CHAPTER V
ENCOURAGING INDIGENOUS MEDICINE

The British measures to combat various diseases prevalent in Colonial South India through the establishment of hospitals and dispensaries and the provision of medical relief through various schemes did reduce the rate of epidemic disease mortality. Compared to the urban areas of Colonial South India, the existing medical facilities in rural areas were extremely inadequate. The vast majority of the rural population had no opportunity of coming into contact with 'qualified' Western medical practitioners. Many of the practitioners of indigenous medicine on whom the people depended were quacks. Therefore it was necessary to reduce considerably the number of quacks and have in their place a good number of duly qualified and trained vaidyas and hakims. The indigenous systems were so useful that it served the purpose whenever there was no access to modern methods of treatment. However, if the quality of these physicians were improved, better results were expected in the reduction of mortality. Also the indigenous treatment cost far lesser than the allopathic treatment. While medicinal herbs, drugs and plants were easily obtained in villages at little cost, modern medicine, whether imported or manufactured locally, would cost more. Moreover villagers possessed deeper faith in the indigenous methods. It was therefore natural that the indigenous systems so popular with the people were bound to receive some attention from the government. The extent of medical relief in the Colonial South India may be gathered from the following. (See Table 5.1).

From the statistics, it is found that the practitioners of Western medicine in the presidency are 2272. Roughly taking the number of practitioners to be 3000, for in
addition to actually registered, there are some others who are not; this gives us a total
deduction of about 4000 from the above figures that are 25,523. Thus the total number

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Table 5.1: Extent of Medical relief in Colonial South India.

<table>
<thead>
<tr>
<th>Districts</th>
<th>All Kinds of practitioners</th>
<th>Indigenous practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anantpur</td>
<td>108</td>
<td>83</td>
</tr>
<tr>
<td>North Arcot</td>
<td>884</td>
<td>104</td>
</tr>
<tr>
<td>South Arcot</td>
<td>707</td>
<td>99</td>
</tr>
<tr>
<td>Bellary</td>
<td>273</td>
<td>28</td>
</tr>
<tr>
<td>Chittoor</td>
<td>255</td>
<td>91</td>
</tr>
<tr>
<td>Chinglepet</td>
<td>874</td>
<td>82</td>
</tr>
<tr>
<td>Coimbatore</td>
<td>1342</td>
<td>86</td>
</tr>
<tr>
<td>Cuddapah</td>
<td>321</td>
<td>92</td>
</tr>
<tr>
<td>Ganjam</td>
<td>2305</td>
<td>61</td>
</tr>
<tr>
<td>Godavari</td>
<td>627</td>
<td>167</td>
</tr>
<tr>
<td>Guntur</td>
<td>790</td>
<td>282</td>
</tr>
<tr>
<td>South Kanara</td>
<td>591</td>
<td>165</td>
</tr>
<tr>
<td>Kistna</td>
<td>832</td>
<td>116</td>
</tr>
<tr>
<td>Kurnool</td>
<td>318</td>
<td>69</td>
</tr>
<tr>
<td>Madura</td>
<td>1133</td>
<td>183</td>
</tr>
<tr>
<td>Malabar</td>
<td>3990</td>
<td>502</td>
</tr>
<tr>
<td>Nellore</td>
<td>794</td>
<td>51</td>
</tr>
<tr>
<td>Nilgiris</td>
<td>96</td>
<td>8</td>
</tr>
<tr>
<td>Ramnad</td>
<td>1231</td>
<td>59</td>
</tr>
<tr>
<td>Salem</td>
<td>1098</td>
<td>105</td>
</tr>
<tr>
<td>Tanjore</td>
<td>2260</td>
<td>94</td>
</tr>
<tr>
<td>Timevelly</td>
<td>2138</td>
<td>208</td>
</tr>
<tr>
<td>Trichinopoly</td>
<td>530</td>
<td>68</td>
</tr>
<tr>
<td>Vizagapatam</td>
<td>555</td>
<td>122</td>
</tr>
<tr>
<td>Agency</td>
<td>81</td>
<td>-</td>
</tr>
<tr>
<td>Madras Corporation</td>
<td>1368</td>
<td>1076</td>
</tr>
<tr>
<td>Total</td>
<td>25,523</td>
<td>3,995</td>
</tr>
</tbody>
</table>

of Ayurvedic and Unani practitioners according to the figures was 21,523 or leaving out all errors it cannot be less than 21,000. It could be inferred that there is hardly a village, especially in the south, which was without its own vydiåns or hakîms. For a population of about 42,318,985 inhabiting the Colonial south India, the total number of medical practitioners following the European system were not more than 3000 as a maximum, and the number following the Indian system were not less than 21000 as a minimum; in other words there were at least seven practitioners of the Indian systems to every practitioner of the European system. Therefore some of the members of the legislative Council stressed the need to improve these systems.

Prior to British rule, the medical practitioners who served successfully were given permanent charities by the rulers and as Roger Jeffery states, the British tended to reappropriate these grants which led to the destruction of the indigenous medical schools and institutions.¹ By the twentieth century, Western medicine though established itself in South India, it was still considered anti-thetical in the eyes of native population. It was a feeling that the Europeans physicians tried to find new remedies and modes of treatment by experimenting on the lives of the native population and that they do not care really for the lives of the patients.² Conversely, the advantages of indigenous medicine were highlighted. The Amrîthavachani in June 1900, referred to a case of hydrophobia that was cured by Krishna Iyer, a native doctor of Malabar, observed, “his treatment of disease resemble that of European doctors, with the difference however that the European doctors generally do not succeed in their treatments.”³ Similarly, the plague remedy of Pandit Gopalacharlu was

³ ‘Alhami’, 7.11.1897, NNPR, Madras.
applauded as it stood the test of experience during severe epidemics. However, the support for the Ayurvedic medicine was hardly forthcoming since it was alien.

As early as twentieth century, the Madras government hardly had any knowledge about the indigenous medical schools or dispensaries in the presidency. In April 1911, a provision of Rs. 2000 was made in the budget so as to contribute for helping any desirable medical system which seek medical aid, no distinction was however made between the modern and indigenous hospitals. But the repeated desires of the Corporation of Madras and other private individuals to make separate contributions for indigenous medicines made the government to take note of the different medical institutions. In 1911, Seshagiri Aiyar suggested the government to make enquiries concerning the schools and colleges of indigenous medicine with the intent of employing their graduated to practice in the villages of South India. He thus suggested that there were two colleges in Madras and several others in the North and South Malabar where the Ayurvedic science is systematically taught. He said, “At present unlicensed quacks played by trade in villages and their treatment of patients is very unsatisfactory. These men can be replaced by those trained in the institutions. I have referred to. It should not be forgotten that notwithstanding the civilising influence of modern times, many a man in the moffuasil refused to be treated by European professors of medicine. To such men the ministrations of those trained in the Indian science will be welcome”.

