

Indian Medical Thought on the Eve of Colonialism

Research >
South Asia

British colonial power decisively established itself on the Indian subcontinent between 1770 and 1830. This period and the century following it have become the subjects of much creative and insightful research on medical history: the use of medical institutions and personnel as tools for political leverage and power; Anglicist/Orientalist debates surrounding medical education in Calcutta; the birth of so-called Tropical Medicine. Despite much propaganda to the contrary, European medicine did not offer its services in a vacuum. Long-established and sophisticated medical systems already existed in India, developing in new and interesting ways in the period just before the mid-eighteenth century.

By Dominik Wujastyk

In recent years my research has focused on the Sanskrit texts of classical Indian medicine (Sanskrit: *āyurveda*, 'the science of longevity'). Systematic medical ideas, embodied in *ayurveda*, began to be formulated at the time of the Buddha (d. ca. 400). The Buddha was the first to explicitly state that disease arises from an imbalance of three humoral substances (wind, bile, and phlegm), an idea that would become a cornerstone in Indian medical theory. After a lacuna of several hundred years, medical encyclopaedias were compiled, edited, and re-edited. Two of these compendia are relatively well known today as the *Suśruta* and *Caraka*. A third work, named *Heart of Medicine* (*Aṣṭāṅgaḥṛdayasaṃ-hitā*) and composed by the Sindhi author Vāgbhaṭa shortly after 600, brilliantly synthesized earlier compendia. Due to its many translations and adaptations, and its wide adoption as a medical school text, it ranks among the most important medical treatises in Asia

Like other medical historians trained in Sanskrit, I have been mesmerized by these early and important works on medicine filled with extraordinary ideas. They seem to represent the interests and values of a section of Indian society that was Sanskritic and yet free from orthodox Brahmin values such as vegetarianism, even caste. Many questions surround these works; the history of medicine that we can recover from these treatises is necessarily conditioned by the sources themselves – doctor's manuals – and can only be partial. There also remain other under-researched medical topics worth investigating, such as the social history of medicine, non-Sanskritic medical practice, religious and folk healing, barber-surgeon traditions (including the history of the Ambastha caste), the history of healing halls, clinics and hospitals recoverable from epigraphic records, and the continuing search for patient records and narratives of disease and healing.

A rich medical tradition

Two recent developments have taken my own research in a different direction. First, between 1999 and 2002, Dr G. Jan Meulenbeld's gargantuan *A History of Indian Medical Literature* was published. Its five thick tomes are a detailed survey of the body of Sanskrit medical literature, born of a scholarly lifetime of reading the original texts and noting the important features of their contents, their intellectual and medical innovations, the biographical details of their authors, and much else besides. Volumes IIa and IIb are of special interest as they survey thousands of Sanskrit medical works from 600 up

to the present, laying bare for the first time the sheer volume and diversity of the scientific production of the post-classical period. Production in no way diminished in the sixteenth, seventeenth and eighteenth centuries, which spawned rich and vitally important medical treatises of all kinds.

The late sixteenth century saw the composition of such critically influential medical works as Bhāvamiśra's encyclopaedic *Bhāvaprakāśa*, the even larger *Ṭodarānanda*, produced for Ṭodaramalla at the Mughal court, the *Rājaniḥantū* (the largest extant lexicon of Indian *materia medica*), Lolimbarāja's incredibly popular *Vaidyaśivana*, and Harṣakīrti's *Yogacintāmaṇi*. A cursory examination of any manuscript library in India reveals hundreds of copies of these works, which were energetically copied, distributed, and studied throughout the subcontinent. Printed editions of some of these works are in wide circulation and use in India even today, in traditional medicine colleges and clinics.

The seventeenth century continued the rich production of medical texts, including those of Trimallabhaṭṭa, and several works commissioned by Mahārāja Anūpasimpha of Bikaner. Other authors worthy of study include Bharatamallika, who wrote on the genealogy of the medical families of Bengal, and Praharāja who wrote a medical text in the novel form of a dramatized dialogue between husband and wife. Several medical works were also produced under the patronage of the Maratha dynasty of Thanjavur in South India.

The eighteenth century witnessed, apparently for the first time, the emergence of a linguistic situation in which medical authors began to develop literary discourses spanning languages. In this, so far as we can tell, medical writing seems to differ from other disciplines of Sanskrit intellectual life. For example, Diler Jang composed in both Sanskrit and Persian, while Mahādevadeva wrote two works, which contain Perso-Arabic terms and introduced Islamic medicine to a Sanskrit-reading audience. Vyāsa Keśavarāma composed a bilingual Gujarati-Sanskrit medical glossary, which referred to Persian medicine, and Mahārāja Pratāpasimpha of Jaipur wrote in Marwari, and then translated his own work into Sanskrit verse and Hindi prose (incidentally distinguishing five new types of insanity). In Thanjavur the Mahārājas themselves began composing medical texts. This period is marked by a growing awareness of foreign medical traditions in India: Raṅgajyotirvid mentions English operations for piles, and refers to several contemporary foreign physicians. Govindadāsa introduced various foreign medical innovations, while refer-

ring to the views of contemporary physicians.

