conferred immorality upon the gods. This legend seems to be a comparatively late one, for the earlier medical texts do not refer to it.

A line of sages was believed to have carried the original lore of the ayurveda, in various recensions, down to historical times. The traditions on the transmission of medical learning vary from text to text. Numerous sages are mentioned, in particular, the founders of six schools of medicine as the disciples of the sage Punarvasu Atreya. Of these schools, four have left no trace in literature. All the other existing schools, as per the texts, belong to the

26 Girindranath, Mukhopadhyaya, History of Indian Medicine, 2 vols, Calcutta, University of Calcutta, 1926p.312
27 Zimmer, H.R. Hindu Medicine, Baltimore, Johns Hopkins University Press, , 1948.p48-49
school of Agnivesa. Perhaps, we are justified in questioning whether the six schools really existed or the number may have been artificially made up in order to match the six schools of Hindu philosophy. However, these traditions do represent the steady development of Indian therapeutics as a discreet set of knowledge and practice which was transmitted, modified, and amplified from one generation of teachers and practitioners to another. Some of the names mentioned may well be those of actual teachers in the first millennium B.C.

The science of medicine became known as Ayurveda. The term is significant from semantic point of view, since its first component (ayur) implies that the ancient Indian doctor was concerned not only with curing disease but also with promoting positive health and longevity. While the second (veda) has religious undertones, being the term used for the most sacred texts of Hinduism. The seventh-century Chinese traveler Hsuan Tsang (mistakenly) believed that Ayurveda was one among the four Vedas. Ayurveda was in fact linked with sacred-lore as an Upanga or secondary science associated with Atharva- Veda. It was traditionally into eight branches, which in Caraka’s classification, may be paraphrased as: (1) general principles of medicine (sutra-sthana), (2) pathology (nidana-sthana), (3) diagnostics (vimana-sthana), (4) physiology and anatomy (sarira-sthana), (5) prognosis (indriya-sthana), (6) therapeutics (cikitsa-sthans), (7) pharmaceutics (kalpa-sthana) and (8) means of assuring success in treatment (siddhi-sthana). Several

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28 Ibid.
30 Ibid p.20
later medical texts are divided into eight sections according to this scheme, but
other includes section surgery and other topics.\textsuperscript{31}

The exact dating of these texts is not possible. According to a tradition
preserved by Chinese sources, Caraka, the author of the earliest surviving
Sanskrit medical manual, was contemporary with the Kusana King Kaniska,
who ruled at the end of the first century or in the first half of the second
century.\textsuperscript{32} An early Arabic medical compendium, Abdul Hasan ‘Ali bin
Rabbani Tabari’s \textit{Firdaus al-Hikmat}, compiled in A.D. 856, mentions the texts
of Caraka, Susruta, Madhava, and Vagbhata.\textsuperscript{33} Thus, the four classical medical
texts were in circulation and were known beyond India by the ninth century. A
medical manuscript in fourth-century characters discovered in Chinese
Turkistan in 1890, known as the Bower Manuscript, indicates that the science
was well developed at the time of its composition. Internal and other evidence
suggests that of the four personalities mentioned by Tabari, Caraka is the oldest,
and the chronological order of the others may be Susruta, Vagbhata, and
Madhava. Indian medicine thus reached its classical form in the early centuries
of the Christian era, the period crowned by the dynasty of the imperial Guptas.

The authenticity of these documents is not beyond suspicion. According
to the text itself (Caraka: viii.12,37-39), part of the original version of the
\textit{Caraka Samhita} was lost and was restored by a Kashmiri named Drdhabala,
who added seventeen chapters to the sixth section. The whole of the eighth
section was added, and the whole text was edited. It is clearly a compilation in

\textsuperscript{31} Ibid p.20
\textsuperscript{32} Ibid
\textsuperscript{33} Ibid p.20
which much disconnected material has been brought together with little alteration. The Susruta Samhita is noteworthy for its full treatment of surgery, which is virtually ignored by Caraka. Its origins are obscure, and it has links with the Bower Manuscript. Its author (whose name is unusual and may be a kind of title, since it means merely “famous”) is referred to occasionally in other medical texts, but not in the context of surgery Vagbhata, who may be safely dated in the middle of the seventh century was a Buddhist, and his works were translated into Tibetan.34

There are many later texts. As well as general compendia, specialized handbooks were composed on pharmacy, medical botany, and veterinary science. Noteworthy among medical literature is Anandaraya’s Jivananda, a seventeenth-century allegorical drama in which hosts of personified diseases besiege the king Jiva (“life”) in the fortress of the body; the enemy is defeated by the joint effort of medicines, religious devotion (bhakti) and yoga, after many hard-fought engagements35. The later texts are marked by the introduction of new drugs such as mercury and opium, learned from Arabs and new diseases such as syphilis, acquired directly or indirectly from the Europeans.

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34 Ibid p.21
35 H.R Zimmer.p.62-75
Classical Texts in Ayurveda

The Indian medical system was designated as Ayurveda by the time of the Samhithas. The Samhithas are the compilations of all the extant practical and theoretical medical knowledge. This compilation paved a new way for the classification of subjects. By the time of Samhithas, studies were undertaken in specialized areas. The division of the knowledge of health care into eight parts became possible. This division was not an arbitrary act by any particular preceptor. It was a natural evolutionary process. The system developed through collective experience and knowledge of those who were specialized in different branches. Medical and surgical branches were separated at first. However, they cannot be cut off from each other artificially, because the knowledge of each branch is mutually complementary. Similarly, pediatrics, demonology, diseases of the head, toxicology and gerontology developed independently as separate avenues of therapeutic engagement. Practitioners acquired general knowledge of Ayurveda and then specialized in their particular branches of study. The Samhithas emerged as the common source for these disciplines of Ayurvedic studies.

