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Indian Medical Indigeneity:

From Nationalist Assertion to the Global Market

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Synopsis

The Indian system of healing known as Ayurveda is today popularly projected as a holistic form of healing that works on the mind, body and spirit. It is also said to be extremely ancient, with a knowledge rooted in successful practice that has continued largely unchanged for millennia. The article seeks to understand how a 'traditional' form of healing that is associated with Indian civilisation came to occupy such an epistemic space. The related practice of Unani Tibb (a practice that was associated with Islam in India) is compared. It is argued that the claims of Ayurveda and Unani Tibb are typical of many 'invented traditions' that sought to forge cultures that helped to bind disparate peoples within supposedly uniform nationalities. In the process, many cultural phenomena that did not fit into the created categories were either marginalised or excluded. The essay examines how claims to great antiquity were forged, the idea of a decline from a glorious past, with a corresponding need for present-day revival, attempts to create uniform 'systems' out of a range of eclectic practices, the politics of medical education for indigenous practitioners, and conflicting claims as to what 'Indian indigenous medicine' entailed.

In recent years, the Indian system of healing known as Ayurveda has become increasingly popular in a new global market for complimentary medicine. It is projected as a holistic form of healing that works on the mind, body and spirit. It is also said to be extremely ancient, with a knowledge rooted in successful practice that has continued largely unchanged for millennia. In the words of one of its prominent advocates, Deepak Chopra:

> …the Indian tradition of Ayurveda, [is] the oldest system of health-related knowledge in the world. Ayurveda – which in Sanskrit means 'science of life' – is the most comprehensive system of mind/body medicine ever devised. It offers not only a great wealth of theoretical knowledge, but also practical techniques for achieving better health.[2]

Elsewhere, Chopra states that Ayurveda dates back 'more than 5,000 years' and that it 'embodies the collective wisdom of sages who began their tradition many centuries before the construction of the Pyramids and carried it forward generation after generation.'[3] This claim of extreme longevity is repeated like a mantra in modern writings on Ayurveda, and not only in the mass-marketed texts of authors such as Chopra. David Frawley, an Indologist whose work is published by the scholarly Indian publisher Motilal Banarsidass claims likewise that: 'Ayurveda is the five thousand year old Vedic "Science of Life", the traditional healing system of India.'[4]

For many historians, such assertions set alarm bells ringing. Following the work of Eric Hobsbawm and Terence Ranger, it is now common to question the antiquity of almost any claimed 'tradition'. As they and the other contributors to their

seminal book on *The Invention of Tradition* argue, many supposedly longstanding 'traditions' were created in the nineteenth or early twentieth century as an intrinsic part of the construction of new nationalities and nation states.[5] The authors examine topics such as the creation of the Highland tartan, the Welsh eisteddfod, ceremonies surrounding the British monarchy, the colonial *darbar* in India, modes of colonial authority in Africa, and nationalistic rituals in Britain, France and Germany. The chapters describe both the process of creating conventions that reinforced hierarchical structures of authority within nation states and also the forging of cultures that helped bind disparate peoples within supposedly uniform nationalities. In the process, many cultural phenomena that did not fit into the created categories were either marginalised or excluded.

Ayurveda appears to fit into the latter category, that of a medical culture that is seen to flow from and represent the spirit of India and its peoples. The post-independence governments of India and its constituent states acknowledged this, it seems, when they provided financial support for colleges that taught Ayurveda and allowed Ayurvedic physicians to practice legally as 'Registered Medial Practitioners'. Under British colonial rule there had been a fear amongst Ayurvedic physicians that their practice would be declared a form of quackery, and made illegal. This concern receded as Indians gradually took over the reins of government from the 1920s onwards, with Ayurveda being increasingly recognised by Indian provincial ministries. Many Ayurvedic physicians had high hopes for their practice once independence was gained. As it was, Ayurveda struggled to compete against biomedicine[6] in independent India. In recent years, however, it has experienced a metamorphosis, becoming a remarkably successful product in an emerging global

medical market. It is now projected as a system of healing that is based on radically different premises to biomedicine. It has become a commodity that is packaged according to a formula, with the claim of an oriental antiquity being essential to the whole package. This is in contrast to biomedicine, which relies for its appeal and prestige on its supposedly rapid scientific development, its application of the latest technology, and universality that is free from any consideration of place, space and culture. Even though biomedicine has, in practice, much ritual and cultural specificity, these attributes are not seen as defining features – in contrast to alternative or complimentary forms of healing that are often defined by notional geo-cultural spaces, such as 'India' for Ayurveda, the 'Islamic world' for Unani Tibb, and 'China' in the case of Chinese Traditional Medicine.[7]

This essay seeks to understand how two of these supposedly 'traditional' forms of healing – Ayurveda and Unani Tibb – came to occupy such an epistemic space. Medicine is generally judged by its practical ability to heal, and it was by no means a straightforward task to consolidate 'traditional' systems of healing that would enjoy great popularity. The desire for authenticity was continually compromised by the need for viability in a medical world dominated by the seemingly wondrous advances of scientific biomedicine. A number of moves had to be made, first to make such an idea thinkable, and secondly to carve out spaces for 'traditional' practices that would generate dynamics of their own. This essay seeks to trace how this was achieved. In it, I shall examine not only Ayurveda, but also the related practice of Unani Tibb, the practice that stemmed from the caliphates of medieval western Asia and became the elite form of medicine in India during the Mughal period. During the early twentieth century its practitioners adopted an increasingly Islamic identity,

becoming entangled with the issue of Muslim separatism and the creation of a new nation state for Indian Muslims – that of Pakistan.

II

The argument that much of what exists today as Ayurveda and Unani Tibb is in fact a creation of modern times was developed most notably by the American medical anthropologist Charles Leslie, in a series of articles in the 1970s.[8] His approach was rooted in the concept developed by Lloyd and Susanne Rudolph in the 1960s of 'the modernity of tradition' – the idea that many seemingly traditional institutions and forms of social organisation found in India were very modern in their way of working.[9] The Rudolphs focussed mainly on caste and modern caste associations, and also the Hindu legal code, but the idea could clearly be extended to indigenous forms of medical practice. Leslie talked in terms of 'medical revivalism', which he put on a par with the Hindu religious revivalism of the colonial period, seen in bodies such as the Arya Samaj. He showed how Ayurvedic 'revivalists' – as he termed them – formulated an idea of a period of ancient medical glory that was followed by a long era of decline and decadence. Their task, as they saw it, was to revive a pure and superior ancient practice. Their next move, he argued, was a thoroughly modern one, in that they then set about establishing professional organisations and training colleges, and began manufacturing standardised remedies in pharmaceutical factories. Despite all this, he went on to say, most Indians adopted a pragmatic rather than ideological attitude to matters of health, choosing eclectically from whatever was to hand and appeared appropriate to their circumstances.

