

INTRODUCTION

“To one who understands, knowledge of nature and
Love of Humanity are not two things but one”.

Charaka Samhita

Webster's New World Dictionary defines ‘medicine’ as the science and the art of diagnosing, treating, curing and preventing diseases relieving pain and improving and preserving health’. The term is also defined as a branch of study which makes the use of drugs, diet etc. In pre-modern societies it was taken to be any object, spell or rite supposed to have natural or supernatural powers as a remedy or protection against physical (and spiritual) maladies. It was a ‘science’ replete with ‘magical powers’

Human progress and medicine are inter-twined and inseparable and like the former, the latter too has not been universal. The developments in the field of medicine have been culture specific, at least in the pre-modern societies. It is only from late nineteenth century that the medical ‘discoveries’ and knowledge has become universal.

Increased interest has been shown in the recent decades to the field of the history of medicine in India. However, most of it has been confined to a study of either the ancient period (the *Ayurveda*, *Siddha* etc.) or the developments in the Colonial and modern period in India. Medieval period (which shaped modern India) unfortunately remains a largely neglected area.

A perusal of the recent works on medicine wholly justifies this contention. A cursory glance at the *A History of Medicine with special*

Reference to the Orient by S. L. Bhatia published in 1977 would demonstrate that out of eleven chapters, only one is devoted to the study of medieval which takes account of development of the ‘Islamic World’, ‘Muslim India’ as well as the ‘Greeco-Arabian (sic) medicine in Europe’. Similarly *Medicine and Life Science in India* edited by B. V. Subbarayappa for History of Science, Philosophy and Culture in Indian Civilization Project devotes only three chapters out of twenty two to the ‘Unani medicine’ and ‘Indian *hakims*’.

Some works are such that although they do claim to have chapters devoted to medieval India but an actual reading would leave one frustrated – they conveniently pass over fifteenth century to seventeenth century without adding any substantial or new information to say the least. To give an example: The recently published and much hyped *Islam and Healing: Loss and Recovery of An Indo-Muslim Medical Tradition 1600-1900* by Seema Alavi published in 2007 by Permanent Black has the opening chapter ‘Indo-Muslim Medicine: Unani in Pre-modern India’. The initial section of this chapter deal with developments during the Eighth to Fifteenth Centuries and after a few connecting paragraphs borrowed from others passes on to the eighteenth century! Virtually all the important developments during sixteenth and seventeenth are thus washed out.

There are, however, some works which do help us in understanding the developments during the medieval and early modern period in Indian history. One such work is the monumental *Science and Technology in Medieval India- A Bibliography of Source Materials in Sanskrit, Arabic and Persian* compiled

by A. Rahman, M. A. Alvi, S.A.K. Ghori and K.V. Samba and published by the Indian National Science Academy, New Delhi in 1982. Another such work is *A Catalogue of Arabic and Persian Medical Manuscripts*, Central Library, Jamia Hamdard published in 1963 from Delhi. Both these works not only enumerate the medical works surviving from the medieval period but also elaborate on the themes and topics taken up by the individual works and their authors.

A recently published edited volume, *Disease and Medicine in India- A Historical Overview* also contributes much to our understanding of the practice of medicine in medieval India.

It is not without significance to note that Sa‘eed al-Andalusi (1029-70 AD) who probably wrote the first work on the science of medicine, the *Tabaqat al-Umam*, refers to India as the first nation which cultivated the Science in any language.¹

Medicine has been classified as a *Vartta* or practical art and placed along with such subjects as agriculture and commerce by the composers of the *Rig Veda*. From that period onwards human body and its imagined diverse forms of gods and goddesses. *Atharva Veda*, the first repository of medical lore in India, was magico-religious in nature and incantations (*mantras*) were frequently resorted to.² According to both *Rig Veda* and the *Atharva Veda*, the diseases were caused by congenital factors, infections, seasonal changes and /or

¹ M.S. Khan, “Qadi Said al-Andulusi’s Account of Ancient India Sciences and Culture”, *Journal of The Pakistan Historical Society*, Vol. XLV, 1997, pp.1-31.

² K.G. Zysk, “Mantras in Ayurveda: A Study of the Use of Magico-Religious Speech in Ancient India”, in Alper Harvey (ed.), *Understanding Mantras*, New York, 1985.

minue organisms or insects residuary in the body. It was from these roots that around 4th/5th Century B.C. the appellation *Ayurvedic* took its roots. *Ayur Veda* as ‘the science of (living to ripe) age’, sans *mantras* reflected the Buddhist philosophy of *madhyam marga* rather than the Vedic Concepts.³ In this form it appealed not merely to the elite but also the masses. Buddhism with its compassion for the common people aided its popular development.