Among the Samhitas available today, Carakasamhita is medicine oriented, and Susrutasamhita is surgery oriented. The Ksayapasamhita deals with pediatrics. Though the quotations and reference available in the commentaries provide sufficient proof for the existence of several works on

36 N.V. Krishnankutty Varier, History of Ayurveda, Arya Vaidya Sala, Kottakkal, Malappuram. 2005 p.25
37 Ibid.
Samhitas and Tantras, the extent of their originality is doubtful.\textsuperscript{38} The disciples of a branch compiled the teaching of their preceptor. Errors might have occurred during transmission. Some portions are lost in course of time. Thus, scholars, at a later stage had to work on them for their restoration. This process is called as redaction or pratisamskarana.\textsuperscript{39} Redaction implies the renewal of the work by deeper engagement, elaboration of portions that are brief and contention of those, which are elaborate.\textsuperscript{40} Thus, they are new versions of the original. Agnivesa, disciple of Atreya compiled the teaching of his preceptor. After a lapse of time, errors and omissions crept into it. Then Caraka redacted it. The compilations thus come to be known as Carakasamhita.\textsuperscript{41} Similarly, Susruta, the chief disciple of Divodasa, King of Kasi, alias Dhanvantari of the Dhanvantari clan, compiled the teachings of his preceptor this was later redacted by Nagarjuna.\textsuperscript{42}

**Samhitas and other works**

**Caraka Samhita:**

Carakasamhita is the basic work today on therapeutics. The Agnivesasamhita compiled by Agnivesa from the teachings of Punarvasuatreyas and redacted by Caraka is known as Carakasamhita. Each of its chapters ends with notes on its compilation-made by Agnivesa, redacted by Caraka and

\textsuperscript{38} Ibid.p.25  
\textsuperscript{39} Ibid.p.26  
\textsuperscript{40} Ibid.  
\textsuperscript{41} Ibid.p.26  
\textsuperscript{42} Ibid.
updated by Drdhabala. The teachings of Atreya were compiled by his disciple Agnivesa. Later Caraka redacted it filling up the missing portions still finding it incomplete, Drdhabala completed it by adding new portions. This predominantly relates to Kayachikitsa, i.e. medicine oriented. The style is the same that of Brahmans and Upanishads. So, its redactor Caraka is also considered to belong to the age. Drdhabala, who belonged to Kashmir lived in the 3c or 4c A. D 43. Caraka introduces the subject stating that the knowledge on longevity has no limits; so, to promote this knowledge, one has to pursue the study constantly. He advises to accept noble thoughts from everywhere, be it from the enemy. Also, he directs that this science has to be imparted to the deserving irrespective of the distinction of caste. Transmission of knowledge should be done after due verification; for knowledge, armory and water, passed on to the vice, do harm to society. In learning and teaching this science, the preceptor, the disciple and science should be tested.

Contents of Carakasamhita:-

Though the six disciples of Atreya viz. Agnivesa, Bhela, Harita, Jatukarna, Parasara and Ksarapani made their own compendiums, only Agnivesa Tantra and Bherasamhita have come down to us. The arrangement of the subject matter is similar in both these works. Generally, ayurvedic works have eight parts (sthanas) in one hundred and twenty chapters, which contain the principal matters, uttaratantra or khilasthana is appended to deal with

43 Ibid.28
incidental matters. In Susrutasamhita, for example, surgery is dealt with in the main portion and fever inflammation resulting from wounds and surgical causes of the eyes, ears, and nose are dealt with in uttaratantra. Similarly, in Kasyapasamhita, the main portion deals with pediatrics and incidental diseases in Khilasthana.

**Susruta Samhita:**

Susruta, the disciple of Dhanvantari, compiled Susruta Samhita. We learn from Dalhana, its commentator, that the work originally contained only surgical aspects and that Siddha Nagarjuna appended the uttaratantra and redacted the complete work in its present form. The Dhanvantari system is older than Caraka’s but it is likely that the Samhita was compiled after Agnivesa’s compilation of Carakasamhita. In Agnivesa’s time, the caste system was not too rigid. However, the rituals referred to by Susruta indicate that by his time caste system was deep rooted in the society. However, the compilation of Susruta also can be ascribed to the Upanishad period. The identity of Siddha Nagjurana connected with this work is yet to be settled.

**Kasyapasamhita:**

Kasyapasamhita is in an interlocutory form of Maricakasyapa instructing Jivaka, the aged. The loss of this Samhita and its restoration from

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44 Ibid.
45 Ibid.
Anayas, the Yaksa and its redaction by Vatsya has already been referred to Kasyapa and Jivaka are contemporaries of Atreya. Yaksas were a prominent class before Buddha’s time. Atriveda Vidyalankar says that this work was complied during the Gupta period. The work includes the Mahamyuri and other mantras that were current in Buddha’s period; also, the special like lasunakalpa, which could be seen in the texts of Bower manuscripts, indicates its period of compilation. Another view is that Vatsya, who redacted the work, comes much earlier to this period. A mutilated copy of this work found in Nepal has been published along with the portions from Jvarasamuccaya, another such mutilated palm leaf manuscripts.

