INTRODUCTION

This study examines the process by which an occupational field that consisted of traditional intellectuals, hereditary practitioners and religious specialists attempted to reorder the public status of their learning and began to emerge with a self-conscious, corporate identity. At its crux, this thesis traces the ideational content of Vaid responses to the claims and assumptions inherent in the elaboration of scientific, western medicine and its validation of colonial rule. It argues, that Vaid practitioners in the rhetoric of their mobilization and print publicity, reconstructed a discourse on indigenous science in the public sphere in Punjab. The attributes of Ayurvedic learning were pieced together and recast in the political idiom and claims of a tradition of indigenous science that in turn legitimized a unified, singular Hindu nation. These were the claims of an indigenous science, that sustained and collapsed the impulses of science and religion to construct a 'different' modernity that legitimized a Hindu national identity.

This study explores Vaid reconstruction of this discourse as expressed in the claims of vernacular languages and in the fixity of the political, particularistic identities that they represented in the public sphere. Vaid ideas on Ayurvedic learning as an indigenous, rational-critical science were based upon this relationship between vernacular language and indigenous science, and were expressed in the grammar of the political imaginings that they produced.

The specificities of evolving a discourse on Ayurvedic knowledge in Punjab, as examined in this thesis, produced in turn its own distinct trajectory of political alignments and claims. Ayurvedic learning, as an indigenous, scientific tradition was projected in the metaphors of a historicized past as well as served reformist conceptions of a renewed
moral/medical body of the community. Rooted in the politics of language based interests, this produced representations that were often disparate and divisive, rather than the singular alignments of a ‘different’ Hindu nation expressed in the vocabulary of Hindi revivalism.

The discourse on indigenous Ayurvedic science therefore reveals the tensions within the projection of Hindu science, as much as without, in resistance to its political-cultural claims. Yet within the contestation and ambivalence that shaped the claims of Ayurvedic learning, there were also common metaphors that allowed in Washbrook’s phrase, a ‘discrete group of positions within a pluralistic order’. The idioms of an indigenous Ayurvedic science legitimised the claims of a Hindu nation, in the vocabulary of Hindi, as much as the ethnic, community based claims of Sikh Vaids publicizing in Punjabi. The languages of indigenous science have therefore to be located in their diverse meanings, while simultaneously constructing the domain of the nation as well as the interests of a community.

The past two decades have seen a range of studies that have analysed the rationale and scope of the introduction of western medicine under colonial rule in Africa and Asia. They are all broadly based upon the premise that the course of western medicine in the Colony was distinct from that in the West, since it was constructed as a means to suit colonial priorities and motives of social control. The premise of this work shifts this focus somewhat, and estimates that western medicine in the Colony achieved its most influential impact upon indigenous society, in its assumption of scientific authority and projection of a rationalized colonial modernity. It was in its validation of the

colonial civilizing mission and 'difference' that colonial medicine informed attitudes and responses within indigenous society.

Science or its authority in the West was rooted in its promise of modernity, that is in the progression of secular values and in the political foundations of a nation State. In the West, the 'science' of medicine and the emerging medical profession already used scientific authority in order to secure enhanced status as well as to widen the scope of their influence. 'Scientific' medical theories served as much to widen the medical practitioner's role and control over a social body, as also to inspire the authority to summon social cohesion.

The ideological moorings of colonial science were however based upon distinct premises and interests, with scientific authority being oriented towards establishing a rationale for rule, that was reinforced in the course of the nineteenth century by the advances of the Industrial Revolution and simultaneously, territorial expansion in the colony. In the colony, colonial science exerted its authority through the colonial State as well as served as an important authority that sustained the agency of western medicine. Colonial medicine therefore, was shaped by the specific exigencies of the Indian environment and culture.