When the Corporation of Madras approached the government year after year for sanctioning grants to the Ayurvedic dispensaries and institutions in Madras, an attempt was made to impose some degree of regulations over the indigenous bodies. These attempts were however, repeatedly thwarted by the various Surgeon Generals

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4 G.O. No. 90, Public, dated 23.1.1912.
who indigenous medicine as wholly outside the bounds of professional medical practice. In 1911, the Kanyaka Parameswari Devasthanam Trust sent an application to the government requesting for an annual grant for the Ayurvedic dispensary and college. The application stressed that Ayurvedic system was more suitable to the people of this country than the foreign system, and said that the Indian constitution, diet, habits, inherited tastes, likes and dislikes all have been taken into account in the system of medicine which is indigenous. Hence it was the duty of the Government to develop it.\(^5\)

Thus in 1911, a grant of Rupees Five Hundred was approved by the Corporation to Sri Kanyaka Parameswari Ayurvedic dispensary in George town, on the condition that the dispensary would be subject to inspection and supervision by an officer of the government Medical department to be deputed by the Surgeon General and that a report would be submitted at the end of the year on the number of patients treated and the types of drugs used in the dispensary.\(^6\)

On the request of Seshagiri Aiyar which urged the government to support Ayurvedic schools and colleges in Madras and the vicinity, Surgeon General W.Bannerman, after going through the reports on the working of these Ayurvedic schools stated that no support would be given to these Ayurvedic medical schools on the grounds that they taught nothing as to the diagnosis of disease or nor they taught the anatomy of the body on which such methods were necessarily based. Accordingly, Mr.T.V. Seshagiri Aiyar was informed by Mr.H.A.Stuart, the Chief Secretary to Government that it would be hardly be justified in devoting public money to train

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\(^5\) Gopalacharlu, DakshinaBharatham, 54.
\(^6\) G.O. No. 1171, Municipal, dated 27.7.1911.
young men in a system which, whatever its merits as an empirical system, was undoubtedly less scientific and comprehensive than the modern European system. They felt that they are bound to devote the whole of the limited funds at their disposal to the assistance of the more modern method of medical education.\footnote{G.O. No. 90, Public, dated 23.1.1912.}

Despite the protests of the Surgeon General, a grant of Rupees 100 was sanctioned by the Corporation of Madras to the Venkataramana dispensary and school at Madras in 1912. The following year, in 1913 when the Corporation of Madras again approached the government to sanction contributions to the Ayurvedic dispensaries in Georgetown and Mylapore, Surgeon General W.G. Bannerman referred to Colonel Donovan’s Report on the Venkataramana dispensary and medical school and remarked “no useful knowledge was likely to be acquired from the practice of such dispensaries, for the diagnosis of the cases was generally incorrect, and no notes on the effects of the remedies were taken. I therefore do not recommend that any future grants be given to them”. The government responded with a memo to the Surgeon General asking him to ascertain whether Colonel Donovan’s remarks were based on priori grounds, and that a register to be prescribed in such institutions as a condition for assistance for public funds as he considered necessary. The Surgeon General responded that Colonel Donovan’s report were not based on priori grounds, and that a register if filled in would be absolutely useless from a scientific point of view on account of this ignorance of those who attempted to keep it. The government however pressed through the issues of the register, noting with reference to Colonel Donovan’s remarks, “I attach no weight to the opinion. I am certain it is a priori and
the grants were to be sanctioned on the condition that accurate maintenance of
registers showing treatments prescribed is maintained.8

Till the year 1914, there was a strong bias against spending public money for
the cause of the Ayurvedic schools on the ground that the indigenous medicine had no
standard of knowledge. In 1914, Surgeon General Bannerman made a final protest
against inspecting Ayurvedic medical dispensaries. “I have given the matter my
serious consideration, and I do not think that I should be called upon by any medical
officer to inspect the dispensary. It was certainly degrading and unprofessional for
any qualified medical man to undertake to inspect an institution which was carried on
by persons dispensing quack remedies........the passing of a granting to such
institutions after inspection tends to encourage the idea in the popular mind that they
are approved by and that their methods have the sanction of the government”9.

Government noted that with regard to the Surgeon General’s view that it was
useless to have these institutions to be reviewed by doctor who had no sympathy but
only contempt for other systems. Accordingly, it was decided to dispense with the
surgeons control and with the conditions of inspections, and grants were sanctioned
by the Madras Corporation to the Ayurvedic dispensaries in Georgetown and in
Mylapore subject to the conditions subject to which it may decide to give them
grants.10 To this order the Corporation promptly responded that they had resolved that
grants be paid to these dispensaries without any conditions whatsoever.11 Grants
continued thereafter to be sanctioned routinely from the Corporation to the Ayurvedic
dispensaries until 1917.

8 G.O. No.1647, Municipal, dated 25.8.1913.
9 G.O. No. 1574, Municipal, dated 20.8.1914.
10 G.O. No. 1574, Municipal, dated 20.8.1914.
11 G.O. No. 2216, Municipal, dated 11.11.1914.
Resolutions Supporting Indigenous Systems of Medicine

On 23 November 1914, A.S. Krishna Rao introduced a resolution in the Madras Legislative Council supporting the cause for the indigenous medicines and stressing for its encouragement.\(^\text{12}\) He highlighted the inadequacy of medical relief in the Colonial South India, and a large number of unsupervised medical practitioners already practicing in the rural parts. He suggested three important ways for encouragement and revival of the indigenous systems of medicine. They included i) The translation of indigenous medical literature into English as well as vernaculars, publishing and circulating them; ii) Establishment of scholarships for research in the indigenous systems of medicine and thereby encouraging the students to research it; and iii) Providing financial assistance to Ayurvedic schools and colleges.\(^\text{13}\) B.V. Narasimha Iyer who spoke in favour of the resolution suggested that the views of Rao were the only way to render medical help to the entire population. The government expressed the inability of the government to accept the resolution due to the lack of adequate finance. Faced with these problems the resolution was lost.