Paul Brass, writing in 1972 on Ayurvedic education, acknowledged his debt to Leslie and largely followed his approach. He stated that the movement to revive and

develop Ayurveda had been ‘a major revivalist movement in modern Indian history’ that had involved a ‘traditionalist interest group’, by which is meant a group that uses traditional symbols, but whose support does not come only from ‘the traditional sectors of contemporary Indian society’, and which accepts some forms of modernisation. It had done this through the establishment of educational institutions, internal professionalisation and through government patronage. It drew its inspiration from the traditions of Indian medicine rather than from ‘the cosmopolitan traditions of the world system of modern medical science’. It appealed to nationalist sentiments, and in common with religious revival movements in India, was based on a belief that contemporary practice represented a state of decline from a time of high achievement in ancient times. These traditions, it was held, had declined as a result of foreign rule. State patronage was required to restore the systems to their ancient health.[10]

Over the next three decades, the only historians to take up this theme were Barbara Metcalf, who explored aspects of the modern history of Unani Tibb, and K.N. Panikkar, who examined what he saw as medical ‘revitalisation’ in Kerala.[11] Otherwise, there was no substantial research on this topic, and the argument was not subjected to any scrutiny. Even though there was an upsurge in writing on Indian medical history after 1990, the main focus was on the colonial imposition of biomedicine on the Indian subcontinent, rather than indigenous forms of practice.[12] Although several anthropologists studied contemporary Ayurveda, they tended to focus on the way that its practice had absorbed elements of biomedicine without disturbing what they saw as its underlying paradigms of body and illness. They thus located an Ayurvedic way of thinking that, they claimed, had resisted modernity.[13] There were, in addition, studies of precolonial forms of healing in India by Indologists

such as Kenneth Zysk and Dominik Wujastyk, who were fully alive to the problems of chronology, dating and continuity.[14] Zysk, for example, argued that the healing practiced during Vedic times – e.g. a period that began around 1,500 BC – were strongly shamanistic, and thus different in form to the Ayurveda of the classic texts of the first millennia CE.[15] Wujaystk pointed out that there was no obvious continuity between the healing practised in the Vedic period and that of the classic Sanskrit Ayurvedic texts, which date to the time when Buddhism was in the ascendancy in the subcontinent. For him, the Ayurvedic tradition dates back only about one and a half thousand years, and rather than being a 'Hindu' system of medicine – as claimed frequently by populist authors today – it arose mainly from Buddhist civilisation.[16]

Extensive historical research on the practice of Ayurveda and Unani Tibb during the colonial period began only in the 1990s, with publications appearing after 2000. Kavita Sivaramakrishnan and Charu Gupta wrote on Ayurveda in, respectively, the Punjab and the United Provinces (U.P.), while Neshat Quaiser, Seema Alavi and Claudia Liebeskind concentrated on Unani Tibb, mainly in U.P.[17] Anil Kumar, Madhulika Banerjee, and Maarten Bode examined the advent of mass-produced Ayurvedic and Unani remedies.[18] The focus in these studies was on the response by the indigenous systems to the challenge of colonial biomedicine. With the exception of Seema Alavi, none of these scholars referred, however, to the literature on the 'invention of tradition', or tried to locate their work within such a theoretical framework.[19]

It was a medical anthropologist, Jean Langford, who more than anyone opened up this matter to critical debate in a book of 2002, *Fluent Bodies: Ayurvedic Remedies*

for Postcolonial Imbalances. Although she acknowledged her debt to Leslie and Brass, she used a term that was absent from their writing, that of the '(re)invention' of Ayurveda.[20] She nowhere in her book, however, invoked Hobsbawm and Ranger. This process of what she calls '(re)invention' involved a diverse range of eclectic healing practices being transformed during the twentieth century into what was portrayed as the quintessentially Indian form of medicine that supposedly conformed to the theories and practices set out in certain classic Ayurvedic texts, notably the *Charak Samhita*, the *Susruta Samhita*, and the *Astanga Samgraha*. She stated that: 'Theoretically I, like many of us, had come to understand that "tradition" is a category invented in recent times as a counterpoint to modernity,' and she expressed her scepticism about the use of such value-loaded terms.[21] Nonetheless, she acknowledged that we can hardly escape them, as the modern episteme itself constructs such a dichotomy, so that it becomes central to the way that people perceive themselves in a whole range of ways. Her book, as a whole, reveals the way in which the practice of Ayurveda is full of tension in this respect, always seeking an authenticity that is defined in multiple ways – and one that is constantly eluded in practice.

Although an important and suggestive work, Langford's book appeared before she could take any account of the studies published since 2000 on the history of Ayurveda and Unani Tibb during the colonial period that I have referred to above. Since she wrote, two scholars have published their more critical accounts of, respectively, Unani Tibb and Ayurveda. Writing on Unani Tibb in Hyderabad state and north India, Guy Attewell has shown how eclectic and unsystematised the practice was, and how much it continued to incorporate non-scientific forms of

treatment.[22] In a study of Ayurveda in Bengal, Projit Bihari Mukharji has criticised the unreflectively nationalistic approach of scholars such as Poonam Bala, arguing that the depiction of such practice as having an unbroken tradition going back over 2,500 years, and its characterisation as being based on science and reason as against religion and magic, was profoundly ahistorical. Mukharji states: 'Its implication of a more or less seamless flow of time as progress over a more or less flattened geography that is co-extensive to the territoriality of the nation, which is mythically embodied in the putative linearity of lineage myths, is the stuff nations are made of.'[23] The implication was that Ayurveda so understood was a creation of Indian nationalism, and thus an 'invented tradition' of the sort analysed by Hobsbawm and Ranger. In addition, Joseph Alter adopts such an approach in his recent book on *Yoga in Modern India* and also in his two chapters in his edited collection on *Asian Medicine and Globalisation*. As he points out in the preface to his book on yoga: 'To analyse modern cultural constructs by contextualising them with reference to regional intellectual history…is to reproduce and reinforce nationalism, and to impose the logic of nationalism on history…'[24]

In the present essay, I shall make use of this literature to identify some of the key moves in the forging of 'national medicines' in the Indian subcontinent, and seek to delineate some of the major problems that were associated with this whole exercise.