**Works of Vagbhata:**

Vagbhata’s works consist of Astangasangraha and Astangagahrdaya. There is a view that there were two Vagbhatas, that the elder is the author of the former, and a son or a disciple, another vagbhata composed the latter. These were evident written after the time of Buddha. Vidyalankar says that the reference to Sakas in the work show that it was composed after their invasion in the sixth century A.D. According to Dr. P.C Ray, it must have been

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46 Ibid.
47 Ibid.
48 Ibid. p.29

According Cheriya Naryanan Namboorthri only one Vagbhata is composed both the texts. Personal communication with Cheriya Naryanan Namboothiri, Vaidyamadham, May 5th, 2006, 5 p.m
complied before 800 or 850 A.D. these are very popular works and have many commentaries and translations. 49

Navanitaka: -

The seven manuscripts recovered by Bower, a British military officer, from the remains of Stupa in Kashgar in Central Asia in 1890, are known as the Bower manuscripts. Three of these are on medicine. 50 The most important of them, is Navanitaka, which includes portions like mahamayuri and matangavidyas (mantras) and lasunakalpa in addition to studies from Caraka and Sursuta. Navanitaka has written in Gupta period. It is composed in Sanskrit, written in brahmi script. This was subject to critical study by the orientalist, Dr. Hoernle. The originals are kept in Oxford, but printed edition are available. 51

Madhavanidana: -

Madhavacarya, the author of this work on etiology, is presumed to have lived in the 8th or the 9th c. A.D. 52

49 N.V. Krishnankutty Varier, History of Ayurveda, Arya Vaidya Sala, Kottakkal, Malappuram. 2005 p.29
50 Ibid.
51 Ibid.
52 Ibid.
Cikitsasangraha or Cakradattam and Dravyagunasangraha:

Both are composed by Cakrapanidatta, the commentator of Carakasamhita and Susrutasamhita. He was the second son of Naryanan, the court physician of king Nayapala, who ruled Gauda in 1060 A.D. The latter work mainly deals with deities. 53

Dictionaries (nighantus)

Dhanvantarinighantu is considered to be the oldest of medical dictionaries. But this mentions mercury, opium and cuscus, which means that the work is not all that ancient, or these may be later insertions. Madanpala’s Madanavinodanighantu, Narahari’s Rajanighantu, vimalla’s Pathyapathyanighantu and Visavanath’s Pathyapathyaviniscaya, are all later works. 54 The last two works prescribe dietary discipline depending on the ailments. Carkrapanidatta’s Dravyagunasangraha also deals with dietetics. Palakapya’s Hastyayurveda, Jayadatta’s Asvavaidyaka and Nakula’s Asvacikitsa are veterinary works (mrgayurveda) available now. Asvavaidyaka has reference to opium, so it is more recent. 55 A manuscript copy of Asvavaidyaka found in Nepal is believed to have belonged to the thirteenth century. Surapala’s vrksayurveda deals with diseases of plants and their cures. 56

53 Ibid.30
54 Ibid.p.31
55 Ibid.
56 Ibid.
Commentators

The earliest commentator of Caraka is Bhattachariscandra. The first three chapters of this work are found in the Madras library in a mutilated form.\textsuperscript{57} Indu says that Hariscandra had redacted Kharandasmhita. Kalpatarutika is a commentary on Caraka by Gangadhara, and Nirantarapadavyakhya is by Jajjata, a disciple of vagbhata. Cikitsitasthan with the available portions of this commentary has been published from Lahore.\textsuperscript{58} Carakapancika is a commentary by Svamikumara. It is now available in the Madras library. Astangahrdaya has more than thirty five commentaries. The popular ones are Hemadri’s Ayurvedarasayana, Arunadatta’s Sarvagasundara and Sasilekha by Indu, believed to be a disciple of vagbhata.\textsuperscript{59}

Principles of Indian medicine

The word \textit{ayurveda} gives a clear idea of the purpose of classical Indian medicine- to prolong life. The \textit{vaidya}’s help was called for especially in time of sickness, but his aims were not only curative but also preventive. Susruta concisely states the purpose of his book in the first chapter: To cure the diseases of the sick, to protect the healthy, to prolong life. Thus, an Indian

\textsuperscript{57} Ibid.
\textsuperscript{58} Ibid. Cheriya Naryanan Namboothri says that Indu and Jajjata (he calls in the name of Jargada) both are disciples of Vagbhata, and both of them from the Ashtavadiya families, namely, Alathiyoor Nambi Illam and Karathole Nambi Illam.
\textsuperscript{59} N.V. Krishnankutty Varier, \textit{History of Ayurveda}, Arya Vaidya Sala, Kottakkal, Malappuram, 2005 p.32
medicine was a system of so managing the whole life as to prolong it, and to preserve health and vitality as far as possible. The life and health of man were controlled partly by his karma, the effect of good and evil deeds done in former lives or in this life, but also by his efforts and conduct in this life. Caraka strongly emphasizes this, and goes on to show that health and diseases are not predetermined and that life may be lengthened by human effort. 60

Health was believed to be conditioned by the balance of three primary fluids (dosas, literally “defects”) in the body, wind (vata). Gall (Pita) and Mucus (kapha). 61 Five separate “breaths” or “winds” controlled the main bodily functions. When these vital factors were operating harmoniously, the body-inhabited by the Jiva, as distinct from the inmost soul, or atman - enjoyed health. 62 “Discord... is disease, concord... is health”. Similar ideas concerning vital humors and vital breaths were known to classical and medieval European physicians and it is a matter of speculation whether there was influence in one direction or another. 63

Ideas of physiology were by all modern standards thoroughly inaccurate. This was probably largely due to the very strong taboo on the handling or dissections of corpses, which we refer to below. The vaidya of older days had no clear idea of the functions of the brain or the lungs. 64 Moreover, it is believed that the consciousness resided in the heart, not in the brain. The fantastic neurology associated with hatha yoga, which developed in

60 Charles Leslie, p.22
61 P. Kutumbiah, Ancient Indian Medicine, Madras, Orient Longman, 1962, p.xxxvii
62 Ibid.
63 Ibid.
64 Zimmerman, p.161
the latter centuries of the first millennium A.D.\textsuperscript{65} It implied some recognition that the backbone was not as mere means of holding body upright. Knowledge of abdominal organs was somewhat clearer than of the brain and lungs, but even in the case of these, there is little evidence of direct observation.\textsuperscript{66}

There was, however, a clear realization that the functioning of the body was controlled by natural law, and that diseases were not normally caused by the gods or demos. Man afflicted himself. Man was the microcosm of the universe, and just as the universe was subject to laws of cause and effect, and functioned according to a regular rhythm, so was the case with man. The medical texts have transcended the crude superstitions of the \textit{Atharva Veda}.\textsuperscript{67} Caraka and Susruta would never have approved the popular ideas, which affect the masses in many parts of India down to the present day, attributing smallpox to the visitation of a special tutelary goddess.\textsuperscript{68} Indian medicine has “an intuitive genius and actual command of the details of its environment” which made it more effective than other systems of antiquity.\textsuperscript{69} That intuitive genius expressed itself particularly in efficient surgical techniques and a deep understanding of the pharmacopoeia provided by the abundant flora and fauna of India.