In order to address the objection of the government to the earlier resolution, Krishna Rao moved yet another resolution in the Legislative Council on 26 November 1915 and recommended the Governor-in-Council to direct a research and investigation of the Ayurvedic system of medicine, with a view to encourage that system. He explained that there was not sufficient ‘machinery’ to judge the qualifications of indigenous medical practitioners, and stressed the necessity to investigate and research the Ayurvedic system of medicine. T.M.Nayar who responded in favour of the government raised the objection that the term ‘system’ was


\(^{13}\) “Our Legislative Council”, VK, November 1914, 65.
inappropriate when applied to the ‘indigenous systems of medicine,’ since indigenous medicine, such as Ayurveda, consisted only of a catalogue and collection of drugs, and not a complete formalised ‘system’ in the Western scientific sense of term. A.G. Cardew who took charge of the resolution on behalf of the Government stressed the necessity of assigning a real expert to investigate, and noted that such individuals were not available in India, but could be found only in Europe. Further due to the ongoing war which was most absorbing of the financial resources of the Government, a proper chemist would not be obtainable. However, he assured that the Government will consider this favourably when the finances were set right. The resolution was thus opposed for the similar reasons stated during the previous resolution. The Public Department reiterated that there are neither funds nor men competent to conduct such an enquiry now, and that such scientific researches should properly be encouraged by private funds.  

14 Upon this result, Krishna Rao desisted from pressing his resolution, and it was withdrawn.

A.S. Krishna Rao moved another resolution in the Madras legislative Council on 2 April 1917 and urged the government to “appoint a Special Officer to investigate the Ayurvedic and Unani systems of medicine with a view to encourage and improve the systems.”  

15 In the resolution, he highlighted the need for much more medical relief in rural areas as the majority of the population that is about 84 percent lived in the villages and hence steps were to be taken to improve the indigenous systems of medicine and place them on a scientific basis. The resolution was accepted in a modified form, on the understanding that it was the drugs that in particular that were to be investigated, rather than any distinct medical system. Further he assured that the purpose of the investigation would not be to criticise and condemn but to find out

14 G.O. No. 98, Public, dated 20.1.1916.
what was valuable in the system. In fact, the ideas behind the investigations were to incorporate the important indigenous drugs in the Western system rather than the investigation of an indigenous system as a whole. Hence, Sir Alexander Cardew approved it in a modified form, on the understanding that it was the drugs in particular that were to be investigated, rather than any distinct medical system.

Accordingly the government deputed Dr. Srinivasamurthi to undertake an investigation into the indigenous drugs used by the Ayurvedic and Unani medical practitioners in South India. Dr. Srinivasamurthi, Assistant to the Professor of Biology and Medical Jurisprudence, Medical College had a good knowledge of Sanskrit that was very much essential for the investigation. A pay of Rupees Two fifty per month was allotted along with a sum of Rupees five hundred for collecting information and materials required for the investigation. In addition to this, a sum of Rupees five hundred was allotted in order to grant awards to the indigenous practitioners “to induce them to give information regarding the various kinds of medicinal plants and drugs used by them in their practice, viz; their composition, where they are to be obtained from or how they are prepared and the diseases for which they are administered etc. These medical men in the mouffsils guard their knowledge as secrets and I understand that they will not give out what they know unless they are paid for it. Small grants of money will therefore be necessary to induce them to give any information worth acquiring.”

**Voicing Support: The Press and Indigenous medicine**

The printing press played an important role in the encouragement of indigenous medicine. Since the early twentieth century, several medical journals were published in the native languages press. Notable among them were the Ayurveda
Bhaskaran (1909), Vaidya Bodhini (1910), Vaidya Kalanidhi (1913), Ayurvedam (1923), Dhanvantri (1923) and Vaidya Chandrika (1926) published from Madras. Of these, the Vaidya Kalanidhi, a monthly journal edited by Pandit M.Duraiswami Aiyangar played a significant role in voicing the support for indigenous medicine. Duraiswami Aiyangar who served as the chief physician at Sri Kanyaka Parameswari Devasthanam Hospital in Madras was well versed in Tamil, Sanskrit and English languages and made use of his expertise in these language to translate Sanskrit medical works into Tamil. In his editorial (November 1914), he explained that translation of Sanskrit works in the vernacular was a stupendous and expensive task beyond the means of a single individual. Therefore one of his objectives for launching the journal was the serialised publication of translations of important Sanskrit works. For this purpose he chose the Sarngadara Samhita, translated it part by part and published the translations serially in the journal. Apart from Sanskrit texts, he also published translations of the proceedings of the All India Ayurvedic Conferences and articles on diseases and medicine published in the English language press.

He used the journal as a vehicle for expressing his critique of the British Government’s ineffective public health policy and patronage of allopathy. Making a critical examination of the Madras Government’s Annual Report on civil hospitals and clinics he pointed out that of the total expenditure of 27 lakhs rupees towards medical aid, the government had contributed only 9.5 lakhs rupees whereas the municipalities and local boards had contributed more than 15 lakhs. Moreover eighty one percent of the population did not show any interest in getting medical help from the hospitals because of the preferential treatment given to Europeans and because of the nonobservance of the Hindu religious and social customs in the government hospitals. The only remedy for this would be the extension of government patronage...
to indigenous systems of medicine and establishment of hospitals for their practice. Pandit Duraiswami Aiyangar closely followed debates in the legislative assembly over the various measures proposed for improvement of indigenous medical practices, establishment of educational institutions for the scientific study of Ayurveda and for enhancing government patronage for indigenous systems of medicine. He condemned the British government’s policy of admitting only Europeans to the Indian Medical Service.

Pandit Duraiswamy was consciously aware of the two fronts in which Ayurveda had to fight its battle for survival. One was the establishment of standard texts and scientific practice of Ayurveda in view of the harm done by the self appointed and fake physicians who claimed falsely to possess knowledge of the system in an attempt to earn money. The second was the encounter with the Western practitioners who criticised Ayurveda from a high pedestal as the representatives of the superior Western civilisation. Allopathy enjoyed official patronage while Ayurveda did not.

