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Project Report

The State of Ayurveda in Colonial Bengal*

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Ancient Indian medical tradition, Ayurveda is perhaps the longest unbroken health care tradition in the world. Though Unani or Greco-Arabic system of medicine was patronized by the Muslim rulers of India from the 12th century CE, some of the Mughal rulers were sympathetic towards Ayurveda and so the practice of this Indian system of medicine was continued along with Unani during Mughal period. With the arrival of the British in the eighteenth century came the western medicine loaded with human anatomy and physiology and slowly Ayurveda felt the neglect by the British medical authorities in its continuation. However, notwithstanding the patronization of western medicine by colonial rulers Ayurveda survived and continued among the masses in Bengal. The aim of this project is to analyze how Ayurveda survived during colonial period; methods of treatment by ayurvedic practitioners and their successes and failures during colonial period; the debate between *kavirājas* and doctors; the measures taken for its reform and revival. On the whole the research work highlights the continuation, transition and change in Ayurvedic system of medicine in colonial Bengal. The study consists of five following chapters:

I. Ayurveda in the 18th and the 19th century Bengal
II. Ayurveda in the First half of the 20th Century
III. Renowned *kavirājas* of the 19th and 20th century Bengal
IV. Indian Government Policy on Ayurveda
V. Concluding Remarks

I

The Ayurvedic physicians of Bengal were popularly known as *kavirāja*: the two words – *Vaidya* and *Kavirāja* are synonymous to '*Puṇḍit*' and 'Physician'[1]. The profession of the people was not depended on the class factor and any one was allowed to become a *kavirāja*[2]. A student was not allowed to study Ayurveda to become a physician without being well versed in Sanskrit language. However, the education in the *catuspati* or *tol* was not purely theoretical; the students got clinical experiences while assisting the teacher when he treated a patient or prepared the medicine. The students were made familiar with the basic knowledge of their teacher or *guru* so that later they could learn other topics by themselves. The eighteenth and nineteenth century were very important to understand the British colonial ruler's attitude towards Ayurvedic system of medicine. When the western medical men first came to Bengal, the world of medicine was not divided into multiple different 'systems'. There were

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[1] Durgacharan Sanyal, *Banglar Samajik Itihash*, p 15

[2] It has been reported by H.T. Colebrooke in 1795 in his '*Remarks on the present state of husbandry and internal commerce of Bengal*' that 'every profession, with a few exceptions, being open to every description of persons'.

different competing ways for treating specific ailments and Ayurvedic treatment was most popular among other indigenous methods. At the initial stage of the British East India Company rule, European medical men had to depend on the local practitioners for diagnosis and treatment of diseases not familiar to them, so they did not distinguish between different systems of indigenous medicine that included Unani and also folk medicine by barber-surgeons and bone-setters. The Company medical officers also did not interfere in the practice of the Ayurvedic physicians till the second decades of nineteenth century. From the mid-eighteenth century there began the practice of employing *kavirājas* for 'native regiments of the English army' (Crawford, 1914). European doctors in Calcutta used to treat the Europeans only and rich Bengali elites residing in the city could also avail their services at a rate of one gold *mohar* for a visit. However, it was observed by Ward that better established Hindoo physicians never prescribe to a patient without first receiving his fees (Ward, 1818). However, Ayurvedic physicians in Calcutta might have charged high fees from rich Bengalis and Europeans but opened charitable dispensaries for the poor.

From the beginning of the eighteenth century Calcutta became one of the most important European settlements in India and in no times people from different parts of Bengal as well as from India came and settled in the city and its surrounding areas for trading and other activities. Since the East India Company took no initiative on public health issues, different diseases particularly communicable diseases began to spread and raised the mortality rate among the Europeans and the indigenous population as well. As a result, from the beginning of the nineteenth century Calcutta became one of the most unhygienic places of India with open drains, marshy lands and water bodies. The place was infested with mosquitoes and different types of fevers caused mortality among the inhabitants of the city. One of the major causes of illness in India from antiquity was different types of fever. There started difference of opinion between Ayurvedic and European physicians regarding the use of quinine in case of fever. Ayurvedic practitioners complained about the enlargement of liver with prolonged use of quinine that was the mode of treatment for any kind of fever by western medical men. Bengali Ayurvedic magazine "*Anubikshan*" commented,

> European physicians are using large doses of quinine and other European medicines for our ailments; that may have been beneficial for that moment but in the long run destroy our health'[3].

