

## CHAPTER IX

### AN OVERVIEW

Every individual regards health as an important element of his well-being and of the well-being of those close to himself. Indeed, the enjoyment of health has come to take a place among the "human rights".<sup>1</sup> The preamble to the constitution of W.H.O. states that "the enjoyment of the highest attainable standard of human health is one of the fundamental rights in every human being without distinction of race, religion, political beliefs, economic and social conditions".<sup>2</sup> Improvement of health conditions of people as a whole, rather than of better-off individuals or groups, is being stressed in the context of the Third World health standards. This marks a development in the holistic understanding of health. It is a language of "rights of the people" rather than the traditional western capitalist discourse of *individual* "human rights" that makes more sense in the context of the colonial-imperialist exploitation of natural resources by the western countries for the benefit of the western countries, but resulting into a global threat to the whole planet and to all life on it.<sup>3</sup>

Western and eastern systems of medicine originated from man's view of himself in continuity with the nature around him. The doctrine of humors was common to both systems of medicine. Consequently, knowledge of astrology was regarded as essential in the medical world. Hence the classic Spanish saying of Judaeo-Arabic medieval writings: *Ciego es el medico que no sabe astrologia* (= Blind is the physician who is weak in astrology).<sup>4</sup> However, in the course of time western man's concern seems to have become more self-centered and individualistic to the detriment of an awareness of man as part of the community and as a part of the whole cosmos.

At the risk of being simplistic the image comes to my mind of the hunters and gatherers of old. The west with its hunting instincts more active explored ever new avenues of economic gain and political dominance. They arrived in the east. They met a people in this country whose ways of life might conform to the image of the gatherers and whose philosophy of life had made them more receptive to gather the best of the thought and life of the new-comers. The colonial powers tried to ride over a culture that they considered primitive from their ethnocentric viewpoint, without caring to realize that it was a more evolved culture and in some ways superseded their own.

Apparently, when the Portuguese first came to India they were not concerned with the health conditions of the native population. The first Hospital in Goa was established in the city of Goa to cater to the needs of the Portuguese soldiers in need to recover from long sea-journeys, from wars of conquest and sea-monopoly they sought to enforce, and from the infectious diseases which they imported or acquired locally. Hospitals and other facilities were designed with the interests of the Portuguese as their priority. Similar situation also prevailed in British India in the nineteenth century.<sup>5</sup> It was the missionaries and the Holy House of Mercy that tried first to introduce western medicine among the masses, including natives, in the city of Goa, but it was still restricted to the areas where the Portuguese lived. The majority of the native population continued to have recourse to their traditional medicine. Their indigenous practitioners were cheaper, more easily available and the natives had faith in them.

Initially it appears that the western system of medicine and the eastern one could co-exist peacefully. Some Portuguese physicians, including Garcia d'Orta, took keen interest in indigenous ways of healing.<sup>6</sup> Many viceroys, high government officials and nobles sought the help of the native *panditos* and *vaidyas*, probably because so few western doctors were available, and also because they believed that the local

diseases could be best treated by the native practitioners. This happy situation ended when the Inquisition intervened and imposed restrictions on the practice of the native medicine men, probably because of their moral influence upon their clients. Also the Portuguese doctors in Goa were openly hostile to the native practitioners, and they used their influence in the ruling quarters to check the practice of the native doctors.

The efficacy of indigenous medicine is difficult to assess at this point as new diseases were brought in by the colonial powers. The indigenous systems were unable to cope with new diseases. While one can say that Goa's high mortality rates mean that indigenous treatments were not effective, no other treatment could have done better, since mortality rates were closely linked with poverty, famines and environmental problems intensified with the creation of western-type urbanisation in Goa. Goa had never before seen a degree of urbanisation and eco-disturbance as the one introduced by the Portuguese in the sixteenth century.

As elsewhere in South Asia health conditions were correlated with the income and levels of living in Goa. These levels depended on Portuguese imperial fortunes. The upper strata with better standards of living were probably able to avoid deficiency diseases, but not the transmittable diseases.

Level of living was low for the masses. This condition was responsible for their level of nutrition. Majority of our people during colonial time lived on subsistence agriculture and on remittances from across the borders. Since most lived in conditions of chronic economic stress, they could not afford to spend much on their food. Malnutrition and under-nourishment were responsible for many diseases and for morbidity in Goa at least till the beginning of this century. Malnutrition was one of the chief causes of infant mortality. It also caused a chronic debility that impaired people's labour input and reduced their resistance to disease.

Environmental problems may not have been as serious and extensive as we face them today, but they were there. Over-urbanisation of the capital city had grown beyond the capacity of the existing methods of sanitation. Poverty, ignorance, non-cooperative attitude of the natives, lack of sufficient potable water and poor drainage were also responsible for the environmental problems. Goa was blessed with a large network of rivers, but there was scarcity of potable water, chiefly in the summer months of April and May. Colonial politics did not give priority to solving this problem. Wells and rivers were also polluted and responsible for many water-borne diseases.

Contrary to the general view-point in the West today that many infectious diseases are a heritage of the Third

World. we know that the European colonial scum was responsible for bringing many of the infectious diseases to the rest of the world, including Asia. As Europe succeeded in freeing itself from such diseases, it has also forgotten that it was the cause of spreading them elsewhere where they have been left as a part of the legacy of poverty inherited by the Third World. Syphilis, known in Goa as *baili pidda* is attributed to the Portuguese and other whites. Diseases like tuberculosis were brought to Goa in the later period by emigrants returning home for holidays. Improvement in means of transport, pilgrimages and trade were also responsible for diseases which often assumed epidemic proportions.