III

The first move was to construct a history that valorised present practice in terms of either continuity from or a revival of a glorious past. This, we may argue, is a characteristic feature of any 'invented tradition'. In the case of Ayurvedic medicine, it was held that the medicine practised in Vedic times had reached a zenith of

excellence, and that it declined during the medieval period, largely due to the Islamic invasions of India and the dilution of Ayurveda with inferior forms of Arabic medical practice. In the process, Ayurvedic physicians (*vaids*) abandoned certain techniques described in the old texts, such as surgery, so that during the colonial period it was unable to hold its own against biomedicine. Unani Tibb had a different story that focused on the perfecting of ancient Greek and Roman medicine by Arab physicians in medieval times, leading to a flowering of such medicine in the caliphates of west Asia. This, it was said, had also stagnated over time.

Charles Leslie, writing in the 1970s, contended that these historical arguments only became possible because of the work of the British Orientalists of the late eighteenth and early nineteenth century. The Orientalists held that Indian society had become lethargic, ignorant and superstitious, and that it needed to be reinvigorated. They imagined a golden era in Indian history, when the civilisation had been vigorous and progressive. They thus created a history that revolved around the idea of decline. Some scholarly British medical practitioners who practised in India in the early years of the nineteenth century studied Ayurvedic texts and came to similar conclusions about Indian medicine. Whitelaw Ainslie, a scholar-surgeon based in Madras, argued in his *Material Indica* of 1826 that medicine had become entangled with religion, being depicted as a gift of the gods, which had led to its stagnation. It also suffered from a lack of dissection, which had been referred to in the ancient texts, so that Ayurvedic physicians had become profoundly ignorant of the way that the body in fact functioned. J. Forbes Royle's *Antiquities of Hindoo Medicine* (1838) held that 'Hindu' medicine had preceded Greek and Arabic medicine. In 1845, Thomas Wise published *Commentary on the Hindu System of Medicine*. Royle and Wise both

argued for an early flowering of 'Hindu' medicine in ancient times, with modern degeneracy. [25] In these Orientalist works, the Ayurveda of the old Sanskrit texts was associated unproblematically with the Hindu religion, even though subsequent scholarship has shown that many of them were composed during the period of Buddhist ascendancy.

In this, Orientalist scholars found themselves in accord with a Hindu world view that understood time as cyclical, with the present being a period of decline. The notion struck a chord with some members of a new Indian middle class that was emerging under colonial rule. In 1865, a Bengali member of this class, Kissorry Chandra Mitra, published a book titled *Hindu Medicine and Medical Education* in which he claimed:

> Centuries before educated men in Europe adopted their profession of medicine and surgery, the surgeons and physicians of India had thought and written in one of the purest and most copious languages. But the dark ages came upon this land, and enshrouded its length and breadth in a thick and impenetrable veil of ignorance and superstition. The healing art, like other useful arts and sciences, ceased to be sedulously and properly cultivated, and soon degenerated into a huge sham.[26]

The 'dark ages' were, from such a viewpoint, the periods of Buddhist and Islamic ascendancy. It was argued by some other Indian commentators that that the Buddhist doctrine of *ahimsa* (nonviolence) had led to the abandonment of dissection, with a subsequent deterioration in surgery and anatomical knowledge (in fact, the classic Indian text on surgery was composed in the Buddhist period of Indian history).[27] There was, it was said, further decline in the Muslim period, with Unani Tibb being

patronised by the court. Drugs had, it was alleged, declined in quality, due to the non-availability of rare and valuable materials, so that the ancient medications lost their efficacy, and quacks substituted magical charms and spells. Only a few feeble traces remained of the ancient glories.[28]

This trope of decline and degeneracy, and need for revival, became a characteristic feature of the Ayurvedic revivalist movement that began in earnest in the 1890s. Indeed, without such a construct, the very notion of 'revival' would have been meaningless. It formed the staple of neo-Orientalist programmes and valorisations of ancient Hindu medicine into the twentieth century. It was a part of a wider nationalist quest for a glorious national past that advanced claims that a universal science had been forged in India in ancient times, but that it had decayed after India ceased to be at the cutting edge of scientific discovery. Nationalists sought to revive the glories of this ancient past, arguing that its universal truths had prefigured many modern developments, and were indeed superior in many respects. For example, Indian science had – it was claimed – a holistic quality, that allowed for empirical findings to be integrated with spiritual truths. This soon led to a quest for a 'national' medicine that – rooted in the Hindu religion – would be able to carry on a dialogue with biomedicine on equal terms.

As Gyan Prakash has pointed out, the claim was twofold: that ancient Vedic Hindu medicine was a universal system, and that it could now be revived by Indian nationalists as the expression of a particular national genius.[29] These somewhat contradictory notions could coexist only within a discourse of post-Enlightenment nationalism, and they do not make sense outside that context. In Prakash's words:

'Alien rule had thrust upon India the framework of the nation as the enabling condition for formulating and advancing the tradition's entitlement to modern authority and universality.'[30] Indian cultural resources were to be shaped into a system of knowledge that would be relevant in the modern world. 'What Hindu intellectuals claimed was nothing less than the right of Indians to the autonomy, authority, and universality of their national culture.'[31] This was not an easy exercise, involving as it did 'a difficult and contentious struggle to establish identity in difference.'[32]

Bhagvat Sinhji, the Maharaja of Gondal, set out such a programme in his treatise of 1895 titled *Aryan Medical Science*. He argued that the Aryans were the most enlightened people of their day, pioneering several fields of scientific knowledge. Hindu medicine had reached its greatest glory at the time of the Ramayana and Mahabharata, but had declined with the coming of Muslim rule and state patronage of Unani Tibb. He argued that Western and Eastern medicine should join hands, learning from each other in an open manner. Kaviraj Gananath Sen likewise asserted the glories of ancient Ayurveda in his *Hindu Medicine* (1916), and saw salvation for India in 'the rejuvenation of Ayurvedic medicine side by side with the progress of the Western system'. T.R. Ethirajula Naidu claimed in *The Ayurvedic System* (1918) that modern laboratory tests were likely to confirm the efficacy of ancient Ayurvedic cures.[33]

After Indian independence in 1947, this way of thinking was endorsed in some official reports. The *Report of the Committee on Indigenous Systems of Medicine* of the Ministry of Health in the Government of India thus stated in1948: 'And now,

there are only a few learned Vaidyas who, inspite [sic] of adverse circumstances are keeping the meagre flame of learning alive, while the practice of the art has fallen into the hands of persons, a great majority of whom have neither fully studied the subject nor are competent enough to minister to the needs of the people.'[34] The task of the newly independent government, it was argued, was to kindle this meagre flame until it sprang back into vigorous life.