Accessing the Teaching Methods

With respect to the resolution in the Imperial Legislative Council regarding the investigation and placing of the ancient systems on a scientific basis, in February 1916, the Government of India requested information from the Government of Madras on the conditions under which the Ayurvedic and Unani systems were taught and practiced in the South India.17 The Surgeon General based on the reports submitted in 1911 by Major Ross and Captain Willcocks responded to the question of the Government of India. Accordingly, the Ayurvedic system was taught in the

17 G.O. No. 475, Medl., dated 19.11.1917.
schools at Mylapore and Georgetown in Madras, and at Kottakkal and Pattambi in Malabar district and that there was no information on Unani schools in the South India. The Government of India informed the Madras Government in April 1916 that a beginning was to be made by establishing a sound system of teaching.\textsuperscript{18}

Accordingly the Government of Madras requested Pandit D. Gopalacharlu, the Principal of the Madras Ayurvedic College to furnish information as to how the indigenous systems were taught and practiced in the South India. In his report, he stated that in the Madras Ayurvedic College, there were both Sanskrit and Telugu branches. The Sanskrit branch over a four year period involved the study of seven texts including the Charaka Samhita, Sushruta Samhita, Astanga Hrithaya, Rasaratha Samuchyaya, Dhanvanthari Nigantu, Ayurveda Paribhasa and Nadi Vignana covering all subjects inclusive of surgery. To this were added vernacular lectures in Anatomy, Physiology, Physics, Hygiene, Materia Medica, Midwifery and Medicine according to the Western system by proficient Professors. During the second years through the fourth years of the course, students were given practical instruction in compounding, preparing and prescribing medicines, and in diagnosis of diseases. Dr. Gopalacharlu also reported that the Venkataramana Medical School in Mylapore imparted instruction in Sanskrit only. The Telugu branch of the course extended for a period of three years. Along with these institutions training was also given through hereditary families as in Malabar. In the rest of South India, there were no facilities for learning Ayurveda except that in families scattered over the South India in which the profession of medicine was hereditarily practiced.\textsuperscript{19}

On the medicines used in the indigenous systems, Gopalacharlu stated that the composition of medicines, drugs and herbs, numerous minerals included costly ones

\textsuperscript{18} G.O. No. 475, Medl., dated 19.11.1917.
\textsuperscript{19} Hausman, 128.
that were used as ingredients. Medicines were made to deal with specific diseases. He reported that thirty two alumni of the colleges were practicing medicine “scientifically” in Madras and vicinity at present, and that on the whole the teaching of the science stands in great need of help and encouragement.\(^20\)

Regarding the institutions in Malabar, P.S.Varier, the Secretary of the Aryavaidya Samajam at Kottakal, reported that the association named ‘Aryavaidya Samajam’ was started in the year 1902, and taught indigenous medicine. The text primarily followed included the Astangahrdayam. Along with this, some subsidiary textbooks like Yogam, Chikitsakramam,Gunapadham that were taught for the intermediate examination and Charakam, Susrutham, Sangraham, Sarangadharasamhita and Rasarathnasamuchayam for the advanced examinations. The translated English treatises on physiology were also taught. He stated that there were no formal institution for teaching Ayurveda, but the students were taught and medical practices conducted under physicians, whose family traditions for Ayurvedic study and medical practices was a very ancient one. Dr. M. Stokes, District Medical and Sanitary Officer, Malabar, confirmed that the Ayurvedic Samajam at Kottakal was the only existing Ayurvedic School in Malabar and the treatment was having a great reputation throughout South India.\(^21\)

Further Surgeon General Bannerman called for reports from all District Medical and Sanitary Officers to know about the condition of indigenous systems in other regions of South India and asked Major Elwes and Ross, Professors of Medicine in the Madras Medical College to personally inspect the two Ayurvedic schools in Madras. The reports projected a much unsystematic character of indigenous medical knowledge and the lack of any formal training. On the other hand, having inspected

\(^20\) G.O. No. 475, Medl., dated 19.11.1917.
\(^21\) G.O. No. 475, Medl., dated 19.11.1917.
the Ayurvedic institutions in Madras, they opined against any grants-in-aid towards Ayurvedic medicine. In forwarding the information he collected to the Medical Department, the Surgeon General highlighted that the suggestions mainly related to the medicines and not to the system. He suggested the establishment of a laboratory to investigate indigenous drugs under a pharmacologist, translation of indigenous medical works into English and vernaculars, and the institution of scholarships for research into the drugs used by Indian physicians.\(^\text{22}\)

The Madras Government in its final report to the Government of India emphasised the relative absence of scientific or systematic training in the hereditary method of training. According to the census of 1911, the numbers of medical practitioners of all kinds in South India were about 25,000, of which about 23,000 described themselves as practitioners of the Ayurvedic and Unani systems. Except a few recently trained in the schools referred to above (32 had passed out of the Madras Ayurvedic College and 17 out of the Kottakal school), none of them had passed any tests. Some, especially in Malabar, had received practical training under physicians of local repute, but the majority had no training. In spite of this, the majority of the population held great faith in the indigenous methods of treatment. The popularity was attributed to the prevalence of ignorance of science and partly due to the expense of obtaining treatment by Western methods and also to the inadequate number of qualified practitioners.\(^\text{23}\)

The Madras government concluded that no essential support could be given for furthering the spread of the indigenous system that was essentially unscientific and archaic in character. While the government was stubborn in its policy, Major Rai, the Madurai District Medical and Sanitary officer recommended to the Madurai

\(^{22}\) G.O. No. 475, Medl., dated 19.11.1917.

\(^{23}\) Hausman,136.
Municipal Council the opening of schools for teaching of Ayurvedic and Unani systems of medicine which was also endorsed by the municipal council. The government however cautioned that the proposal would not be accepted and warned Major Rai that his actions should be guided by the policy of the government.  

Continuing Ambivalence

While the Government policy towards indigenous practice remained to be ambivalent, the support from the local bodies was very much forthcoming. For instance, the plague outbreak at Dharapuram led the municipal council to purchase Ayurvedic medicines from Pandit Gopalacharlu, and requested the government to sanction the amount. Surgeon Bannerman resorted that “the government cannot expect me to support the use of quack medicines such as this compounded from about hundred Indian drugs. This multiple composition alone is enough to condemn it. As well might a grant be given for the blowing of cholera horns because the public in this town had a great desire for and faith in their use.” The government while sanctioning the expenditure warned that no expenditure should be incurred in the future from municipal funds on the purchase of such medicines.

By 1918, the Corporation again approached the government for the sanction of Rupees five hundred to Kanyaka Parameswari Devasthanam Ayurvedic dispensary. The municipal department refused to allow the proposal as it would revive the controversy which had almost died. The government informed the Corporation that the sanction was not necessary and that the payment would be depreciated. The government of India’s resolution to undertake an investigation into the indigenous

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24 Major Rai proposed these schools for producing qualified “University graduates” of Ayurvedic and Unani for practicing in “public institutions,” to replace the class of Sub Assistant Surgeons, which he believed should be abolished.
25 G.O. No. 1867, Municipal, dated 1.11.1917.
26 G.O. No. 1801, Municipal, dated 18.4.1918.
drugs had been put into effect only at the end of 1917. Dr. Srinivasamurthi who was deputed for the purpose was granted a commission at the Indian Medical Service, and the Madras Government looked for a suitable officer for the purpose.