The concept of medicine as a means of preserving health rather than curing disease led to much emphasis on dietetics, and the texts contain instructions on how one should adapt oneself to the climatic changes of the

\textsuperscript{65} Ibid.  
\textsuperscript{66} Ibid.  
\textsuperscript{67} Ibid.  
\textsuperscript{68} Ibid.  
\textsuperscript{69} Ibid p. 183
Indian year. The relation of health and morals is not lost sight. This particularly stressed by Vagbhata, who devotes much of an important chapter to the subject.\(^{70}\) Besides pointing to diet and physical exercise as promoting health and longevity, he advocates the development of a mental attitude of unselfish affection as a potent health-giver; one should consider even worms and ants as equal to oneself, and one should be ready to help even an enemy intent on harm. These moving ethical precepts, the more striking as they occur in the context of medical manual, are not doubt inspired by Buddhism, because author was Buddhist.\(^{71}\)

The *vaidya*

While the Vedic word *bhisaj* was still used in classical Sanskrit, the physician became increasingly known as *Vaidya*. The term is derived by a common process of Sanskrit word formation from *vidya*, “knowledge”. Since the word *Veda* is also related, the term has religious overtones which *bhisaj* lacks. It is noteworthy that the corresponding Arabic word *Hakim* is similarly related to *hikmat*, also meaning “knowledge”. The English “doctor” is semantically analogous, though here the emphasis is rather on the physicians giving instruction than on his acquiring it. The term *vaidya* originally meant a learned man of any description. When the epic Mahabharata states that among Brahmins *vaidyas* are the best, it can only be using this word in the sense of

\(^{70}\) Ibid.p.184  
\(^{71}\) Ibid.
those possessing Vedic knowledge. 72 However, the time of Caraka its special meaning was fully established. The vaidyas formed a recognized craft group, not yet a caste, but often following the profession of their fathers and ancestors. Vagbhata in one of his works states that his father and grandfather were both physicians. 73

The medical profession was one, which promised rich rewards, both material and spiritual. It fitted the prevailing ethical doctrine of the three aims of life: dharma, religious merit; artha, material gain; and Kama, personal satisfaction. By striving to relieve suffering, the vaidya follows dharma; by building up a rich practice, he achieves artha, and by acquiring renown for his cures, and by the satisfaction which he obtain from curing those whom he loves and respects, he serves the third end of pleasure. The study of medicine was not the preserve of a special class, but it might be taken up by members of the three higher orders of Indian society.

Buddhism, which encouraged the virtue of compassion and was less bound than Hinduism by consideration of ritual purity, seems to have been particular conducive to the study of medicine. If we are to believe the tradition the Buddha himself was interested in medicine and laid down many rules and regulations for the care and treatment of sick monks. Indeed, it has even been suggested that the formula of the Four Noble Truths, the basic dogma of Buddhism, is based on medical precedent 74. The early Theravada school of Buddhism attempted to confine the monks to giving medical attention only to

73 Charles Leslie, p.23
74 Zimmerman, p.32-35
their own brethren, but this rule was not regularly observed and, with the Mahayana, medicine became one of the five secular sciences that the monk might study, and Indian medical knowledge was taken by Buddhist monks wherever they went.\footnote{Charles Leslie p.24}

**Medical Training**

The instructions of the textbooks can only be taken as normative, and not as having been universally applied. There is sufficient evidence to show that the many untrained quacks and charlatans, such as exist today in India had their ancient counterparts in large numbers. Nevertheless, the norms established by the texts are so strict that one cannot believe that they had no effect on the standards of medical practice.\footnote{Zimmerman, p.75} The training of the *vaidya* was analogous to that of the Brahman religious student. He lived in the home of his teacher (*guru*) as a junior member of the family, and an intimate personal relationship was established, “a kind of magical union through which the master and pupil became one.”\footnote{Ibid p.76}

The student might be a member of any of three higher orders of society. Thus *vaidyas* did not form a caste. Some manuscripts of Susruta would also admit members of the lowest of the four classes, the *sudras*, who might be taught informally; with out the solemn initiation ceremony undergone by students of the higher classes, but the *vaidya* was normally man of respectable
parentage. The initiation ceremony, performed on the student’s embarking on his course of training, was a most solemn one. It was called upanayana; the same word as was used for the initiation rite of a Brahman religious student, and it involved the guru leading his student three times around the sacred fire, reminiscent of the similar rite in the Hindu marriage ceremony. Thus, the young medical student was linked with his teacher by a supernatural and eternal bond. After this ceremony, the student was thrice-born (trija), and this distinguished him from the ordinary man of respectable class, who was only twice-born (dvija). The most impressive part of the initiation ceremony is the solemn address given by the guru to his student at its close. This seems more appropriate to the student’s graduating than to the commencement of his studies, since it contains precepts of medical ethics reminiscent of the oath of Hippocrates. According to Caraka, the guru first directs the students to live a life of chastity, honesty and vegetarianism during his studentship. He must not carry weapons, and he must be wholly subordinates and obedient to his master, unless instructed to commit major sins. He should pray every morning and night for the welfare of all beings. When he becomes a practicing vaidya, he should strive with all his being for the health of the sick. He should not betray his patients for his own advantage. He should dress modestly and avoid strong drink. He should be collected and self-controlled, measured in speech at all times. He should constantly strive to improve his knowledge and technical skill. He should refuse to treat the king’s enemies, evildoers, loose women, and