Punjab’s annexation in the mid nineteenth century and consequent changes under the impact of colonial administration, was also a period of growing influence for colonial medicine in its role as a principal scientific agency. Colonial medicine emerged, as an authoritative scientific discipline as well

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as an administrative adjunct that was addressed towards investigating and subduing the Indian environment and in understanding Indian culture. Its abiding rationale, even as it was limited by the political exigencies of colonial rule, remained to affirm the moral legitimacy of colonial rule as demonstrated in its scientific theories of tropical disease etiology, and of racial stereotypes or ‘essential’ natural orders.4

The scientific authority assumed by colonial medicine increasingly coloured its perceptions of and its interactions with indigenous medical learning, and by the early nineteenth century any interaction was restricted to merely a lingering interest amongst colonial administrators in the efficacy of indigenous drugs.5 Earlier exchanges between colonial physicians, traveling botanists and surveyors on the one hand, and indigenous medical practitioners on the other were now phased out as institutional apparatuses of medical surveillance and preventive health were erected.6

Indigenous medicine, in the logic of Orientalist educational projects had received Government patronage in the form of its inclusion in the Native Medical Institution in Calcutta and in a similar college in Bombay.7 By the 1820s, arguments regarding the limitations in grafting scientific medical learning over Ayurvedic and Yunani practice prevailed, and new medical colleges began to be established to simultaneously foster as well as fence off western scientific medicine.8

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4 Arnold, N.C.H.I., p. 38.
6 Ibid.
8 Ibid, p. 369.
The course of colonial medical intervention in Punjab in the latter half of the
nineteenth century, therefore reveals that support for indigenous medicine
and its integration in Government sponsored medical intervention during
epidemics or in health programmes lingered, but only as acts of individual
initiative and guided by local circumstances. Western medicine, buttressed
by its claims to scientific authority had began to effectively monopolize the
newly emerging domains of State medical intervention.

Colonial medical administrators, despite professional rivalries and
differences in perceptions regarding medical theories, were able to use the
impulses of epidemics and public health challenges to extend their
influence. They employed science authorized medical theories of disease
causation, that explained their relationship with the external miasmatic
environment and extended their authority over the social body of subjects
and their surroundings.9 The nineteenth century cholera epidemics for
instance, led to pressures to form a Sanitary Commission on the State of the
Army in India (1860) that had immediate repercussions for the health
administration of military enclaves, but also by the turn of the century, had
begun to address the collection of scientific data, as well as initiated
sanitation and conservancy projects amongst urban populations.10

In Punjab, the debates that summoned the scientific authority of western
medicine to monopolize medical education as well as to secure status and
wider scope of work for subordinate medical service officers, were
postponed to the very last decades of the nineteenth century. Until then,
medical journals and writings by a new generation of Indian medical

9 M. Harrison, and B. Pati, Health, Medicine and Empire, ibid, pp. 18-21.
145-151; and Radhika Ramasubban, ‘Imperial Health in British India, 1857-1900’, in
MacLeod and Lewis eds. Disease, Medicine, and Empire: Perspectives on Western
Medicine and the Experience of European Expansion, 1988, pp. 40-43
officers revealed the continuing ambivalences in the self-perception and claims of western medical practitioners. While they asserted the superiority of western medicine, some of these practitioners also went to lengths to assert the value of indigenous drugs and cures. The priorities of extending western, scientific medicine and its validation of colonial authority however, increasingly coloured the fate of further engagements with indigenous medicine. Projects to engage the services of indigenous Hakims in the provision of rural health services, were brought to an end, and professional rivalries were now voiced in the registers of ending ‘false’ systems of practice.

Most historians however agree, that despite the growing scale of state sponsored medical institutions as well as public health interventions, the impact of western medical practice even at the turn of the century continued to be limited. Studies show that medical attendance in dispensaries and hospitals in presidency towns like Bombay and Madras, even in the years following the plague epidemic showed little increase.11 Further, despite the institution of sanitary Boards and personnel, sanitary reforms too suffered from weaknesses of ‘basic investigative and executive structures’.12 Recent studies in Punjab further reveal, that Sanitary reforms often got bogged down in professional rivalries over medical theories such as the lingering anti-contagionist paradigm of Anglo-Indian medicine, and also showed the contradictions within the scientific profession regarding the ‘acceptable’ interpretation of scientific theories.13

The projection of western medicine and its scientific authority was not only being projected by the colonial state, but also by medical missions and medical missionaries in late nineteenth century Punjab. This study examines as a sub-theme, the influence of medical missionary activity in Punjab, that represented western medical learning and its practice in an alternate matrix and validation from that of colonial/state medicine.