The native press criticised the delay. The Hindu Nesan wrote, “there were only four medical schools in this South India……which was quite inadequate to meet the demands of the people,” and urged the “desirability of starting schools for imparting instruction, in the vernaculars, on the Eastern system of medicine, as the majority of the people had recourse only to this system.”27 The Dravidan citing the example of Madurai as the only local fund hospital in Colonial South India observed that it will be advantageous to adopt indigenous systems of medicine especially at a time when the prices of foreign articles have risen very high.28 Highlighting the effectiveness of the indigenous medicine, the Kerala Sanchari wrote that for the Indian conditions, Indian systems of medicine are likely to be more effective than any other system.29 The Lokopakari remarked that the inadequate provision of hospitals and doctors was attributed to the want of attention on the part of the government and that it was a mistake not to encourage the Unani and Ayurvedic systems of medicine.30

The Debate on the Efficacy of Ayurveda and Unani

Surgeon General Giffard though considered the proposal to find another officer as a worthless proposition, Dr. Koman was appointed for the purpose on 12 July 1918 as a result of various debates in the Legislative council. The speakers in this debate pressed for an investigation into the indigenous drugs of India and based their desire for further investigation on several different grounds available. The following

28 ‘Dravidan’, 13.2.1918, NNPR, Madras.
29 ‘Kerala Sanchari’, 15.5.1918, NNPR, Calicut.
30 ‘Lokopakari’, 25.2.1918, NNPR, Madras.
points were stressed: (1) Ayurvedic and Unani medicines were as efficacious as those to be found in British pharmacopoeia and in the case of some drugs more efficacious; (2) Ayurvedic and Unani systems were cheaper than the practice of Western medicine; (3) A careful investigation would discover a considerable number of unknown remedies of great efficacy. Some speakers believed that there were many secret remedies which were to be investigated.\textsuperscript{31}

The investigation was pursued by writing to various district and sanitary officers requesting the names of well known Ayurvedic and Unani physicians. Koman was able to find out the various diseases that were treated by the Ayurvedic and Unani medicines in South India. (See Appendix VII). While Koman’s investigations were underway, another resolution was proposed to the governor in Council that the district boards and municipalities be permitted to contribute to the maintenance of the Ayurvedic and Unani schools and dispensaries. The government opposed the resolution reiterating that indigenous medicine did not constitute any separate medical system in the Eastern sense of term. R.A. Graham, the chief Secretary to the government remarked that “It may be pointed out that local boards are not likely to be any Ayurvedic and Unani practitioners assessable qualifications or any one capable of exercising professional control over them if found. The proposal if accepted would amount to giving blank cheques to all persons claiming to have any knowledge of Ayurvedic or Unani medicine. It seems necessary to discourage the use of the word ‘system’ in connection with these practices. The word connotes some recognised uniformity of practice which, so far as we know, does not exist".\textsuperscript{32} Agreeing with this

\textsuperscript{31} G.O. No. 125, P.H., dated 11.2.1921.
\textsuperscript{32} G.O. No. 314, Medl., dated 1.7.1918.
view, the Government refused to assist the local bodies in the maintenance of schools for teaching the Ayurvedic or Unani methods of medicine.\textsuperscript{33}

Till 1919, the policy of the government towards indigenous medicine was debated particularly with reference to a resolution passed by the Corporation of Madras and the disapproval of the government to continue to make annual contribution to the Madras Ayurvedic dispensaries. By generally not approving the support for indigenous medicine, the government preferred not to articulate its position exactly. But for the sake a larger political issue, a definite stand was considered essential. In 1920, the Corporation approached the government in a different manner and requested to sanction contributions to four indigenous dispensaries namely the Madras Ayurvedic Dispensary, Sri Kanyaka Parameswari dispensary, Venkataramana dispensary and Kalavala Kannan Chetti Dispensary alone with two modern institutions, the society for the protection of children and Deaf and dumb school in Mylapore. This time, with much reluctance, it was sanctioned.\textsuperscript{34} But the government made it clear that there was no change in their policy towards indigenous medicine until the investigations prove that they were worthy for encouragement.

Dr. Koman’s Report

On December 1918, Dr.Koman submitted the report on the investigation of indigenous drugs from 12 July, the date of his assuming charge of the office, to 31 October 1918. He carried on some preliminary work before starting his enquiry. To get an insight into the nature of the work Koman had to undertake, he acquired preliminary knowledge of the properties of some of the drugs and their compounds by

\textsuperscript{33} G.O. No. 390, Medl., dated 28.8.1918.
\textsuperscript{34} G.O. 833, Municipal, dated 22.6.1920.
acquainting with some of the well known Ayurvedic works and practical observations on the methods of preparation, application and administration of medicine. The works of U.C.Dutt, K.L.Dey, Pharmacographia Indica, Mohideen Sheriff’s works, N.N. Sen’s Ayurveda, Sushruta (English translation), Charaka (Malayalam translation) and the several Ayurvedic compilations in Malayalam were much helpful in this regard. Koman also visited the local Ayurvedic dispensaries and observed what was being done there. He gathered information with regard to the methods adopted in the preparation of drugs and their compounds, methods of diagnosing diseases and the various methods of treatment”.

During the course of the investigations, Dr. Koman experienced many difficulties on account of his insufficient knowledge of Ayurvedic medicine. He remarked: “As my knowledge in theory and practice of Ayurvedic were not sufficient to enable me to prescribe medicines for diseases, I had to select suitable patients at the General Hospital, to whom to fit the medicines which I was gradually collecting. The selection of cases was a difficult task which anyone can easily understand when one had to find diseases to suit medicines. This work of investigation cannot be well conducted in an out-patient dispensary, as it will be difficult to trace the whereabouts of patients for purposes of correctly noting results. My thanks are due to the Medical officers of the General Hospital for their kindness in placing under my treatment patients whom I wanted to treat with Ayurvedic or Unani medicines”.