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78 Charles Leslie p.25
79 Ibid.
80 Charles Leslie p.25
81 Ibid.
82 Ibid.
those who are obviously moribund. In the home of a patient, he should be courteous and modest and should direct all his attention to the patient's welfare. He should not divulge any knowledge he may acquire concerning the patient or his family. If he knows that patient is incurable, he should keep this fact to himself if it would cause any harm to the patient or others.\(^83\)

The training given by the guru was largely based on the treatise of the school to which he belonged. As with the study of the Veda, the pupil would repeat after the master passages from the text repeatedly, until he had learned the whole work by heart. No outsiders were allowed to listen, lest the lore fall on unworthy ears-similar secrecy was observed in the imparting of Vedic learning.\(^84\) It was recognized that rote learning was not enough, however. The teacher would explain and elucidate the text as he taught it, and would introduce material from other texts from time to time, for "one sastra cannot supersede all others".\(^85\) The student was also given practical training in the use of surgical instruments, by practicing on gourds and similar objects. He was tested throughout his course by oral examinations, and was given a final viva voce at the end of it.\(^86\)

The normal length of the vaidya's training is not stated in the texts, but the Jivaka, a physician famous in Buddhist legend, is said to have studied for seven years under a famous medical teacher, Atreya, of the city of Taxila in the

\(^{83}\) Ibid.  
\(^{84}\) Ibid.  
\(^{85}\) Ibid.  
\(^{86}\) Ibid p.26
remote northwest, and then only to have been allowed to leave reluctantly.\textsuperscript{87} Though we may not believe it as historical fact, the final test said to have been given by Atreya to Jivaka is interesting for the light it throws on ancient Indian attitudes. Jivaka was told by Atreya to search for a yojana (about eight miles) on all sides of the city, and bring him specimens of any plants he could find which were of no use whatever in medicines. After some days, Jivaka returned to his master’s home with nothing in his hands. He was then allowed to go.\textsuperscript{88} The vaidya’s training did not end when he left his master. Caraka recognizes three sources of medical knowledge: instruction from an authoritative teacher (aptopadesa), direct observation (pratyaksa), and inference (anumana)\textsuperscript{89}. With a basis of authoritative instruction, the vaidya should continue to improve his knowledge by the study of his patients. Indian medical texts do not contain case histories of individual patients, or records of remarkable cures, but no doubt, these were the subjects of discussion at the medical colloquia referred to by Caraka as among he most valuable means of widening the vaidya’s knowledge.\textsuperscript{90} As with philosophers and theologians, such gathering (sambhasa), appear to have been regular features of the vaidya’s life.\textsuperscript{91} They were means of exchanging knowledge, and in the heat of debate a vaidya might inadvertently disclose medical secrets no to be found in the textbooks, which he had learned orally from his teacher.\textsuperscript{92} Some texts advise the vaidya to gain

\textsuperscript{88}Ibid.
\textsuperscript{89}Ibid.
\textsuperscript{90}Ibid.
\textsuperscript{91}Ibid.
\textsuperscript{92}Charles Leslie, p.27
knowledge of unusual herbal remedies from hill men, herdsmen and forest-dwelling hermits.  

Ayurvedic Therapeutics

Fascinating controversies surrounded the religious and scientific and development of Ayurveda. In the words of Kenneth Zysk, Debiprasad Chattopadhyaya rightly argues that medical epistemology in India is fundamentally opposed to Brahmanism, and that the classical medical treatise of Caraka and Susruta result from a grafting process whereby orthodox Brahmanic ideals were superimposed onto a medical framework. Zysk argues that Hindu medicine developed largely by the efforts of heterodox ascetic’s rather than Brahmanic intellectuals, and that Buddhist monastic establishments were highly instrumental in the refinement and systematization of ancient Indian medicine. Reasons for this include the acts that Buddhism is free of injunctions against contact with ‘impurity’, and Buddhism’s emphasis on compassion and the ethical duty to relieve suffering.

Ayurveda is not a moksa-sastra discipline of liberation, but it is a religious therapeutic on three grounds (1) A tradition of religious philosophy informs its metaphysical and medical concepts. (2) The healing it offers can assist in the quest to achieve ultimate religious liberation (3) It conceives of wholesome life as itself a kind of holy life.

\[93\text{ Charles Leslie, p.27}\]
Ayurveda qualifies as a system of religious therapeutics on the basis that a religious tradition, Hinduism, informs its concepts of person and body as well as its medical theory and practice. Regardless of the exact relationship between Ayurveda's religious and scientific elements, the healthful life promoted by Ayurveda can be contributed to spiritual life. Ayurveda presents itself as serving especially the first three of Hinduism's four aims of life. Although its focus on the physical body is an aspect of artha, material well-being, the four aims are integral members of a life-plan in which the ultimate goal is moksa (liberation). The three prior members, artha (material well-being), Kama (pleasure), and dharma (morality), while intrinsically valuable, function also to support the achievement of moksa. Finally, living according to Ayurvedic principles means living a spiritual life in the sense of achieving a proper relation with what is sacred, and in making more of oneself in connection with that sacred force. For ayurveda, life itself is sacred.