Ayurvedic practitioners received encouragement in their mode of treatment from European doctors who opined that *catcaranja* or *kat-kaleeja (Caesalpinia bonducella)* used by *kavirājas* was one of the best substitutes for cinchona bark[4] (quinine), to which we can have recourse, particularly if assisted to the decoction of *catcaranja* and *cherayita*, which indeed is so powerful an auxiliary, that it may be doubtful, in the case of success, to which of the two remedies the cure should be chiefly ascribed (Fleming, 1818). However, the doctors continued using western medicine and *kavirājas* used their own Ayurvedic medicine for different types of diseases. From the beginning of the nineteenth century a number of indigenous practitioners who called themselves *kavirājas* did not possess competent knowledge of Indian medical works and a decline in Ayurvedic treatment and cure were observed in Bengal. The *kavirājas* were held guilty of thousands of premature deaths for administering Ayurvedic medicine by many elites of Bengal. As a result, Ayurveda had to face serious threats and competition from the protagonists and adherents

[3] "Deshiyo oushad o tahar shikshak", *Anubikshan,* 1874, pp 190.

[4] The cinchona bark was first brought to India in 1657 from Europe for combating the fatal fevers of the rainy seasons in Calcutta.

of western medicine on one hand and the colonial government on the other. The followers and practitioners of western medicine held the opinion that allopathy was more scientific and practiced more sophisticated mode of treatment. The discoveries of some epoch making medical technologies and the better knowledge of human anatomy and physiology in the nineteenth century Europe[5] compelled the European medical men to label Ayurveda as 'queer' and unscientific (Jaggi, 2000).

Last decades of the nineteenth century saw a debate on the validity of Ayurveda in contrast to allopathy or western medicine. Bengal elites and *kavirājas* responded to the idea of projecting Ayurveda as an indigenous version of a glorious past of Hindu culture. The revitalization of Ayurveda then became the primary objective of these Bengalis to raise the platform of Ayurveda from its declining condition to a high level. The elite of Calcutta felt that if indigenous systems of medicine were to be revived and reformed, a standard educational process had to be ensured (Mukharji, 2008). Through much of the nineteenth century the precise content was left undefined as a diverse range of opinion among the leaders of revitalization process surfaced. There arose a range of differences on the scope of Ayurvedic education and curriculum. However, the need of a standard education process with government support started to be felt very urgently. After the establishment of Calcutta Medical College in 1835, the British policy was to push out the indigenous medicine of India and to patronize the western medical system. The closing decades of the 19th century witnessed the beginning of a revitalizing process of Ayurveda as the proponents of this system of medicine 'tried to transform the hitherto relatively inaccessible knowledge into social knowledge as well as a shared system of knowledge among the practitioners' (Ganesan, 2010). In the beginning of the 20th century the project of revitalizing traditional medicine gained strength through 'nationalistic concerns' in various parts of India. The revival movement had three central features: codification and dissemination of knowledge available in the classics and later Ayurvedic texts, institutionalization of training and teaching and manufacture and marketing of Ayurvedic drugs. This movement brought the necessary reforms in this system of medicine and allowed Ayurveda to survive in spite of the neglect by the colonial Government.

II

In 1905, National Council for Education was formed in Calcutta and 51 National Schools opened. It was in this context that the first Ayurvedic college, the Calcutta Ayurvedic Institution and Pharmacy was established in 1905, by Surendra Nath Goswami. It was one of the initial attempts by the revivalists of indigenous medicine. Unfortunately, the college closed down within a few years. Later in 1916 *kavirāja* Jamini Bhushan Roy opened an Ayurvedic college, Ashtanga Ayurveda Vidyalaya. It is interesting to note that he was the first to combine Ayurveda and allopathy with a view to rejuvenate the former. He enlisted the help of both *kavirājas* and doctors. The college soon gained popularity and at one time attracted students from Nepal and Sri Lanka. *Kavirāja* Gananath Sen and *kavirāja* J B Roy for the first time prepared a combined syllabus consisting Ayurveda and allopathy for the students of Astanga Ayurveda Vidyalaya. This was followed by the establishment of the Shyamadas Vidyashastra Peeth by *kavirāja* Shyamadas Bachaspati, an eminent *kavirāja* of his time on the request of the Congress leader Deshbandhu C R Das. He was an ardent advocate of *suddha* (pure) Ayurveda and disapproved the mixing of Ayurveda and allopathy. One of the areas where Ayurveda was often thought to be deficient was surgery, but here too Bachaspati refused to incorporate

[5] Discovery of stethoscope (1846), chloroform (1847), Antiseptic operation.