Dr. Koman found indigenous medicines to be of considerable value to be incorporated into the pharmacopoeia of hospitals, but expressed that a good deal of further work was needed to be done and considerably more experience was to be gained before they can be universally recommended. Some of the important drugs

recommended included Kirmani (*Artemesia maaritima*), Chempullanchi (*Colycopterus floribunda*), Abraka Bhasmam (*Calcined talc*). While describing the usefulness of the indigenous medicines, Koman viewed none of them had sufficiently miraculous nature to justify some of the mysterious and occult descriptions of drugs he was encountering during his visit through the various districts.\(^{37}\)

During his tours into the districts, Koman was greatly helped by the revenue authorities who made arrangements to meet the ḥākims and ṭāvīdyāns who practiced in different stations. Koman found that they possessed only very elementary and crude knowledge of diseases and drugs. The difference in treatment on the coastal areas differed in the administration of medicines prepared from vegetable drugs in the form of decoctions, medicated ghee, medicated oils, powders, pills and confections. On the East coast, in the Northern circars, and in the Southern districts although the same method is followed to a considerable extent, treatment by mineral drugs was adopted in the form of bhasmams and sindhurams, pills, etc., on a very extensive scale. These mineral drugs chiefly consisted of mercury and its compounds, oxides and sulphides of arsenic, iron, zinc, lead tin, gold and silver and other compounds, oxide of aluminium, carbonates of sodium and potassium, nitrate of potash, chloride of sodium, borax, coral, pearl and mica or talc. The Unāni ḥākims also used almost every drug used by the ṭāvīdyāns. They attributed heating and cooling effects on the system to every drug. On the cost of the medicines, Koman expressed that not all of the drugs were affordable to common people. “The cost of the important compounds prepared by ṭāvīdyāns and ḥākims was in several instances almost prohibitive and it would not be possible except for the well to do to undergo treatment by such drugs”.\(^{38}\)


\(^{38}\) G.O. 833, Municipal, dated 22.6.1920.
Dr. Koman specifically enquired the hakims and vaidyans concerning treatment for a specific list of diseases; including plague, paralysis, Kala-azar, etc. The results of his enquiry, however, were found to be discouraging. None of them were able to prove useful except those for the treatment of leprosy, tubercular diseases and diabetes for which the treatments gave temporary relief. The prescriptions for treatment of affliction of bowels, viz., dysentery, diarrhea etc. were most useful but their action was very slow. “I have been able to collect a large number of prescriptions for various diseases. Some of them I have been able to use, others I have considered to be useless and some I could not use for want of suitable patients…. Treatment by massage with medicated oils, by the application of medicated oils and other fluids in a special manner to the head, and by slow douching of butter milk and other liquids on the head was largely resorted to on the West coast for the cure of various diseases….considering what has already been done in research and pharmacology, vaccine and serum therapy, in animal therapy, conic medication and other methods of treatment by electricity, treatment by heat, light and cold treatment by massage, I am of the opinion that there was very little if anything for us to learn from the methods of treatment, followed by the vaidyans and hakims”.

In forwarding the report of the investigation, Surgeon General Giffard noted that Koman was chiefly involved in the investigation of the therapeutical properties of the drugs which were considered important by vaidyas and hakims and of the compound preparations commonly used by them. Giffard, the Surgeon General agreed with Dr. Koman that there was very little to learn from the methods of treatment followed by the vaidyas and hakims. Also the costs of maintaining an Ayurvedic dispensary were in no way lesser than that of maintaining an ordinary dispensary.

under the local boards. “Dr. Koman from his experience of Ayurvedic dispensaries formed the opinion that the hospitals and dispensaries under the local boards were doing far better work for the public than the Ayurvedic dispensaries. The medical officer in charge of a local dispensary were not only able to treat medical cases but were able to render aid in surgical and obstetrical disease and in the diseases of the ear, throat, and nose etc., whilst these conditions were not treated by Ayurvedic and Unani practitioners.” 40

The conclusion of the report was that “having regard to the progress attained in the Western system of medicine, there is very little if anything to be learnt from the methods of treatment followed by practitioners of the indigenous systems”. The only practical suggestion made by Koman was the inclusion of some of the important Indian drugs in the lectures on material medica presented to the students in the Medical College. 41 The report also stressed the need for a good deal of further work so as to gain considerable experience before it could be universally recommended. However an order from the Government of Madras dated 11 February 1921 considered it worthwhile to continue the experiments with the drugs which Doctor Koman had found to be of considerable value, with a view to their gradual incorporation in the pharmacopoeia of the hospitals in this South India.

Criticism of the Report

Koman’s report was criticised widely in the Indian press. The Andhra Patrika criticised the report under the title ‘Native medicine: An Allopathic Doctor’s condemnation’. It opined that without knowledge of Sanskrit and experience of the Ayurvedic system of medicine it was not possible for him to find out the respective

merits of the two (Allopathic and Ayurvedic) systems. The Swadesamitran of 19 February 1921 viewed that the report would help to improve the Western medical system and would not help the native physicians. It held that the co-operation of the people was essential to support the cause of the indigenous systems of medicine in India. The same newspaper published an essay on 25 February 1921 by Duraiswami Aiyangar, editor of the Vaidya kalanidhi, which characterised the report as aimed at encouraging the Western medicine’s sales at the cost of the indigenous ones. Duraiswami Aiyangar was highly critical of the government’s attitude to indigenous systems of medicine. He mounted a frontal attack on Koman, a Doctor of Western medicine who formed the one man commission of the government’s committee on indigenous systems of medicine. He questioned the very basis of this committee by pointing out that the government’s real intention of nominating Koman was only to explore the inclusion of Ayurvedic herbs into the British pharmacopeia. He argued that Koman who was trained in Western medicine was no authority to assess the efficacy or otherwise of Ayurveda. He complained that Koman did not take pains to find out the benefits of the system by mixing with eminent experts and heads of All Indian Ayurvedic Associations, nor did he seek the assistance of the learned Ayurvedic Doctors in the course of his investigations. Being a public servant he was subject to the control of the Surgeon General.

The Yogakshemam considered that there would be not many Indians to support Koman if he considered that the Indian systems of medicine should be submerged in the British system as India was submerged in the British Empire. The Nāvāsakti of 25 February 1921 pointed out Koman’s lack of sufficient knowledge to present a meaningful report. K.G. Natesa Sastrī, the Assistant Secretary of the All India

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42 ‘Swadesamitran’, 19.2.1921, NNPR, Madras.
43 ‘Swadesamitran’, 25.2.1921, NNPR, Madras.
44 ‘Yogakshemam’, 25.2.1921, NNPR, Trichur.
Ayurveda Mahamandal remarked that indigenous systems of medicine should survive on its own peculiar lines, and not to be mixed with the other systems. “At the present day it is the Western system, whether in medicine, or any other branch, that is dominant and, any contact of Ayurveda with it, will only mean, in the thoughtful words of Sir John Woodroffe, “a conflict of Cultures.” Naturally the dominant system of medicine will overpower the other one which will rapidly be converted into a death-knell to it.”