Ayurveda recommends a life that is wholesome, and thus holy in respect of living according to a pattern of daily and seasonal routines, hygiene, diet and activities appropriate to one's individual constitution, and nourishing to one's vital

Siddha and Unnani System of Medicine

Medicine knows no barriers of religion or region. In the medical period, the Greco-Arabic medicine, called Unnani in India, that entered India through
portals of Islamic impact, has found a congenial home.\textsuperscript{94} Mineral medicines of different character began to be prepared with elaborate processing under the names of Rasasastra and Siddha system.\textsuperscript{95} The traditional Indian medical trinity-Ayurveda, of which the Rasasastra has become a part, Unani and the Siddha-has been contributing in no small measure to the medi-care of the vast population of India, then as now.\textsuperscript{96} Siddha system of medicine, one of the oldest, and which continues to flourish specially in Tamil Nadu (South India), seems to have been fostered and developed by sages of ancient times. The term Siddha means 'perfected' or achievement'. The Siddharas were saintly and achieved results in medicine through the practice of yoga and related meditational experiments. According to Tamilian tradition, eighteen siddhas have made great contributions towards the development of this system. Agastyar is considered the guru or tutelary-head of all Siddhas. His works on medicine and surgery are still considered unique for their specialty. He is honored not merely as an eminent physician, but also as an outstanding scholar, philosopher and linguist. In the absence of relevant source materials, it is difficult to pinpoint the period during which the Siddha system originated. Probably Siddha medicinal practices were in vogue around 4\textsuperscript{th}-5\textsuperscript{th} century A.D and flourished in the medieval period.

\textsuperscript{94} B.V. Subbarayappa, (ed), \textit{Medicine and Life Sciences in India}, Vol:2, Part:2, New Delhi, Centre for Studies in Civilizations, , 2001, p:xv
\textsuperscript{95} Ibid.
\textsuperscript{96} Ibid.
Modern medicine in India

The beginnings of modern medicine in India antedated the emergence of Indian practitioners of it and bear the characteristic marks of colonialism. The first allopathic doctors came from the West in the 16th century; they accompanied Christian missionaries and civil and military officers of western colonial powers or were themselves missionaries. Their activities were, to begin with, continued to certain places on the west and east coasts in south India.\textsuperscript{97} The Portuguese were the pioneers in the field; they set up the first modern hospital in Goa on the western coast of India, south of Bombay. Soon after the conquest in 1510 A.D. later, the French and British took over the mission of mercy and carried modern medicine to the far corners of the country. The practitioners of modern medicine encountered in India two long-established systems of diagnosis and treatment, namely the ancient and indigenous ayurveda and the later and imported Unnani hikmat (Greco-Arab medicine).\textsuperscript{98} A Synthesis of the two systems called tibb was also practiced. It may be noted here that ayurveda and hikmat are often misleadingly referred to as Hindu and Muslim medicine respectively.\textsuperscript{99}

Though Ayurveda was developed in ancient India, it has long been practice in Sri Lanka also. It is true, however, that its practitioners in India have been predominantly Hindus. Hikmat was established in India during the centuries of Muslim rule, but it is practiced by both Muslims and Hindus and

\textsuperscript{97} T.N Madan, Doctors and Society- Three Asian case studies-India, Malaysia, Sri Lanka, New Delhi ka, Vikas Publishing House, 1980, p.11
\textsuperscript{98} Ibid.
\textsuperscript{99} Ibid.
made use of by people of different religious faiths. Regular employment of European doctors in India followed the establishment of the east India Company early in the 17th century. The company engaged the services of British doctors, designated as surgeons, mainly for the benefit of British residents in India. The latter, however, also often relied upon the practitioners of indigenous systems of medicine for advice and treatment. To begin with, these doctors were indistinguishable from other employees of the Company, but a special medical department was created in 1740. The work of these doctors came gradually to be known and their proficiency in the treatment of disease appreciated among city-dwelling educated Indians, creating a demand for their services. Consequently, some of the doctors settled down in India temporarily or even permanently, after their discharge from the services of the Company, and engaged in private practice which they were allowed to do even while on the company's payroll.

During the initial phase of colonial rule in India, the indigenous system of knowledge and cultural practices came under severe strain. Exposed to western intellectual and cultural forces Indian intellectuals imbibed a worldview, critical of traditional cultural and social practices. Their agenda for change, however, was not based on westernization, but a selective rejection and reform of the present. The progress achieved by the west pointed to the possible directions for future, but how the past should figure in the new order was quite uncertain. The increasing influence of colonial culture heightened

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100 A.L Basham, "Practice of Medicine in Ancient and Medieval India" in Charles Leslie(ed), Asian medical system- A Comparative Study, Berkeley, 1976, p.40
101 Ibid.
102 The intellectual history of colonial India: some historiographical and conceptual question', in S.Bhattacharya and Romila Thapar(eds), Situating Indian History, New Delhi, 1986
this uncertainty and underlined the possible loss of cultural heritage.\textsuperscript{103} As a result, the intellectuals were 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 space so that past is not swept off the ground.\textsuperscript{104} The efforts to reconcile this paradox led to a critical inquiry into both the past as well as the present. The movement for the revitalization of indigenous medicine was part of this quest in Indian society during the late nineteenth and early twentieth centuries.\textsuperscript{105}

At the time of British conquest, the medical needs of the population were met by a variety of indigenous practices—the Ayurvedic, the Unnani, the Siddha and folk medicines. A fruitful interaction between these systems, particularly between the Ayurvedic and the Unnani, led to the enrichment of their pharmacopoeia and the improvement of diagnostic skills. Reviewing the practice of medicine in ancient and medieval India, A.L Basham has underlined the collaboration that existed between the practitioners of the two systems and has suggested that whatever the ulama and brahman might say, we have no record of animosity between Hindus and Muslims in the field of medicine.\textsuperscript{106} The efforts of Bahwa Khan, a minister of Sikander Lodhi and Hakim Yoosufi, a physician in the court of Babar and Humayun, to develop a composite and integrated medical system through a synthesis of Arabian, Persian and Ayurvedic thought was an expression of this