allopathic surgery and asked *kavirāja* Haran Chandra Chakravarty for help. Chakravarty learned Ayurvedic surgery through a close study of *Suśruta Saṃhitā* and by conducting clandestine post-mortem examinations. By involving Chakravarty in the college, Bachaspati made it clear that though he was opposed to allopathy, he was not a blind traditionalist and supported innovations (Paul, 2011). After the demise of J B Roy *kavirāja* Gananath Sen became the Principal of Astanga Ayurved Vidyalaya. Sen argued that scientific elements were already present in Ayurveda's rich textual heritage and all that was required was careful sifting, retrieval and exclusion of the unscientific accretions. It is interesting to note that in spite of all controversy and debate, some *kavirāja* and doctors tried to reconcile their differences for the good of the people. In a pamphlet both professional tried to know other system of treatment and they depicted that knowledge in the form of discussion and dialogue. Dr. Harinath Ghosh, Dr. Nilratan Sarkar, *kavirāja* Bijoy Ratan Sen, *kavirāja* Gananath Sen, *kavirāja* J B Roy were also firm supporters of this attempt of reconciliation and combination between the western medicine and traditional medicine in the interest of medical science.

III

The number of Ayurvedic practitioners from the beginning of the nineteenth century was large and they constituted an important community in Bengal. They commanded considerable respect from their countrymen as the relationship of confidence between the *kavirāja* and his patient was enhanced by their common religious background. In the decades after the medical college was founded in Calcutta, it was felt by *kavirāja* that western medicine would replace the traditional Ayurvedic system of medicine. Notwithstanding the introduction and patronization of western medicine by the colonial government some eminent Ayurvedic practitioners rekindled the flame of Ayurveda in the critical decades of the 19th century CE. The crisis was averted by two renowned *kavirājas,* Gangadhar Ray (1798-1885) and Gangaprasad Sen (1824-1895) and their students who took the initiative for the revitalization of Ayurvedic system of medicine. Books were written for junior *kavirājas* on diagnosis, pathology, practical application of Ayurvedic medicine focusing on the doses required for different age groups, etc. Gangaprasad Sen took the initiative to export of Ayurvedic medicines in Europe and America. He was the first *kavirāja* to introduce fixed consultation fees which equaled and sometimes surpassed the fees charged by European doctors in Calcutta. *Kavirājas* started advertising their medicines in newspapers, periodicals, pamphlets, etc to popularize Ayurvedic medicines among the masses. Europeans doctors sometimes used to consult *kavirājas* for treatment of diseases and also prescribed Ayurvedic medicines. From late nineteenth century we find that a number of medical periodicals in Bengali were published to educate people on the necessity of Ayurvedic treatment for Indian masses and also the negative aspects of western medicine. However, articles were also written on human anatomy and physiology as presented in western medical texts to acquaint indigenous medical practitioners on these aspects of medicine. The large-scale manufacture of Ayurvedic medicine became essential as the availability of Western medicine in the market started to replace Indian medicine though the price was ten times more than Ayurvedic medicine. As a result, a number of manufacturing units like Sakti Auṣadhālaya, Sadhana Auṣadhālaya, Kalpataru Ayurvedic Works, Bengal Chemical and Pharmaceutical Works, etc. were established to allow people access of Ayurvedic medicines from the market at a cheap rate. A number of students who wanted to become a *kavirāja* first took admission in the Calcutta Medical College to study western medicine and then studied Ayurveda under the

tutelage of famous *kavirājas* of that time. The knowledge of both the western medicine and Indian medicine allowed them to understand the scientific aspects in Ayurveda. They felt the need of Ayurvedic education and established Ayurveda colleges and hospitals from the beginning of the twentieth century in Calcutta and also prepared a combined syllabus consisting of Ayurveda and allopathy. However, that allowed the *kavirāja* of Bengal to divide into two groups, *suddha panthi* and *miśra panthi* and started a debate on the necessity of reform in Ayurveda.