The Dravida Vaidya Mandal and the Madras Ayurveda Sabha held a series of meetings to protest against the report of Dr. Koman. They doubted whether the information collected by Koman were based on the authoritative original texts. They were highly critical of the view that Ayurveda was sunk in empirical obscurity along with the use of the word empirical. The report pointed out that the new phrase invented by the learned Doctor leads to the conclusion that he means two sorts of obscurities one empirical and the other scientific and reserves the latter for the Western system of medicine which is so dear to his heart. Also they stressed that it is not Ayurveda which is still sunk in empirical obscurity but it was the very reverse of it. Long ago Ayurveda developed a system of its own and reached a point beyond which it had become practically impossible to proceed. And that was why it is accused of having become stagnant long ago. In conclusion the committee viewed Koman’s report to attempt to destroy Ayurveda as a distinct system of medicine.

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Origin of the Indian medical “System”: Usman Committee Report

On 31 March 1920, T.R. Ramachandra Ayyar proposed a new resolution in the Legislative council and recommended the investigation into and encouragement of Ayurvedic and Unani systems of medicine in vogue in South India. The resolution was passed in a modified form by dropping the words ‘encouragement’. The Government solicited the names of experts on indigenous medicine who were to serve on the proposed committee. The names were forwarded to the Surgeon General with a request for his remarks. Surgeon General Giffard indignantly stated that no good would arise from such a committee and, much as his predecessor W.B. Bannerman had reacted to the proposal to inspect indigenous medical institutions. In 1914, Giffard made it absolutely clear that he had nothing to do, as a medical man, with any indigenous medical investigations. A scientific enquiry into the subject could be carried out by a committee of scientific experts aided by Sanskrit pundits. He opined that the composition of the committee that was proposed was entirely useless and the results of its labour would carry no weight either with the medical profession or in the scientific world. Hence Giffard disassociated himself from the committee proposed by Mr. Ramachandra Ayyar and hoped that no registered medical practitioner will have anything to do with it.

Faced with the Surgeon General’s criticism, the Public Health Department agreed that “to do the thing properly it would be necessary to get half a dozen or more experts Western Europe and that failing this, it would be best not to associate any official medical men with the committee, but to leave it to the committee to state their case for scientific criticism hereafter”. Accordingly, a committee was appointed with

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46 “Indigenous systems of Medicine and the Local Legislative Council”, VK, March 1920, 64. See also Notes connected with a Resolution on matters of General Public Interest in G.O. No. 964, P.H., dated 10.8.1921.
Khan Bahadur Muhammad Usman Sahib as Chairman, and G.Srinivasamurti, as the Secretary, ‘to afford the exponents of the Ayurvedic and Unani systems an opportunity to state their case fully in writing for scientific criticism and to justify state encouragement of these systems.’

The finance department due to its weak position suggested that the committee be put off to the next year. However, the Governor urged that it be pushed through without any further delay as the people were very sensitive in the matter. “I am afraid the appointment of the Committee cannot further be delayed. People are very touchy about the matter. I am for going ahead with the Committee.” The department suggested the appointment of a Chairman and a Secretary to draw up a preliminary programme of work before deciding on the detailed financial allocation. The Public Health Minister agreed with the arrangement and suggested that Mohammed Usman be appointed Chairman of the Committee, and Dr. Srinivasamurthi as the Secretary, in place of Dr. Koman who had declined to serve on the committee. Accordingly, the appointments were made, and government directed the chairman and secretary to draw up proposals as early as possible and submit them to this government with an approximate estimate of the cost involved.

The newspapers suspected the motives of the government in the appointment of the committee. The Vaidya Kalanidhi lacked the belief that the appointment of a committee will prove beneficial to the indigenous systems. It said: “We have enough experience of such committees… Further, none that till now come forward to prove, in the presence of scientific experts, that the Ayurvedic and Unani are unscientific. Sir

47 G.O. No. 964, P.H., dated 10.8.1921.
48 Hausman, 213.
49 Hausman, 214.
Alexander Cardew and Sir P. Rajagopala Acharyar venture to pronounce on the merits of our medical science. Is there any real significance in Surgeon-General Giffard, who has no idea whatever of the Ayurvedic and Unani systems, condemning them?\(^{50}\) The Swadesamitran was of the opinion that the government would sympathise with the resolution. “Whenever resolutions are introduced in the Legislative Council that the Ayurvedic system of medicine should be encouraged, Surgeon Generals, unaware of the efficacy of this system, have been belittling it and offering lame excuses. We hope our government will sympathise with the resolution…..at least taking a cue from the attitude of the Bengal Government in this matter”\(^{51}\). The Desabhaktan, expressed satisfaction with the decision of the local government in agreeing to appoint a committee but did not tolerate the attitude of the government towards indigenous medicine.\(^{52}\)

According to the G.O No. 964 P.H., dated 10 August 1921, the Committee appointed was entrusted to report on the question of the recognition and encouragement of the indigenous systems of medicine vogue in the South India. The declared object of the enquiry was “to afford the exponents of the Ayurvedic and Unani systems an opportunity to state their case fully in writing for scientific criticism, and to justify state encouragement of these systems.”\(^{53}\) With this end in view, a questionnaire was prepared and sent to all persons interested in this matter. Not less than one eighty two replies were received from all parts of India, including Indian States. Further, forty representative witnesses were orally examined in Madras, and a special subcommittee visited important centers of the indigenous systems of medicine and conferred with the leading exponents of

\(^{50}\) ‘Vaidya kalanidhi’, 17.3.1920, NNPR, Madras.
\(^{51}\) ‘Swadesamitran’, 25.3.1920, NNPR, Madras.
\(^{52}\) ‘Desabhaktan’, 2.4.1920, NNPR, Madras.
these systems and other persons interested in their promotion. On 17 February 1923, the committee presented its report of 150 pages, of which nearly one hundred were devoted to the indigenous systems. Much of the remaining portion of the report referred to practical matters as registration, the organisation of medical education, and finance etc. These proposals were forwarded by the government to the President of the Corporation of Madras, all Collectors, Presidents of all District Boards and Chairman of all Municipal Councils. On 17th October 1921, a sum of Rs.21,000 was sanctioned in connection with the investigation.