By the early centuries of the Common Era were compiled the *Charaka Samhita* and the *Susruta Samhita*, the first on *Ayurvedic* medicine and the later on surgery.

From tenth century onwards, and definitely by twelfth century, with the establishment of the Turkish Sultanate at Delhi, the Galenic tradition, popularly known as the Greco-Arab or *Unani* system made its appearance and with it emerged a hybrid ‘Hindu-Muslim’ system, the *tibb-i Unani*. As we shall see later, there was much interactions between the *Ayurvedic* and the *tibb-i Unani* and both appear to have been influenced by the other. By the turn of fifteenth and sixteenth Century one emerged as indigenious as the other.

From the fifteenth century, the coastal regions of the sub-continent witnessed the introduction of the European system of medicine. Within a century or so it started making inroads into the main land so much so that under the Mughals even adventurers having no formal training of Europeans medicine were considered as ‘accomplished’ physicians and surgeons. A case

³ See Deepak kumar (ed.), *Disease and Medicine in India: A Historical Overview*, New Delhi, 2001, p.XV.

in point can be of ‘Doctor’ Manucci, an Italian cast away who made India his home, served a few Mughal grandees as a physician and opened a ‘Clinic’ in the bazaar of Lahore.

Although till later of Seventeenth Century the European medicine could not make much headway in India and remained in the shadows of the Indigenous systems, the *Ayurvedic* and the *Unani*, there appears to have come a reversal of roles during and after Eighteenth century. In late Eighteenth and Nineteenth Centuries there was a growth of ‘modern’ colleges and hospitals which appear to have become quite popular amongst the masses. The Nineteenth Century appears to have been far removed from the earlier centuries when the European physicians were learning the efficacy of the ‘Indian’ and ‘Asian’ drugs and plants as well as disseminating the knowledge of treatments and procedures like variolation and inoculation to their European compatriots. By this period, the *Ayurvedic* and *Unani* appear to have been reduced to the position of ‘Vernacular Sciences’ which its practitioners were finding hard to preserve. It is thus not surprising when some modern writers try to classify both *Ayurvedic* and *Unani* as ‘Regional medical systems’.⁴

This dissertation is an attempt to understand the above mentioned process and study not only the evolution of the medical systems in the sub-continent but also assess the position held by the physicians in Indian society.

⁴ Fredrick L. Dunn, “Traditional Asian Medicine and Cosmopolitan Medicine as Adaptive Systems”, in C. Leslie, *Asian Medical Systems: A Comparative Study*, Berkeley, 1976, p.135.

The term ‘India’ and ‘Indian’ in this thesis is used not in the modern sense but has a historical perspective. The term India stands for the region which is also known as ‘South Asia’ covering large tracts of modern Afghanistan, portion of Tajikistan (from where a large Mauryan artefacts and monuments, including Buddha images *viharas* and *Stupas* have been discovered), Pakistan and Bangladesh as well as India. All these areas, now independent sovereign countries were part of the ancient civilizations, Vedic and Post Vedic, Mauryan and Mughal Empires. Colonial India also spanned over much of this region except the regions in the far west: Tajakistan and Afghanistan. The *Ayurvedic* and *Unani* medicine was popular and practiced over almost the whole of this historical region. We have however not taken into account the ‘regional’ and local medical systems like the *Siddha* which, as it is, did not have an all-India span. The *Siddha* system was generally confined to Tamil region.⁵

The thesis is divided into six chapters. The first chapter is divided into two sections, the first dealing with the *Ayurvedic* system of medicine and the second with the introduction and developments of *Unani* system in India. Not equipped with the language of the ancient Indian texts, I have used the various English renderings of the essential texts like the *Rig Veda*, *Atharva Veda* as well as the *Charaka Samhita* and *Susruta Samhita*. The later two texts are available on line as well. It is from there I downloaded and used them for

⁵ For this system see Kandaswamy Pillai, *History of Siddha Medicine*, Madras, 1979; S. V. Subrmanium and V.R. Madharan (ed.), *Heritage of Tamils: Siddha Medicine*, Madras, 1984. Etc.

drafting the chapter. I have specially used the first volume of the *Susruta Samhita* which provides a detailed account of not only the ancient medicinal system but also some information on the presence of the instruments and their use in surgery by the ancient surgeons.