All of this has informed the writings of many modern western valorisers of ancient Hindu culture, such as Robert Svoboda, who has argued that classic Greek medicine developed from Vedic medical knowledge, with learning then flowing from east to west, rather than the other way round, as became the case during the long era of decline.[35] This is despite the fact that modern scholarship has revealed that what are now seen as the classic Ayurvedic texts appear to have been composed initially in the second and third centuries CE and added to considerably in later centuries, all of which postdates the decline of ancient Greece.[36] This finding is completely ignored in much of the modern popular literature on Ayurveda.

In the case of Unani Tibb, a parallel history of decline was constructed, but with a different time scale. In this case, the golden era was located in the Abbasid period of rule in western Asia from 750 to 1254 CE. Islamic rulers, it was held, took up, developed and perfected the principles of ancient Greek and Roman medicine, passing them on in turn to Western Europe. It was argued however that in India such medicine had in time become corrupted through its contact with local forms of healing, with many superstitious and irrational practices gaining a hold. It was the

task of reformers to purge Unani Tibb of these corrupting excrescences and restore it to its former scientific glory.[37]

IV

The next move was to define Ayurveda and Unani Tibb as medical 'systems' with strong internal logics of their own that set them apart from biomedicine. In this, the methods of modern social science were called into play. François Loux has pointed out that since the time of the Enlightenment social scientists have had a tendency to place medical systems within typologies and categorisations.[38] Influenced by such an epistemology, indigenous medical practitioners sought to define their knowledge and practice into what passed as a 'system'. Following Romila Thapar's analysis of Hindu nationalism, we may define this as a 'syndicated' Ayurveda or 'syndicated' Unani Tibb. In Thapar's words: 'Syndicated Hinduism claims to be re-establishing the Hinduism of pre-modern times: in fact it is only establishing itself and in the process distorting the historical and cultural dimensions of the indigenous religion and divesting them of the nuances and variety which was their major source of enrichment.'[39] In other words, groups – or syndicates – with certain vested interests sought through combination, organisation and publicity, to establish a particular, limited notion of their practice that set it apart from other forms of practice. This created a potential space for conflict, as orthodoxies were upheld and policed with varying degrees of rigour. In this section I shall examine how such 'syndicated' medical systems were defined with reference to certain classical texts, and the way in which such an exercise rode roughshod over the nuances and complexities of actual medical practice in India.

Early nineteenth century Orientalists had sought to understand Indian culture and traditions through the scholarly examination of ancient and medieval texts. These, it was believed, would reveal the ‘systems’ that underlay the chaotic and corrupted practices of that time. In the case of Unani Tibb, it was a straightforward task to delineate such systemic texts. The chief of these was held to be that of Ibn Sina (980-1036 CE) and his *al-Qanun fi al-Tibb*, with supporting texts by other learned healers of western Asian, such as Muhammad Ibn Zakaariyya al-Razi (850-925 CE).[40] The training of a hakim was said to involve the careful reading and memorising of these medieval Arabic texts, along with the medical works of Hippocrates, Aristotle, and Galen, as translated into Arabic.[41] In this way, Unani Tibb could be described as a form of systematised practice with a millennia-old unbroken tradition.[42] It was also depicted as a system that was practised uniformly all over Asia.[43]

Ayurveda, however, had no such obvious texts, so that it was much harder for Orientalists to describe it as a ‘system’ For example, Thomas Wise found in his survey of Ayurvedic theories and practices, published as *Commentary on the Hindu System of Medicine* in 1845, that there were hardly any practitioners in eastern India who knew the Hindu Shastras. There were a few who kept the old texts of their forefathers – often composed in regional languages, rather than Sanskrit – and passed on the knowledge contained in them from generation to generation. They refused, however, to sell or let their manuscripts be copied, believing that God had bestowed the knowledge on the family, and that this blessing would vanish if others obtained the knowledge.[44] This was hardly, therefore, the knowledge-base that is seen to inform a profession as a whole, as was the case with the Arabic texts of Unani Tibb. Ayurvedic revivalists later set about rectifying this perceived deficiency, claiming that

their knowledge was contained in a systematised form in certain ancient Sanskrit texts. In the process, Ayurvedic texts that were written in regional languages were marginalised. This project nonetheless remained for many years an agenda without a firm base. It only began to be realised in a systematic way in the third decade of the twentieth century, when some leading Ayurvedic publicists announced a project to provide critical scholarly editions of a number of classic Ayurvedic texts. These texts, they asserted, would reveal Ayurveda to be an important medical science.

A start was made between 1935 and 1936 with a project to edit portions of the Ayurvedic text known as the *Charak Samhita*. Well-known scholars and leading Ayurvedic practitioners were brought in to advise and help. The collective nature of the project signalled that it sought to be a consensual project. It was covered widely in Ayurvedic journals and writings, with debates for and against the editorial decisions. The project continued into the 1940s, until completed, despite often bitter debate over the details. The intention was to restore the original *Charak* text, free from later additions and errors, and in the process create a purified and authoritative text. The scholars who took part in this exercise applied forms of textual criticism that claimed to make a text 'knowable.' This in itself was based on the longstanding methods of British Orientalist scholars, who, following the critical methods developed during the period of the European Enlightenment, sought to edit ancient Oriental texts in such a way as to expose later additions and reveal their own process of editing and commentary through footnotes. This was projected as a rational and scientific method.