\textsuperscript{103} Ibid.
\textsuperscript{104} Ibid.
\textsuperscript{105} Ibid.
\textsuperscript{106} A.L. Basham, "Practice of Medicine in Ancient and Medieval India" in Charles Leslie(ed), \textit{Asian medical system- A Comparative Study}, Berkeley, 1976, p.40
collaboration. Several others during the medieval period had tried to bring the two systems together; the notable examples being Abdul Shirazi, the personal physician of Shahjahan and Muhammad Akbar Arsani, the court physician of Aurangazeb. Both Unnani and Ayurvedic system have also adopted drugs from each other. Muhammad Ali has listed 210 plant drugs of Indian origin added by Unnani physicians to their materia medica. The Ayurveda also incorporated in their pharmacopoeia several medicines from the Unnani system. The result of this interaction, cooperation and collaboration, Charles Leslie argues, has made the traditional beliefs and practices of Ayurvedic physicians ‘radically different from the classic texts’. Even if the change was not as pronounced as claimed by Leslie, it is evident that indigenous practitioners did not lack the will and ability to incorporate knowledge from other systems with which they came into contact.

Western medicine initially introduced for the benefit of Europe’s in India and later made accessible to the Indian population, was ‘tool’ of the empire. It was as suggested by Roy Macleod, a cultural force, ‘acting both as a cultural agency in itself, and as an agency of western expansion. The attitude of Indian intellectuals quite clearly bears out Macleod’s contention. To the intellectual’s science, viewed as integral to western culture, was an important

107 A. Abdul Hammed, Physician-Authors of Greco-Arab Medicine in India, New Delhi, p.17. Bahwa Khan’s Persian Test, Madan-us-shifa-i-Sikander Shahi (15th C), has been recently translated into English under a project sponsored by the National Institute of Science and Technology and Development Studies, New Delhi.
109 P. V Krishna Variar, Arya Vaidya Charitram, Trichur, 1904-05, pp.52 and 89
modernizing force. What ‘raised the natives of Europe above the inhabitants of other parts of the world’? Ram Mohan Roy had argued eloquently, was scientific knowledge. In contrast, science was underdeveloped in indigenous tradition requiring its reception from the west with unqualified admiration: 112

“While we looked forward with pleasing hope to the dawn of knowledge, thus promised to the rising generation, our hearts were filled with mingled feelings of delight and gratitude, we offered up thanks to providence for inspiring the most generous and enlightened nations of the west with the glorious ambition of planting in Asia the arts and sciences of Modern Europe”. 113

Ram Mohan’s famous letter on education addressed to Lord Amherst from which the foregoing statement is quoted is laden with a running comparison between western and indigenous knowledge. In contrast to the ‘real knowledge’ developed in post-Baconian Europe, what India had was nothing more than ‘valuable information’. If Indian minds continued to be enclosed within the indigenous system, Ram Monahan had argued, the country would remain in darkness. The only way out, according to him, was to internalize western knowledge and thus embark on path of progress. It was in this cultural and ideological context that western medicine was implanted in India. That the intelligentsia welcomed its introduction was but natural, even though hesitation and scepticism was initially evident. Religious prejudices had prevented some from taking to the new system, while some other were

113 Ibid p.472
influenced by rumors, not altogether unjustified about methods and consequences of practices like vaccination. The reaction of K.T Telang reformer and nationalist leader, to a suggestion to undergo a surgery, reflects some of the prejudices of the times. He refused to undergo a simple operation, which would have probably saved his life, in deference to the feeling of his father and mother who had he 'most inveterate objection to the slightest use of the knife, to the shedding a drop of a blood'.\textsuperscript{114} Despite such initial reservation the treatment proffered by western medicine was attractive to the intelligentsia; it was looked upon as a means for embracing the modern and for defying the old and thus to be a part of the new cultural world.

During the course of the nineteenth century, the administrative and institutional infrastructure necessary for the practice of western medicine was set up by the state. Although a limited enterprise, the hospitals, dispensaries and colleges established by the state formed the nucleus from which colonial medicine sought to establish its hegemony and thus to marginalize and delegitimise the indigenous system. In this process, the role of the colonial state went beyond its administrative functions, it not only promoted western medicine, but also sought to assert and establish its superiority overall other systems. Western medicine thus became the officially preferred system; it was accorded the status of official medicine. As such, the attitude of the state towards other systems became discriminatory and even hostile.

Although colonial state's preference for western knowledge was expressed at the time of the Orientalist-Anglicist controversy and institutional

\textsuperscript{114} K.N. Panikkar, p.286
arrangements were made thereafter, administrative and legislative intervention in its favour took time to mature. In the case of medicine, it occurred in the last quarter of the century when the demand for colonial medicine could not be met by the existing infrastructure. 'Irregularly qualified doctor' who had either received training in unrecognized medical institutions or had no training at all filled the void. The situation endangered the hegemonic potential of western medicine, as its acceptance was based on a perception of its effectiveness, and that perception was likely to be affected if its practice were to be left to quacks. A possible remedy was public registration of medical practitioners, a proposal for which was initiated by the Principal of Grant Medical College, Bombay in 1881. The Bombay government favoured the proposal, but the Government of India did not consider it 'expedient to proceed with the proposed legislation. A fresh proposal in 1887 for an act 'confined in its operation to the Town and Island of Bombay' also did not receive the government approval. Within thirty years, however, the government's reading of the situation appears to have changed. During this time, the number of unrecognized medical institutions and persons holding degrees or diplomas from such institutions passing themselves of as duly qualified medical practitioners had considerably increased. Consequently, the proposal was revived by the government of Bombay in 1909, which culminated in the Bombay Medical Registration Act of 1912. Apart from constituting a medical council, the Act provided for the registration of medical practitioners. Secondly, only those who were registered under the Act were now to be considered competent to issue medical