In the labours and ideas of the American Presbyterian missions in Punjab, it traces missionary medical work as a counter-point to the priorities and strategies of state medical intervention. While medical missionaries broadly echoed colonial assumptions regarding the superiority of scientific medicine, their missions also represented a face of medical work and healing that attempted to identify a distinct role and function for their medical practice. In their work in Punjab's towns and cities, they projected the rationale of their medicine amongst an emerging service class and attempted to represent a distinct idiom for western medical knowledge and its practice.

The colonial state's medical initiatives and its representation of scientific authority were also being assessed and recast in these years by an emerging Indian middle class. The authority of western scientific knowledge demonstrated in its influence over material surroundings, was already shaping the middle class imagination. By the late nineteenth century, middle class intellectuals in Bengal and subsequently in other parts of colonial India, were already attempting to explore and naturalize western scientific learning. Science popularization societies such as the Indian Association for Cultivation of Science (1876), and societies like Dawn were founded in

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14 Terence Ranger's study on medical missionary work in Tanzania also argues for revising the view that missionary medicine was a handmaiden to colonial rule. Terence Ranger, 'Godly medicine: The Ambiguities of medical mission in Southeast Tanzania', Social Science and Medicine, volume 15 B, 1981, pp. 261-77.
Bengal to reach scientific learning, and more crucially to introduce its rational-critical method in society.\textsuperscript{15}

In Punjab, science popularization societies such as Ruchi Ram Sahni’s Institute found growing acceptance amongst the urban Punjabi middle classes, due to its pioneering work in manufacturing scientific apparatus as well as in its publicity of scientific experiments.\textsuperscript{16} These engagements with the dissemination of western science, also involved an effort to translate western scientific theories into the vernacular such as in the work of the Delhi Society (1843), as well as in the founding of science journals.\textsuperscript{17}

The indigenization of scientific authority was understood and employed by a western educated class as a part of their concerns regarding projects of social reforms. The ‘cultural force’ of scientific authority was being summoned in the writings and speeches of reformist ideologues, as a means to revive Hinduism and to legitimize rational-critical reform. In the following decades an ancient, unified tradition of Hindu science was reconstructed through the redeployment of Orientalist researches as well as derived from the ‘historicizing’ of Vedic science in the writings of Brajendranath Seal and Indian scientists like P.C. Ray and J.C. Bose.\textsuperscript{18}

Recent studies, such as by Gyan Prakash have analyzed the construction of a middle class initiated discourse on indigenous science. Prakash argues, that


\textsuperscript{18} Arnold, N.C.H.I., pp. 171-172.
the discourse on indigenous science, by means of the device of ‘translation’ and ‘reinscription’ served to appropriate the authority of universal, scientific knowledge and legitimized a ‘different’ modernity that defined the particular claims of a nation, in a ‘Hindu and Sanskrit idiom’.19 Hindu science, served the colonized in renegotiating its authority in the domain of the Hindu nation, through its claims of an indigenous, scientific authority.

This thesis, examines the ideas and engagements that emerging groups of Vaid publicists reconstructed as they drew upon and also shaped this discourse on indigenous science. Vaid practitioners, through their writings and mobilization in a print based, public sphere engaged with the ideological challenge posed by the attribute of scientific authority that was assumed by western medicine in the Colony. Indigenous practitioners therefore addressed new forms of medical reason and ‘truth claims’ that validated the indigenous, scientific basis of their learning and its claims to status and authority.

Some of the writings produced by leading Vaid publicists engaged principally with the government apparatus of medical administration.20 Vaids reviewed and criticized the claims of western medical practice,


including its attempts to monopolize professional practice through the
Medical Registration Act, as well as responded to the criticism directed by
colonial medical administrators.

In these writings, Vaid publicists argued, that Ayurved and its ancient roots
in Vedic science validated and rationalized the practical value and authority
of indigenous science. The history of Vedic science was also the history of
Ayurved and it demonstrated, that indigenous medicine was not ‘antiquated’
but represented a system of ongoing progress. Ayurvedic science, was
projected as asserting a ‘different’ scientific modernity, that mixed science,
philosophy and religion without a confusion of these categories, and in this
universality of a Hindu science also lay the claims of a Hindu nation.