There were some critics among Ayurvedic practitioners who argued that there could be no authoritative texts, as remedies for particular maladies differed from text to text. It was also argued that it was a system of knowledge that had evolved and continued to evolve, and to restrict it to one supposedly 'classical' form would be to stultify it. The texts were – it was said – at best an incomplete representation of the original sacred learning. The new edited text was just one more creation, and hardly authoritative. It would create a stagnant system of knowledge. Some argued that what mattered was the way a sacred tradition was interpreted, with different practitioners having very different approaches. This allowed for the system to be a dynamic one. Despite such differences, both sides agreed on the importance of Sanskrit texts such as the *Charak*. There was in other words an agreed canon. Its Hindu identity was also agreed on, and its relation to an Indian nation-in-the-making.[45]

Even in the case of Unani Tibb, the reality of actual practice in India in the medieval and early colonial period belied the notion that this was a 'system'. In his book on Unani Tibb, Guy Attewell has brought out the multiple influences on such practice, influences that go way beyond the much-referred-to classic Arabic texts. There were for example, the healing traditions associated with the Greek god of healing Asclepios and the folk-Islamic figure of Luqman, neither of which endorsed the supposedly rational and scientific forms of healing found in the classic texts. Unani physicians (*hakims*) were also influenced strongly by healing practices in India, whether of *vaids* (Ayurvedic practitioners) or folk healers. The supernatural forms of healing associated with such practices were, Attewell shows, central for much Unani Tibb in nineteenth century India. It was also open to new influences, such as the germ

theory of disease and western notions of sanitation, which were reformulated by some *hakims* in terms of their own theory during the plague epidemic of the closing years of that century.[46]

François Loux, in the article referred to at the start if this section, has pointed out how the attempt to place medical systems within typologies and categorisations leads to important features of their actual practice being either marginalised or written out entirely. For example, the rationally efficacious properties of certain herbal products are highlighted, while anything considered trivial or bizarre in their use is ignored. If a religious element involved – such as making a sign of the cross as a herbal liquid is drunk – that part is ignored. Alternatively, considering only the symbolic dimension is equally misleading. We need, he states, to examine closely the interaction of the empirical and symbolic, as the two cannot be separated. In fact, it is this very interaction that provides the dynamic of most medical systems, giving them longevity and continuing strength.[47]

It thus appears that indigenous medical practitioners reacted to the epistemologies of post-Enlightenment social science through a project that attempted to mould their knowledge and practice into what passed as a 'system'. Following Romila Thapar's analysis of Hindu nationalism, we may define this as a 'syndicated' Ayurveda or 'syndicated' Unani Tibb. Nonetheless, whereas syndicated Hinduism has become a major political force in modern India, the parallel medical project has enjoyed relatively limited popular success. I shall in the next section attempt to show why this happened for one aspect of this scheme, namely the project to establish

indigenous medical colleges that would teach the system in a purified form, providing a socially valued accredition for those who passed the necessary exams.

V

In the past, medical knowledge was passed on in India largely through a guru-disciple system, often operating within families of hereditary practitioners. Kavita Sivaramakrishnan thus argues that the legitimacy of an Ayurvedic practitioner did not in the past rely so much on exposure to a medical canon of learning as on an attachment to a hereditary lineage of teaching, and networks of contact with urban clients and patrons. Also, whereas in biomedicine a strict demarcation had emerged between clinical practice and the pharmaceutical preparation of medicine, indigenous practitioners exercised strict controls over the preparation of their remedies, and gained respect for their vigilance in this respect.[48] In the case of Unani Tibb, however, Seema Alavi argues that *hakims* derived their authority not only from family background, but also from their knowledge of the Arabic medical texts of Avicenna, Hippocrates, Aristotle and Galen. They had a grasp of medical theory, as set out in these texts. *Hakims* were gentlemen practitioners, and they had little interest in treating poor or insignificant patients. Their authority derived from the exclusivity of their clientele. Their knowledge was their private property, and they did not communicate it freely.[49]

In the early colonial period, the British were more open to indigenous medical practice than was later the case. This was a time when environmental factors were seen to be important in health and illness, and it was believed that local practitioners would have remedies suited to their particular locales. In 1814 the Court of Directors of the East India Company encouraged its employees to investigate the value of local

medicines and medical texts, and in 1822 a Native Medical Institution was established that taught a combination of indigenous and European medicine. This changed with the new policy of 1835 for Anglicisation in education. The Native Medical Institution ceased to teach Ayurveda and Unani Tibb, being remodelled as a medical school teaching only European science. [50] At the same time, British criticisms of indigenous medicine became increasingly strident and intolerant. 'Native' practitioners were accused of being 'imposters', with remedies that were a positive danger to the public.[51]

Despite this, indigenous practitioners were largely tolerated during the second half of nineteenth century, as biomedical practitioners were still few and far between. The Punjab government even provided training in Ayurveda and Unani Tibb for *vaids* and *hakims* at the Lahore Medical School the 1860s and 1870s, and then employed them as government vaccinators and health extension workers.[52] By the end of the century, however, more Indians were receiving biomedical training at a time when the prestige of biomedicine had reached a new zenith, with important innovations in immunology, asepsis and surgery. This new climate of confidence led to the passing of Medical Registration Acts in all the provinces of India between 1912 and 1919. The Medical Degree Act also restricted the use of the title of 'doctor'. Western doctors who collaborated with indigenous practitioners were threatened with deregistration, and in two well-known cases from Madras and Bombay of 1915-16, actually were.[53]

Modernising *vaids* and *hakims* reacted to this onslaught by setting up their own Ayurvedic and Unani Tibb colleges that provided a paper qualification, and thus

a modern form of professional identity. The colleges tended however to be small in scale, and lacking any standard syllabus. As a rule, they taught Ayurveda and Unani Tibb alongside basic biomedical principles and techniques. Most were financed privately, and when state aid was given, it represented a minor part of their total running cost. By 1947, India had approximately 57 colleges of Ayurvedic and Unani medicine.[54] By 1964, the number had increased to 95.[55]

The extent to which such colleges included biomedical subjects in their curriculum became a matte of acute controversy in the middle years of the twentieth century. The battle here was between the so-called traditionalists, who argued that only 'pure' Ayurveda or Unani Tibb should be taught, and the so-called modernisers, who argued that if the colleges were to have any widespread appeal and major social value they had to blend the indigenous with the biomedical. The colleges mostly followed what was known as a 'concurrent' system of instruction, with Ayurveda and biomedical topics taught side-by-side rather than being integrated in an imaginative way. Both the traditionalists and modernisers criticised this, arguing that those trained in this system lacked the knowledge to practice either form of medicine competently.[56] The students themselves resented the fact that their qualifications were not valued, and during the 1960s and 1970s launched a series of agitations demanding that they be given equal opportunities and pay parity with those who had qualified from biomedical colleges. In many cases they also demanded that they be given more biomedical training, along with the right to prescribe biomedical drugs. Although they gained some of their demands in certain Indian states, complete parity with biomedical doctors was successfully resisted by the Indian Medical Council, which argued that this would devalue degrees from established biomedical colleges.[57]