Only in the last decades of their rule the Portuguese tried to extend western medicine to the masses as a result of growing realisation that the health of the Portuguese whites could not be secured through measures directed at their health alone. The reduced difference between the urban and rural life-styles after mid eighteenth century and a greater shift of the Portuguese and administrative personnel into the countryside also explains the extension of the health policies beyond the urban centres.

The introduction of the western medicine and health legislation are considered by many as some of the benefits of the Portuguese rule in Goa. However, western medicine

benefited only a small section of the population, mainly in the Old Conquests. The New Conquest territories were neglected. The living conditions of most inhabitants remained appalling with high morbidity and mortality rates till the last few decades of the Portuguese rule. It was only towards the fag end of the Portuguese rule that more health services reached the masses, and that too largely through private initiative. Apologists for the colonial rule believe that its limitations in the field of health were mainly on account of the poverty and ignorance of the people, and not due to inadequate colonial policies. Although this may have been true to some extent, colonial rulers were responsible for the depressing socio-economic conditions in Goa. Elsewhere in India the fall in mortality rates from 1920's onwards is related to grace of gods of weather, resulting into improved levels of nutrition and resistance to infections.<sup>7</sup> The impact of the same factors in Goa cannot be ruled out, though the other regional political and socio-economic characteristics studied in this dissertation need to be taken into account.

Daniel R. Headrick lists medicine among several "tools of empire" that enabled or facilitated western penetration and domination of the non-European world.<sup>8</sup> It was not the political rulers only that saw in medicine a wider utility. The missionaries too appreciated the opportunity offered them to establish contact with the native souls.

In order to control diseases a series of measures were introduced from the nineteenth century onwards. There was emphasis on epidemic rather than endemic diseases, and upon curative rather than preventive medicine. The preventive aspects were confined to areas inhabited by the ruling class to begin with. Later epidemic measures were spread to the masses. But they were not fully implemented because of the attitude of the inhabitants. The people were reluctant to cooperate on account of religious taboos, superstitions and other beliefs. They were resisting vaccination on such grounds.

The colonial government was also reluctant to make financial commitments and to enforce measures that might provoke resistance and revolt. A fear of the consequences of compulsion was thus an important check on the State. It was from the second decade of the twentieth century that the State powers were used to enforce sanitary and medical measures. This, together with absence of famines, introduction of new medical technology, improvement in the standards of living and education, helped to eradicate epidemic diseases in the last two decades of the Portuguese regime in Goa.

Religion played a dominant role in western as well as native medicine in Goa. It was a tool used to implement some measures and an excuse for non-implementation of others. Some

medicinal practices were made a part of religious rituals, specially among the Hindus. Belief in *ahimsa*, caste and socio-religious factors prevented non-Christians from taking up to western medicine for long. Dead bodies were considered a source of pollution, and this discouraged the non-Christians from practising medicine or joining medical studies.

Colonial rulers made Goa dependent on them for health services. Colonial health services were not always popular with the Portuguese whites themselves. The best Portuguese medical talent did not seek employment in the colonies and punitive measures had to be taken to force many doctors to practise in the colonies, including Goa. To supplement its own limited man-power the Portuguese looked for native recruits.

Political forces played a dominant role in the shaping of the health services. Colonial policy was greatly responsible for the state of affairs in the *Estado da India*. The colonial rulers had their politics of health. Lack of enforcement and lethargic attitudes were also responsible for poor health conditions. Having stated that the western medicine did not reach all sections of the population during the Portuguese rule in Goa, it must be admitted that the Portuguese did establish what is considered as the first medical college in Asia, one of the first hospitals of western medicine, and many far-sighted health measures. Besides, the

graduates of the Goa medical school made significant contribution despite the limitations of their training and technical facilities.

Medicine in the world today has made great strides in the preventive and curative fields. Unfortunately the world has experienced negative impact too of the toxic effects of the so-called "scientific medicine". Violence has also been done to human mind, body and environment. Today one begins to see a tendency in the west to investigate and practise traditional remedies and medicinal practices, including Indian yoga and vegetarianism. The eastern systems of medicine and health-care are seen as having less harmful side-effects. It looks as if man has come full circle in seeing himself as a part of the larger cosmos, nothing more and nothing less.<sup>9</sup>

Le Roy Ladurie writes about the "unification of the globe by disease in the period after 1300".<sup>10</sup> It appears to me even more true today that any polarisation of the world into the first world and the third world, or developed and under-developed world is not really helpful for the well-being of the humankind. We are growing into the awareness of the inter-relatedness of all things in the Universe and the mutual impact of societies. Maintenance of harmony between man and nature is of paramount importance and everyone has to cooperate in the task. Those who have contributed to greater exploi-

tation and ecological destruction in the past may need to feel the obligation of contributing with larger investments for the eco-restoration, rather than using the environmental issues to add insult to injury and prevent the poorer nations from gaining the benefits of development and to retain their own monopolistic domination.<sup>11</sup>

Through an accident of history we have encountered in Goa attempts at combining eastern and western approaches to medicine. Somewhat symbolic of this was the practice in the famous Royal Hospital of Goa of prescribing a glass of cow urine three times a day for recovering their colour, after the patients were bled several times to cure their illnesses.<sup>12</sup> The Portuguese succeeded to quite an extent in introducing the western medicine in Goa, but its overall colonial failure<sup>13</sup> made the Portuguese empire much less deleterious and some traditional approaches to health care have continued to be popular in Goa. A follow-up in the direction of bringing about a healthy balance of the western and eastern systems of medicine could lead to a better quality of life for all.

## REFERENCES

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