Recent studies have tended to understand the ‘revival’ or ‘revitalization’ of
Ayurved and its engagement with the discourse of indigenous science
predominantly as representing a process of cultural revival or adaptation.21
As a corollary, Vaid ideologues like Srinivasa Murti, Sankunni Varrier and
including Hakims like Hakim Ajmal Khan have been presented as ‘cultural
symbols for national regeneration’,22 implicitly arguing for indigenous
science, or in this case its ideational changes, to be seen as a cultural
response and assertion of a distinct, traditional value system that affirmed
the cultural claims of nationalists.

Some exceptions like Gyan Prakash, in his study of the indigenisation of the
authority of science, and Raj Chandavarkar, in his study of popular

21 Leslie, Deepak Kumar and more recently, Neshat Quaiser. Leslie’s views are voiced in
the above cited article in Asian Medical Systems, and Deepak Kumar’s views are stated in
‘Unequal Contenders’ cited earlier as well. Neshat Quaiser writes in, ‘Politics, Culture and
22 Deepak Kumar, ibid., p. 182.
responses to the plague, argue instead for viewing indigenous responses to colonial medical intervention as representing continuous movements of political negotiation and accommodation of interests. Prakash for instance, argues that the discourse on indigenous ‘science’ needs to be approached, ‘in the contingency of translation [and in a] renegotiation of knowledge and power between languages and subjects positioned unequally.’

This study examines the elaboration of a discourse on indigenous science by indigenous practitioners, as essentially a political process. It argues, that Vaid rationalization of indigenous learning needs to be studied not only in terms of the projection of authority claims vis à vis the colonial state, but also within and amongst interests in the public sphere. In the public sphere, the authority of indigenous science was deployed by a lay literati who communicated through vernacular print publicity. In this mediating realm between state and civil society, the validation of Ayurvedic learning was located in the vocabulary of ‘public concerns’. The grammar of this discourse on indigenous science was alternately constructed as Ayurved Vigyan as well as Desi Vaidak, and its historicization was determined by the correspondence of or disjunction between competing languages of political, particularist interest.

Further, the discourse on indigenous science as shaped by indigenous practitioners, could only unevenly and incompletely integrate local strains of Ayurvedic learning and not ‘hegemonize’ popular forms of learning and

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24 G. Prakash, ibid, p. 83
fuse them into a singular tradition. The resistance to and partial penetration of the claims of indigenous science were met with both resistance and ambivalence in the public sphere, thereby underlining the emergence of several discourses on indigenous science. They were produced in the various political languages and idioms that were employed in representing indigenous medicine, such as Hindi and Punjabi, and they also overlapped with each other in their claims to wider authority.

Hindu Vaids in Punjab as they began to write and publicize Ayurved’s indigenous intellectual tradition, initially found an easy accommodation in the ideas on Hindu Vedic science already developed by Hindu reformist groups. For, Hindu science and its historicization was an important part of Arya rhetoric, and Arya institutions and private patrons in turn provided important forums and networks for Vaid writing in its elaboration upon its construction of a scientific, Ayurvedic tradition.

Punjab’s Vaids elaborated upon their construction of a discourse on an indigenous, scientific tradition of Ayurved, principally by the device of reconstructing historical accounts of an ancient lineage of indigenous science. These histories of the progress of Ayurvedic learning, and their equivalence with western medical theories cited from the works of Orientalist scholars and also now reworked new claims and representations. Punjab’s Hindu Vaids had no ‘immediate’ history of being a predominant tradition of learning, and therefore the reassurance of an ‘ancient’ history of classical Ayurvedic science lent authority to their claims for professional legitimacy as well as patronage in Punjab.

The claims of Ayurvedic learning through its historicization, also provided an authoritative, classical lineage in a Sanskrit based intellectual tradition for Ayurvedic learning in Punjab. This served to contrast the projected unified strength of Vedic science and an ancient Hindu culture with the weakness in numerical and social terms of the Hindu community and Ayurvedic practice in Punjab.