This history reveals that although Ayurveda and Unani Tibb practitioners may have sought to revitalise their profession by appropriating one element of biomedical practice, namely its training system and form of qualification, the young men and women who entered such colleges in increasing numbers during the course of the twentieth century were in very few cases interested in saving a form of indigenous practice for its intrinsic medical or cultural-nationalist value. On the whole, such course provided a backdoor into a career of improvised and only half-understood biomedical practice. Indeed, for biomedical practitioners, such self-titled 'doctors' are no more than quacks. It is hard to delineate any ancient or medieval form of medicine being either revived or maintained in any dynamic way through this particular form of medical education.

VI

In this section, we shall examine the political moves through which notions of 'Indian' medicine were constructed. Initially, there was considerable ambiguity over whether or not an Indian nationalist medicine should include both Ayurveda and Unani Tibb. Publicists downplayed religious differences in an attempt to build a national unity against British colonial rule that cut across lines of faith. This move was related to the politics of the day. As the divide then widened between Hindu and Islamic nationalism from the 1920s onwards, a medical bifurcation developed along religious lines.

Romila Thapar has pointed out that the creation of a 'syndicated' Hinduism was more a political than religious project.[58] A related point might be made about 'syndicated' Ayurveda and Unani Tibb – both were more political than scientific-medical projects. Without the context of Indian nationalism, and the idea that an

independent India and or an independent Pakistan would provide an environment in which each would flourish with, hopefully, state support, the agenda would have lost much of its rationale and force. While in the sphere of power politics, nationalists rejected the universalist claims of the British that their rule that provided the benefits of modern rational governance for a backward Oriental people, in the sphere of healing nationalist advocates of indigenous medicine rejected the notion that biomedicine provided the only valid remedy for India's many physical and mental pathologies.

Seema Alavi has demonstrated how such arguments became popular amongst Unani Tibb reformers in the late nineteenth century. In an examination of north Indian Urdu newspapers of that time, she found an extensive discussion of whether Unani or 'English' (*Angrezi*) medicine was best for India. This move in itself, that of categorising biomedicine as merely 'English', implicitly 'provincialised' European knowledge a century before Dipesh Chakrabarty called for such a move in his writings.[59] Late nineteenth century Unani Tibb reformers claimed to be practising the ancient medicine of the country (*mulk*). They commonly argued that while Unani was best suited to the Indian climate, culture and temperament, 'English' medicine deprived the healing process of social context. Interestingly, by projecting Unani Tibb in this way, the Orientalist claim that it was a medical system rooted in a wider Islamic culture was implicitly rejected. At this juncture, Unani Tibb was being projected as *the* Indian national medicine. Alavi points out that these valorisations of Unani made no attempt to address the issue of Ayurveda as a potential rival to Unani as an 'Indian medicine' – Ayurveda was not seen to be any more intrinsically 'Indian' than Unani. The competitive debate between the two was a later development that

went hand-in-hand with the religious communalisation of Indian nationalist politics from the 1920s onwards.[60]

The All India Vedic and Unani Tibb Conference, which convened first in 1910, operated in this spirit, seeking to promote a system of national medicine that included both Ayurveda and Unani Tibb. Attewell has described how the fate of both was seen to be intertwined, with their being described jointly as *deshi tibb* (national medicine). Its annual conference, which paralleled the annual meetings of the Indian National Congress, provided a forum for *vaids* and *hakims* to exchange ideas across regional boundaries. It also provided a means to lobby the government, which was at that time passing a series of medical registration acts that established very rigid criteria for the legitimate practice of medicine, which in effect discriminated against indigenous practitioners. Although its proceedings were in Urdu, many north Indian *vaids* were fluent in the language, and this was not at that time perceived as a barrier. Indeed, some Hindus at that time described themselves as *hakims*, just as there were some Muslims in India who called themselves *vaids*. Great efforts were made to downplay religious affiliations, with frequent speeches being made about the need for tolerance and co-existence between Hindus and Muslims. About two-thirds of its members – who paid an annual fee of five rupees – were *hakims*, and one-third *vaids*.[61]

The stress on the need for religious tolerance has to be seen against the background of growing tension between Hindus and Muslims in many parts of India. Muslims had come under a newly orchestrated attack in north India in the 1890s over the issue of cow slaughter. Many Muslim politicians felt they were being

marginalized within the Indian National Congress, and had countered by establishing their own rival to the Congress in 1906, the Muslim League.[62] During the second decade of the twentieth century, the Congress and Muslim League made efforts to unite on a common nationalist platform, culminating in the Congress-League pact of 1916. In 1918 and 1920, the Congress passed resolutions that asserted the ‘undeniable claims to usefulness’ of Ayurveda and Unani Tibb, with a call to establish schools, colleges and hospitals for the instruction in and practice of such medicine.[63] The All India Vedic and Unani Tibb Conference was in tune with this wider political agenda. Some more religiously sectarian-minded *vaids* and *hakims* fought this development. Several *vaids* claimed that the body was controlled by *hakims* whose agenda was to co-opt Ayurveda to their cause. They demanded a rival Hindu initiative that associated Ayurveda unambiguously with the Hindu religion.[64]

From the mid-1920s, the momentum of the Conference began to diminish. Fewer and fewer people came to its annual meetings. The attendance of *vaids* in particular declined, though *hakims* also absented themselves in increasing numbers.[65] This again paralleled wider political developments, for with the breakdown in the pact between Gandhi and militant Muslim nationalists in 1922, there was a wave of Hindu-Muslim riots over the next three years.[66] The two groups failed to reconcile their differences in the following years, leading to the eventual Muslim League demand for a separate nation state of Pakistan.