IV

The major shifts in the production of Ayurvedic drugs from home-based to petty-production and ultimately to large-scale manufacturing units and sufficient increase in the demand for Ayurvedic drugs forced the State Government to set up a number of committees to afford the exponents of Ayurveda and Unani an opportunity to state their cases and justify state encouragement. The first major health report published in 1923 was the Usman Report where the Bengal *kavirāja* argued that the basic concept of Ayurveda had been misunderstood by the western scholars as they had judged Ayurveda from ignorance born prejudice and bigotry (Usman, 1923). They opined that the cause of diseases, the laws of general therapeutics explained in Ayurveda is based on sound logic and scientific grounds. The committees accepted that the general efficacy of Ayurvedic treatment was least costly and in some cases more effective than the allopathic treatment. It was also understood that the distinction between Ayurveda and allopathy would never disappear and Ayurvedic practitioners were not ready for unification of the two systems though mutual exchange of knowledge for the benefit of both may be considered. In 1938, the Bombay Medical Practitioners Act, the first professional register for Ayurvedic practitioners was established effectively creating a pan-national profession for the first time. The question of restoration and development of Ayurveda was discussed in the Indian Legislative Council and the different Provincial Councils and it was accepted that the large number of drugs that were used by Ayurvedic practitioners for centuries and still in use 'at least deserve the reputation they have earned as cures' (Chopra and Ghosh, 1923). It should be remembered that at the time of the committee's work, modern medical facilities were restricted mostly to India's metropolitan and capital cities. Hospitals existed at the district and sometimes at the tāluk levels, but these were generally ill-equipped and did not provide any specialized services.

The next government committee of major importance was the Bhore Report, 1946. It says,

> "….no system of medical treatment which is static in conception and practice and does not keep pace with the discoveries and researches of scientific workers of the world over can hope to give the best available ministration to those who seeks its aid".

The Committee remarked that indigenous medicine was based on a common misconception of the nineteenth century that Indian culture was ancient and unchanging; it has been decisively demonstrated for Ayurveda that from its very earliest roots, the tradition of medical thought and practice was in constant flux and tension with different school vying for their own theories, different physicians using different therapies. The Committee was clearly not prepared to engage in any serious consideration of the merits of Ayurvedic and other indigenous medicine. In 1946 the Government of India appointed the Indigenous Systems Inquiry Committee, under Sir Ramnath Chopra as Chairman, and three Hakims, three Vaids and Dr. B N Ghosh Professor of Pharmacology as members. The Chopra Report's apparent aim was to give indigenous medical systems a proper place in India's health care

structure. It argues that a careful study of Ayurvedic principles, for example, will show that the various humours and other traditional and non-allopathic parts of the body will eventually be found to coincide with modern medical categories as revealed by science. Thus, the Report's aim was not to integrate traditional and modern sciences, but rather for modern medicine to absorb traditional medicine by re-interpreting its principle categories. Ultimately, all traditional practices and explanations will be subsumed by scientific medical ones.

V

The *kavirāja* became concerned about the stagnation in the development of Ayurvedic system of medicine from early nineteenth century when western medicine was introduced in Bengal by the East India Company doctors. An initiative was taken to support systematic study of medicine including anatomy, physiology and chemistry along with *Caraka, Suśruta, Mādhavanidāna* and other Ayurvedic texts at the Native Medical Institution established in 1822 in Calcutta. A 'Vaidya Society' was established in 1831 to help *kavirāja* to get acquainted with Ayurvedic drugs and properties of many plants and herbs used in the preparation of Ayurvedic medicine. From late nineteenth century Ayurvedic practitioners in Bengal became professional as they started to advertise their treatment and price of medicines in newspapers and medical periodicals to attract patients. In the late nineteenth and early twentieth century three categories of medical practitioners appeared on the scene in British Bengal. The first one involved practitioners who were staunch advocate of Ayurvedic medicine and continued practice successfully. The second category comprised of Indian and European practitioners of western medicine who merely considered indigenous systems of medicine as a source from which they could extract whatever they wanted to use within their own system. The third group of practitioners were failures from the Medical College and those who studied some Sanskrit medical texts on their own and started to practice medicine for money[6]. Ayurvedic practice in the late colonial period reflects a prolonged history of standardization and professionalization that transformed this medical tradition and allowed it to continue. This transformation is marked by negotiations and compromises within and outside the system. The process started with educational reform in different parts of the country and lobbying with Central and State Government to divert policy attention towards qualified practitioners of indigenous system of medicine. This necessarily resulted in a pluralistic health service delivery system where people has better choice, but under conditions of unequal power relations between systems of medicine. As there has been a steep increase in the cost of health maintenance under western medicine or biomedicine, the indigenous health system continued. The journey of Ayurveda in colonial Bengal was not a simple, linear isolated process of reviving a pristine pre-colonial indigenous system but a complex one emphasizing tradition while at the same time attending to the changed and changing condition under colonialism and because of its unique pro-nature vision, Ayurveda gained a global relevance.

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