The second major influence on my research has been the recent work of Sheldon Pollock, professor of Sanskrit at Chicago, and the invitation to participate in his 'Indian Knowledge Systems on the Eve of Colonialism' project which has brought together a research group interested in similar social and intellectual issues in disciplines as diverse as astronomy (*jyotiṣa*), logic (*nyāya*), poetic theory (*alankāra*), liturgical hermeneutics (*mīmāṃsā*) and, of course, medicine.¹

Pollock's recent research, published in articles such as 'Indian knowledge systems on the eve of colonialism' (*Intellectual History Newsletter*, 2000), 'The death of Sanskrit' (*Comparative Studies in History and Society*, 2001), and 'New intellectuals in seventeenth-century India' (*The Indian Economic and Social History Review*, 2001), explores and develops ideas from his earlier work, for instance the meaning in the Indian context of such crucial concepts as modernity and novelty. Based on close readings of an unusually wide range of texts from Sanskrit and other languages, Pollock offers a grand narrative of social, literary, and linguistic change. In his more recent writings he identifies novel genres of literary production and the growth of certain types of potentially anti-traditionalist questioning that seem to have become acceptable, even fashionable, in more than one intellectual discipline.

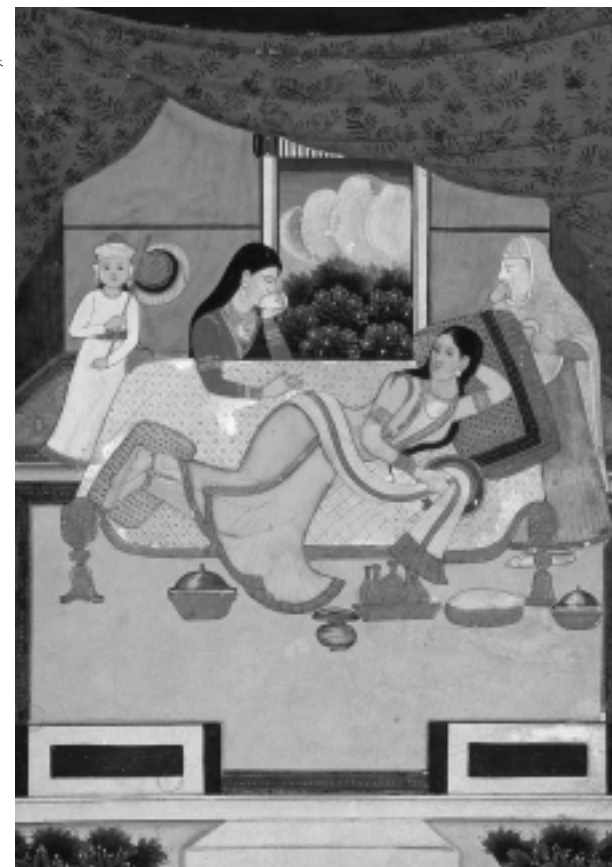
While some of Pollock's arguments and evidence have been challenged by scholars such as Juergen Hanneder, nobody has plausibly replaced or displaced Pollock's overall argument about the forces at work within language and thought in second-millennium India.

Sanskrit systems of thought

An intriguing feature of Pollock's work is the status it grants to the intellectual history of Sanskrit South Asia as a formation of great, possibly uniquely great, importance in the global history of human thought. Pollock encourages us to adopt an approach to understanding Sanskrit systems of thought that place them on the world stage, as well as the application to India of sophisticated ideas and tools that have developed in studying pre-modern European thought. Additionally, the ideas and contributions of Sanskrit authors and scholars are discussed in a social as well as purely intellectual milieu. This is only possible when a reasonable amount of biographical information survives, as is the case with intellectuals from the last millennium, especially from the centuries preceding colonialism.

The medical authors of the sixteenth to eighteenth centuries illustrate the

A physician and nurse attending a sick patient and her servant. Watercolour, seventeenth century.



possibilities for integrating the history of ideas with that of the social processes that shaped their production and transmission through this period of Indian intellectual history. Data on relationships connecting families and on lines of academic tutelage can be retrieved, and it now appears possible to begin exploring the social basis of 'knowledge making and knowledge holding' (Steve Shapin) and the social and intellectual links among thinkers

whose ideas have been passed down to later generations. <

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- 1 See: <http://dsal.uchicago.edu/sanskrit>
- 2 See also: Randall Collins, *The Sociology of Philosophies: A Global Theory of Intellectual Change*, Cambridge, Mass.: Harvard University Press (1998).