Increasingly, publicists for the two forms of medical practice began to identify themselves in narrowly religious terms, as practising either ‘Hindu’ or ‘Muslim’ medicine. And just as Hindu nationalists associated the Indian nation state with a

Hindu identity, thus marginalizing Muslims, Ayurveda was projected as the authentic form of Indian national medicine. The journal *Ayurved Sandesh* thus argued in 1938 that just as the Indian National Congress represented the body politic of the nation so the Ayurvedic Sammelan (Convention) sought to safeguard the physical, bodily interests of the Indian people as a whole. All were part of the same Indian nationalist project. Ayurveda, it claimed, was the patriotic medicine, a symbol of Indian nationalism even more potent than *khadi* – the handmade cloth that Gandhi promoted so assiduously. *Vaid* leaders urged their followers to adopt Indian National Congress activities such as village work. Resolutions to this effect were passed in Ayurvedic conferences of the 1930s. It was hoped that work could be carried out in government-sponsored dispensaries in rural areas. During the Second World War, the shortage of western drugs was seen to provide an opportunity in this respect. The Ayurvedic Sammelan increasingly tried to imitate the Indian National Congress in its form and function. It created a special flag to fly over its functions.[67]

Unfortunately for them, the Indian National Congress did not respond in kind. Gandhi was not impressed by the claims of Ayurveda to be an adequate science in itself, instead advising *vaids* that they should seek to learn from biomedicine, and 'frankly acknowledge and assimilate that part of Western medicine which they at present do not possess.'[68] Jawaharlal Nehru stated in 1938 that Ayurveda was an 'incomplete' form of knowledge. Being a party with strong secular claims, Congress did not wish to align itself too strongly with a system of medicine that was now claiming to be associated with one religion – Hinduism. It was also a time when the discourse of modernity, science and economic development was coming to fore within the Congress. By the late 1930s and 1940s, most Congress leaders were

maintaining that the future health of India depended primarily on biomedicine. Many Ayurvedic leaders criticised the Congress for its failure to support their agenda at this time.[69]

The claims of Ayurveda to be a national medicine were challenged also by some regional medical practitioners, who argued for the integrity of their own local traditions that were associated with particular cultural-cum-religious centres and regional languages. In the Tamil-speaking south, for example, there was the practice called Siddha, which was focused on Palani, the town in which a *yogi* called Pokar had resided. The hill associated with Pokar's life, as well as the deity in the temple, were believed to have healing properties. Siddha medicine disassociated itself from the Brahmanical, Sanskritic Ayurvedic tradition and based itself upon Tamil literature, with a Saivite-based ethnicity.[70] Similarly, in the Punjab an organisation called the Punjabi Ayurvedic Tibbi Sabha claimed that the Sikhs had evolved their own tradition of healing known as Punjabi Baidak. This was claimed to be a uniquely Punjabi system that had been enriched by both Ayurveda and Unani Tibb. It was propagated through Punjabi written in the Gurmukhi script – the holy script of the Sikhs. It was argued that this system had flourished under the Sikh rules of the Punjab in the eighteenth and early nineteenth centuries, which freed the system from any close identity with so-called 'Hindu' systems of medicine. Being focussed on Amritsar, it was tied up with the city's sacred geography, vested in the *Amrit Sarovar*, the lake surrounding the Golden Temple that is said to have healing properties. Hindi publicists countered by asserting that Gurmukhi-based Sikh knowledge was merely a translation from the Hindi tradition. Sikh publicists denied this. Sikh politicians largely ignored this movement up until the 1940s, when a demand for a separate

identity for the Sikhs, and even a new state of Khalistan, came onto the political agenda.[71]

After Indian independence in 1947, the federal government hedged its bets over indigenous medicine by appointing a succession of inquiry committees – five in all – reporting in 1948, 1951, 1956, 1959 and 1963. In 1956 a Central Institute of Research in Indigenous Systems of Medicine and the Post-Graduate Training Centre for Ayurveda was started at Jamnagar in western India. Similar institutions were later established at Banaras and Trivandrum. A Central Committee for Ayurvedic Research was established soon after to promote scientific research on drugs and medicinal plants, and literary research on the theories and principles of Ayurveda.[72] In the third plan, only 2.7% of the total health budget was allocated for the development of 'indigenous' systems of medicine, a category that included Ayurveda, Unani Tibb, Siddha, yoga, homoeopathy, and naturopathy.[73] This hardly met the hopes and expectations of the advocates of indigenous medicine.

Health was however the responsibility of the states, rather than the central government, and the more significant initiatives took place at this level. The states that gave most backing to Ayurveda were Rajasthan, Kerala (both had separate ministries for Ayurveda), UP, Punjab and Gujarat. West Bengal, Madras and Bihar devoted least attention. The proportion of the medical budget allocated to Ayurveda varied from 13% in Kerala to only 1% in West Bengal. It was significant that Kerala was already a stronghold for indigenous practice, due to longstanding patronage of Ayurveda by Indian princes.[74] By 1962, 5,471 Ayurvedic dispensaries and hospitals had been established by these state governments. They also supported colleges, and

by 1964 there were 95 Ayurvedic colleges throughout India, compared to 85 biomedical colleges, though only 1,375 students attended the former, as opposed to 11,500 students for the latter.[75] The main political battle became controlling the curriculum of the colleges, and – as we have already seen – the advocates of 'pure' Ayurveda lost out to students demands for a hybrid system that combined Ayurveda with, predominantly, biomedical training. Despite all the declared support for Ayurveda, not one of the state governments declared it to be the state system of medicine. The state health services also employed Ayurvedic graduates in inferior positions in state health services, with much lower salaries than those who had graduated from the more prestigious biomedical colleges.[76]

Ironically, the actual way in which the states supported indigenous medicine served to undermine its legitimacy, as their system of providing 'Licensed Medical Practitioner' certificates to anyone who made a convincing claim to be an indigenous physician of some sort led to all sorts of people gaining the right to practise as 'doctors'. This failure to discriminate between levels of competence revealed the underlying governmental contempt for such practice in general. Such an attitude, it may be argued, allowed a blind eye to be turned on the widespread medical malpractice that is such a feature of health care in independent India.