The section (i) of chapter I thus deals with not only the Vedic knowledge of medicine as gleaned from *Rig Veda* and the *Atharva Veda* and the magico-religious medicine underlined therein but also a details description of the contents and nature of medicine and surgery as expounded by *Charaka Samhita* and *Susruta Samhita*. The causes of illness, the various humours, their nature and their cure as prescribed by these two texts have also been delineated. Help from various secondary sources has also been taken to draft this section. Keshwani's *The Science of Medicine and Physiological Conceptions in Ancient and Medieval India*, Chattopadhyaya's *Science and Society in Ancient India*, Kenneth Zysk's *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* and Farokh Udwalia's *Men and Medicine: A History* are some of the modern works which helped in shaping this section of the chapter.

Section (ii) of chapter I deals with the Greco-Arab or the *Unani* system of medicine. This system of medicine, although different in theory was quite similar in practice to the *Ayurvedic* system. Based on the Pythagorean theory of four proximal qualities- hot, cold, wet and dry, it was a system which was introduced in India around 12th Century A.D. The chapter goes on to delineate the basic theory of this system and its affinities with the *Ayurvedic* system.

Help in drafting this chapter has been taken from the literature produced in the *Journal of History of Medicine* brought out from Jamia Hamdard as well as individual writings of scholars like Hakim Zillur Rahman published in edited works such as that of Subbarayappa mentioned earlier.

Chapter II elaborates on the evidence which we get from our sources on the physicians and surgeons themselves. What was their status and standing in the society is one of the questions for which a modern historian needs an answer. Unfortunately not much information is available to us as far as the ancient period is concerned. However what is clear is that the position of the *vaidya* did not remain static if we believe what is revealed by our ancient Indian texts. The haze clears a little for the medieval period, especially with the establishment of the Mughal rule. Thus this chapter is much more detailed for the status of men of medicine and their profession from Seventeenth Century onwards. Information in this regard has been gleaned from *Baburnama*, *Ma'asir-i Rahimi*, *Akbarnama*, *Tuzuk-i Jahangiri* and *Padshahnama* of Abdul Hamid Lahori amongst other primary sources. European travellers' accounts like those Monserrate, Manucci, Fryer, Tavernier, Bernier, Thevenot, Pyard, Linschoten and others have also been used.

Chapter III goes on to deal with the medical literature which survives from Eleventh / Twelfth Centuries onwards up to the Nineteenth Century. Sanskrit, Arabic and Persian books of medicine which were either written, used or procured by the Indian physicians have been analysed. Naturally they do not survive in the exact number as they were written, used or procured. The

survival of a book or treatise is a matter of chance with no scientific logic behind it. However they may reveal a ratio for the actual works which were known then. Naturally if there were less works written, less would survive and if more were written or collected, more is the chance of survival. A work which was written but not widely used would also have a less chance of survival. However if a work, though written in Iran, was widely used in India, the chance of survival of greater number of its copies would be in order. The chapter also discusses the contributions of various medieval physicians and the topic/subjects they deal with.

Chapter IV devotes itself to the coming of the Europeans and the introduction of their medicinal system in India. The first not only to land in India, but also to introduce the European system of medicine were the Portuguese who initially came as ship physicians and surgeons. Later at the city ports of Gujarat came the English, the French and Italian physicians. With their arrival a new system of medicine was introduced. However in the initial stage it was they who benefitted more from the Indigenous systems rather than the other way round.

Chapter V deals with medical education. Once again, due to paucity of material for the ancient, the chapter elaborates more on the medieval and the Colonial period. We do not know how education and training was imparted to the *vaidyas* in the earliest centuries, but we do know of the various *madarsas* and *pathsalas* introduced after the establishment of the Turkish Sultanate, especially under Firuzshah Tughluq and the Mughal emperors. The chapter

then goes on to discuss the opening of various medical schools by the British rulers in the country in various cities like Madras, Bombay and Calcutta. Much help for this section on medical education in Colonial India is taken from O.P. Jaggi and D.P. Chattopadhyaya edited volumes of the Project of History of Indian Science, Philosophy and Culture.

The last chapter deals with the establishment of hospitals over the centuries. In the initial stages it was the *Viharas* which doubled as dispensaries and hospitals. Some information is available on *bimarishtan*, *shifakhana* and *darushshifas* established by Firuzshah, Jahangir, Shahjahan and clinics being established in the Mughal Empire. The Portuguese were the first to open a European style hospital at Goa. However modern hospitals started developing from late Eighteenth Century onwards. The chapter also deals with 'Lock hospital' which catered to the needs of the men of arms during Nineteenth Century.

Amongst works used to delineate the Colonial period, its medical institutions and problems Ballhatchet's *Race, Sex and Class under the Raj*, and works of Douglas M. Peers, Sarah Hodge and Philippa Levine have been utilized.

The chapters discussed above have tried to grapple with some of the problems dealing with the theme. But probably they raise more questions than they answer.