A request was placed by Dr. Lakshmipathi, a member of the committee, for an additional sum of Rs.15,000 along with an experimental hospital of not less than fifty beds, to demonstrate the efficacy and low cost of the treatments in indigenous remedies. The government denied the request for hospital and declared that a sum of Rs.11,000 would be sanctioned in the following year’s budget. The Committee submitted its report on 17 February 1923. The Usman committee report, the most outstanding of the similar ones published in India was illumined by a very learned memorandum on the Science and Art of Indian Medicine, by its member secretary Captain G. Srinivasamurthi. The Committee’s findings and recommendations revealed that seen from the stand point of science they were strictly logical and scientific and from the standpoint of art, they were not self sufficient especially in the surgical line, though in the medical line, they generally speaking were quite self sufficient, efficient and economical. It viewed that only through the promotion of the Indian systems of medicine, the state could achieve the ideal of bringing medical relief within easy reach of all people especially in the rural areas. Therefore, it was essential for the government to explore the full possibilities of the Indian systems of

54 “Indigenous Systems of Medicine in India”, BMJ, 15 September 1923, 477.
medicine with a view to make them wholly sufficient and fully efficient in both its medical and surgical branches.”

It recommended the establishment of a Central College of Indian Medicine and an associated hospital at Madras. The cost of this institution were to be wholly met from state funds, and the resources as regards laboratories, dissection halls, clinical teaching, etc., of existing institutions were to be made available, as far as possible, for the purposes of the new College of Indian Medicine. The Approved institutions of Indian Medicine maintained established by local bodies and private agencies were to be afforded State aid and such other forms of State encouragement as accorded to similar institutions of Western Medicine.” Further, the foundation of Chairs of Indian medicine in existing schools and colleges of Western medicine were to be useful in helping Western trained Doctors to acquire knowledge of the essentials of Indian medicine itself. Further, it recommended the graduates of Western and Indian medicine to study both Indian and Western medicine respectively, granting of suitable scholarships to promising young youths and guaranteeing them suitable employment, offering prizes for the first two or three, from among those who qualify every year from recognised institutions was considered to be of great value.

Regarding the Indian Universities, it recommended the establishment of a faculty of Indian Medicine, with a corresponding Board of Studies and Examination Boards, founding of Research fellowships and scholarships. On education, a number of schools and colleges were to be established from which sufficient number of efficient practitioners were expected to be sent out every year. About the registration

of medical practitioners, the report considered it necessary in the best interests of both the public and the practitioners particularly to discourage the pretentious ignorance and dishonest practice of any particular system whatever it may be.\textsuperscript{58} Regarding the cooperation between the practitioners of the Western and Indian system, it opined that the followers of either systems should appreciate and learn the excellence of the other to ring out the existing feelings of mutual dislike and unhealthy isolation, and bring in the spirit of mutual helpfulness and fraternal cooperation.\textsuperscript{59}

On the basis of the recommendations, the following actions were taken. (i) A School of Indian Medicine was established at Madras in 1925 to impart teaching in Ayurveda, Siddha and Unani Medicine, along with the essentials of Modern Medicine; (ii) Established provincial rural dispensaries and Municipal and District Board of dispensaries staffed by the diploma holders of the school; (iii) Established a Government Hospital of Indian Medicine attached to the school in 1926; (iv) A Post Graduate course in Indian Medicine for graduates of Western medicine (F.I.M., Fellow of Indian Medicine) and a course for practitioners of pure Indian Medicine in Modern Medicine (A.L.I.M., Associate Licentiate in Indian Medicine) was started in 1930. The latter course was abolished in 1941, and the former was renamed as A.I.M. (Associate of Indian Medicine); (v) Constituted a Central Board of Indian Medicine to act as recommending authority to the Government for Registration, for supervision of pharmacies and teaching institutions; and (vi) Established a college of Indian medicine in 1947.\textsuperscript{60}

\textsuperscript{60} Report of the Committee on the Indigenous Systems of Medicine, 1948, 1: 29.
The rural areas of Colonial South India remained devoid of the modern Western medical facilities by the early twentieth century. With very few Western dispensaries scattered in villages coupled with the cultural prejudices of the people, and the higher cost of the Western medicine, the majority of the population received timely medical aid from the indigenous practitioners. Not all these practitioners were trained, some had acquired experience by heredity and many among them were quacks. Even after the introduction of the Western medicine, several among the most highly educated and enlightened classes had faith in the indigenous system of medicine and they did recourse to native medicines under either Ayurvedic or Unani systems. This led some of the enlightened Indian members of the Madras legislative council to put forth resolutions before the government to improve and encourage the indigenous systems of the medicine. The British never attempted to comply with these demands till the beginning of the twentieth century since the indigenous or traditional medicine was never accepted as a distinct medical system.

The idea of indigenous medicine as being distinct from that of the Western did not arise all of a sudden. As early as the twentieth century, the British had no knowledge of the indigenous schools or dispensaries. Whatever contribution was allotted by the government was not distinguished between the Indian and the Western medicine. But the repeated desire of the Corporation of Madras and private individuals made the government to realise the presence of different systems of medicine different from the Western. Thus when grants to the indigenous institutions were put forth time and again, some degree of regulation was imposed on the indigenous medicine. Gradually, support of the state was also deprived and the possibilities of any employment opportunities for the indigenous practitioners were
also denied. Only the graduates of Western scientific system was considered as qualified practitioners, while the indigenous practitioners characterised as quacks having no training in medical science.

A slight shift in the policy towards indigenous medicine occurred in 1918 when the government appointed a committee to investigate the indigenous drugs. But the rise of political Swadeshism during the period made it imperative for the government to appoint another committee to report on the question of the recognition and encouragement of the indigenous systems of medicine in South India. It was the recommendation of this committee that led to state regulation and patronage of indigenous medicine along with the Western medicine. In 1925, a government school of Indian Medicine was established at Madras to provide training in four distinct ‘systems’ of medicine. While earlier, the British asserted that it was impossible to graft the indigenous medical practice on anatomy, physiology, chemistry etc., the newly established school was attempting to achieve this through essentials in modern medicine along with the syllabus on traditional medicine. Similarly, the proposal put forth in 1921 for establishing a hospital of indigenous medicine was never accepted, but an attached hospital for in-patients was established in the new indigenous medical school. Therefore the contradictions on the indigenous medical systems that came to the forefront in the early twentieth century decided the fate of the indigenous systems of medicine.