115 K.N. Panikkar , p.286
certificates or eligible for appointment to public offices.\textsuperscript{116} The registration was open only to ‘Doctor, Bachelor ad Licentiate of Medicine, and Master Bachelor and Licentiate of Surgery of the Universities of Bombay, Calcutta, Madras, Allahabad and Lahore and holders of a diploma or certificates from a government medical college or school. The act thus constituted a body of ‘legally qualified medical practitioners’ consisting exclusively for those trained in western medicine.\textsuperscript{117}

The act, by implication, excluded the indigenous system from its operation and thus from the patronage of the state. More importantly, the practitioners of indigenous medicine were relegated to an inferior status, as they were unrecognized by the state and therefore deemed unqualified, the idea of disallowing them to practice itself was mooted at that time, but the government turned it down as ‘impracticable at present’. It was, however, hoped that ‘when time becomes ripe’, a law would be introduce for ‘excluding unqualified practitioners’. Thus, the Act did not debar the practice of indigenous medicine; it was permitted to operate, although under disapproval of the state. The partisan attitude of the state was obvious even before, but the Act was its unambiguous articulation.

The discussions that followed the passing of the Act made it clear that the governments’ intention was not limited to protecting the medical profession from ‘the irregularly qualified doctor’. When the time became opportune, it meant to fully supplant the indigenous system with western medicine. The

\textsuperscript{116} Bombay Medical Act, 1912, paras 10 and 11
\textsuperscript{117} K.N. Panikkar, p.287
rationale for doing so was the unscientific, antiquated and inadequate knowledge in the former. In its place, the government was trying to impart to Indians the benefit of a modern system. The Governor of Madras, Lord Pentland, expressed this view, ironically, while inaugurating an Ayurvedic dispensary at Cheruthuruthy in Kerala. The indigenous system, he asserted, hardly had any knowledge of anatomy, its medicines were deplorably poor in quality and its practitioners had no ability to establish case–effect relationship. Such system, the Governor argued, had no claim on public money. The same sentiments were reiterated by Lord Harding, the Governor-General, in his speech at the foundation laying ceremony of Ayurvedic–Unnani Tibbia College at Delhi. The Governor General made what was implicit in the Governor’s speech explicit: Government support was available only to western medicine.

The policy of the colonial state followed since the triumph of the Anglicist and culminating in the Medical Acts was not only geared to the implementation of a practice embodying western knowledge, but also directed to the delegitimization of indigenous knowledge. In 1882, the government had started combining indigenous and European medicine. Similar schools were also proposed in Bombay and Madras. Anatomy and modern medicine were introduced in the curricula of Calcutta Madrasa and Sanskrit College. The idea of a possible synthesis inherent in these experiments was given up after 1835 in favour of confining the cultural and intellectual horizon of the subject

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118 Dhanvantari, 16 November 1917, Kottakkal P.5
119 Ibid p.6
people to western knowledge. Consequently, the schools for native doctors were abolished, medical science was dropped from the Sanskrit college and Madrasa and medial institutions with curricula exclusively devoted to western science were setup.\textsuperscript{121} To the protagonists of indigenous medicine the government policy of denying an unhampered space was an act of cultural oppression and deprivation, as knowledge and practice of medicine were viewed as a part of their culture.

The age of progress was inaugurated in Europe about five centuries ago, their new life style, including bad habits, was being disseminated all over the world. With the recent political backlash, we threw out their dominance. We have now to consider the possibility of selecting materials from our own traditions for analytical purpose. This possibility is particularly strong in the case of a living tradition like ayurveda. We owe this not only to India but also to the whole world. However, at the dawn of 20\textsuperscript{th} century, Hoernle opened a new chapter with his work\textsuperscript{122}. It was only later that Indians like P.C. Roy, K.A. Nadkarni, G.N.Mukhopadhyay and others came to the scene. In the thirties and forties, research studies by the Frenchman J. Filliosat created a new awareness on Ayurveda among western scholars. Thus, things are changing slowly. In the 1969, the Welcome Institute of the History of Medicine brought out a book "Medicine and Culture" based on a seminar held three yeas earlier. It questioned the practice of promoting western Medicine through pet labels like scientific and modern and discussed the need for creating a universal medical

\textsuperscript{121} K.N. Panikkar, p.288
\textsuperscript{122} N.V. Krishnankutty Varier, History of Ayurveda, Arya Vaidya Sala, Kottakkal, Malapuram. 2005, p.xii
pattern. 'Asian Medical Systems: A Comparative Study' is another work that emerged from 53rd Burg Wartenstien Symposium held in 1971. The authors have tried to examine with due respect the plurality of medical system existing in Asia. The editor of the work, Charles Leslie, himself wrote about the ambiguities in the revival of medical science in modern India. Many a writer has upheld the healthy results of the influence exerted by Asian systems on western medicine, as atonement as it were for its long neglect. The article by Gun Nath Obaye Sekare discusses the spread of ayurveda in Sri Lanka.

Though the international importance and the scientific value of Ayurveda are becoming clearer in such a context, certain steps that should have been initiated in India have not been properly completed. The background against which Ayurveda blossomed here and the stages of its development remain obscure. No concerted effort has been made to reveal them. If Ayurveda is to flourish here, a threefold strategy has to be implemented. The first two of these are research in ayurveda and the comparative study with other system of medicine. The study of history now under review is an essential aid for both. What problems arose in each period; how solutions were attempted; to what extent they were successful in different circumstance-this knowledge is necessary for a new developmental concept to take shape in order to meet the challenges of the new era. Therefore, it is imperative that students of medicine study the history of the system too.

123 Ibid.
124 Ibid.