The interpretation of a history of Ayurvedic science, as a history of Vedic progress also carried the challenge of representing the ‘Muslim other’ in this narrative of Hindu science and learning. Since the composition of indigenous medical practice in Punjab, did not present the easy binary oppositions of Ayurved/Hindu and Yunani/Muslim such as in other parts of the country, the projection of Ayurvedic learning as a Hindu science and its representation of the Muslim ‘other’ were therefore, not always convincingly constructed by Punjab’s Hindu Vaid publicists.

To reconstruct an authoritative Ayurvedic tradition also involved identifying emblematic texts, and in initiating editing and translation projects. The proposal to edit Ayurvedic texts such as the Charak Samhita, therefore brought out differences amongst Hindu Vaid leaders regarding the means of recovering the ‘true’, scientific principles in these texts. Underlying the differences however, was also an emerging perception of an identifiable and unified textual canon for indigenous Ayurvedic science.

The representation of the claims of Ayurvedic learning within the ambit of a Hindu national identity, were interpreted in the public sphere centrally through the politicized claims of Hindi. Vaid publicists even in their early writings and speeches affirmed the role of Hindi in projecting and aligning Ayurvedic learning with the interests of the Hindu community. This study traces the founding of and expansion of Vaid corporate associations as being
closely linked to the trajectory of constructing Hindi as an idiom for the Hindu nation-in-the-making.

However, the course of Vaid campaigns to promote the translation of Ayurvedic texts into Hindi, as well as to legitimize Ayurvedic education in the medium of Hindi also bring out some of the differences in priorities that emerged while linking Ayurved Vigyan with Hindi revival. While, Hindi based translation was projected as a device to recover the intrinsic, scientific nature of Ayurved as well as to validate the modernity of the Hindu nation, the support for Ayurvedic Vigyan had to encounter in Punjab specific challenges in the public sphere.

The influence of the discourse on Ayurvedic science was also rationalized by its assumed authority over the social body of the Hindu community and the agenda of its reform. Ayurvedic learning and its provision of rational, health principles were primarily intended as preventive, health acts that were oriented towards the individual, such as in the elaboration upon personal hygiene and diet in the classic Ayurvedic texts. Ayurvedic practitioners however, projected Ayurvedic 'science' as being both a medical and moral science. Vaid writings on aroga or health, merged medical and moral issues and projected a wider authority to shape the collective identity of a strong, Hindu nation.

Within the public sphere in Punjab, indigenous science and its association with a Hindu past, its politicized language of publicity in Hindi, and its

27 Even in the case of western medicine, medicine's authority to fuse the medical and moral was projected, but 'inversely' claiming to manage the physical environment and ameliorate the moral state of man. Art. by Jacyna, 'Medical science and Moral science: The Cultural Relations of Physiology in Restoration France', History of Science, vol. 25, 1987, pp. 111-39.
validation of the Hindu nation posed a challenge for Sikh Vaid practitioners. The history of *Ayurved Vigyan* as a part of the wider canon of Hindu, Vedic science was therefore taken up by Sikh Vaid publicists, who redefined its historical origins and development, as being of an ‘ethnic’, indigenous medical tradition.

By translation and critical interpretation, Sikh Vaid writing resisted the assumptions of the discourse on Hindu Ayurved and its association with the Hindu *Quam*. Sikh Vaid practitioners advanced a role for Punjabi in the Gurumukhi script to serve as a means to renegotiate the claims of Hindu Ayurvedic science, so as to represent an alternate modernity or the representation of province based Sikh community identity.

The evaluation of Sikh claims regarding indigenous, Ayurvedic learning or their construction of *Desi Vaidak*, needs to be traced from its early articulation in the 1900’s to 1920’s, as they addressed the agenda of reformist, Tat Khalsa leadership; to its elaboration in the 1940’s by a new generation of Punjabi Vaid ideologues. Punjabi based *Desi Vaidak*, as delineated in Sikh Vaid writing, offered a scientific, intellectual authority that was rooted in Sikh religious-sacred learning thereby consolidating the grounds for an ethnic, Sikh modernity.