Advocates of the need for a 'national medicine' claimed that the Indian nation had been enfeebled and emasculated by colonialism, and that this could be reversed only through indigenous forms of healing.[77] Following in this vein, an editorial in the *Journal of Ayurveda* written three years after independence called for the government to seize the chance to embrace Ayurveda wholeheartedly. Biomedical doctors were accused of being greedy and squeezing the people of their 'life blood.' It was argued

that Ayurveda was the system best suited to the habits, diet and climate of India. Gandhi was invoked as a supporter of Ayurveda, quite incorrectly. Indian biomedical practitioners were advised by the editor to follow their erstwhile masters, and go to England to practise their skills there. Quoting this editorial, Paul Brass points out that this was a political demand that had nothing to do with educational or scientific standards. In fact, he argues, Ayurveda could not cope with the major health needs of rural India, namely the control and care of infections and communicable diseases. Indeed, the reality was that Ayurveda was even more foreign for most Indian villagers than biomedicine, and because biomedical provision was so patchy in rural areas, the people had in practice to rely on a diverse assortment of biomedical doctors, graduates of indigenous medical colleges who provide mainly biomedical cures, completely unqualified practitioners, and folk healers, such as religious mendicants, village midwives, diviners and exorcists.[78] As a system of 'national medicine', catering for the health needs of the mass of the Indian people, Ayurveda had clearly failed. Even the BJP, the party of Hindu nationalism that ruled India from 1998 to 2004, has had little time for Ayurveda. Its manifesto, for example, refers to indigenous medicine in only two of the seventeen promises that it makes on health issues – all the rest are phrased in terms of biomedical categories and imperatives.[79] The same holds true for Unani Tibb in both Pakistan and Bangladesh, where the governments have similarly devoted almost their entire health budgets to biomedicine rather than this supposedly 'Islamic' medicine.

VII

Throughout the colonial period, the day-to-day practice of Ayurveda and Unani Tibb continued for the most part to be an eclectic affair, combining herbal and mineral remedies with the use of emetics and bloodletting, all blessed through ritual and an

appeal for divine help.[80] In effect, such practitioners provided a holistic form of healing that combined the treatment of body and soul. In this, they catered to public demand. Later, when this same public began to demand biomedical cures – or what passed for such cures – this was added to the mix. In postcolonial times, the graduate of an Ayurvedic college will most probably style himself as a 'doctor', and gain a living mainly by giving injections of antibiotics and analgesics, and providing facilities for the administration of glucose drips that are said to provide strength to patients. In this, biomedical techniques are practised in a way that is more ritualistic than scientific. For all of this, appeals to tradition – 'invented' or otherwise – are largely irrelevant.

For example, when Jean Langford studied the practice of Ayurveda in India in the 1990s, she found no evidence that it had in any way now become a 'system', as it continued to incorporate a wide range of healing practices, ranging from the biomedical, the naturopathic, the ritual and spiritual, and various folk practices. In her book, she understands the idea of a 'system' as a heuristic device imposed on a fluid practice that misses much of what is most important about such forms of healing.[81] In her interviews with a series of Ayurvedic practitioners, Langford found that most were blithely unconcerned about any claims for authenticity rooted in an ancient past. They tended to take a pragmatic view of what they did, having no need to base their identity or appeal on any supposed fostering of an ancient wisdom. In long discussions with one such person, who in fact styled himself as a 'doctor' despite his Ayurvedic training and qualifications, Langford found his consistent refusal to validate his practice in terms of any such neo-Orientalist claims as frustrating, as it made it hard to classify exactly what his system was. As she stated: '…he would not

let me claim Ayurveda to fill the empty category against which modernism is defined.'[82]

Today, such claims are made most stridently by those who seek to market Ayurveda for a western clientele. 'Tradition' is no longer asserted for a nationalistic purpose – it has assumed a more free-floating global meaning and usage. Even when Indians – who are mainly members of the middle class – consume such 'Ayurveda', they, like westerners, tend to view it as an 'alternative' medicine that compliments the biomedical treatments that they also resort to as a matter of course.

We can gauge the quality of such marketing by looking at a few readily-available texts. Perhaps the most popular, and certainly best read, of the modern advocates of Ayurveda is the person we encountered at the start, Deepak Chopra. The blurb for one of his books, titled *Quantum Healing: Body, Mind and Spirit – Mental and Spiritual Healing* reads as follows:

> Here is an extraordinary new approach to healing by an extraordinary physician-writer – a book filled with the mystery, wonder, and hope of people who have experienced seemingly miraculous recoveries from cancer and other serious illnesses.
>
> Dr. Deepak Chopra, a respected New England endocrinologist, began his search for answers when he saw patients in his own practice who completely recovered after being given only a few months to live. In the mid-1980's he returned to his native India to explore Ayurveda, humanities' most ancient healing tradition. Now he has brought together the current research of Western

> medicine, neuroscience, and physics with the insights of Ayurvedic theory to show that the human body is controlled by a 'network of intelligence' grounded in quantum reality. Not a superficial psychological state, this intelligence lies deep enough to change the basic patterns that design our physiology – with the potential to defeat cancer, heart disease, and even aging itself. In this inspiring and pioneering work, Dr. Chopra offers us both a fascinating intellectual journey and a deeply moving chronicle of hope and healing.[83]

The appeal here is not to any nationalism, any particular provincialism, or to any government, but to a western audience that has the best access to biomedical care but – like Dr. Chopra himself – has become dissatisfied with the failure of biomedicine to cure so many of the ills that confront humanity today. Ayurveda – projected as 'humanities' most ancient healing tradition' – is seen to provide the foundation for a new and more effective healing. As an added bonus, Chopra reveals that it is in tune with a science much deeper than that of the crude empiricism of biomedicine, that of 'quantum reality'. This appeal to ancient tradition combined with the latest modern science is a staple of such appeals. For example, in his article on Ayurvedic pharmaceuticals, Maarten Bode reproduces an advertisement by the Zandu Pharmaceutical Works Ltd. that shows an ancient Indian *rishi* grinding medicinal herbs, superimposed against a background of a test tube, bearing the (ungrammatical) caption:

> In the service of ailing humanity Zandu's Ayurvedic medicines based on time-tested prescriptions by India's ancient physician sages of the Arya era.

> Effectively revived with intensive research of the ancient blended with modern know-how.[84]

It is often suggested, moreover, that western consumers of Ayurveda can cure themselves by self-diagnosing their particular *dosha*, or humor, by consulting a guide printed within the book. As stated in the blurb to Amrita Sondhi's *The Modern Ayurvedic Cookbook*: 'This all-vegetarian cookbook based on Ayurvedic traditions features delectable and nutritious recipes that appeal to particular doshas, which are one's personal constitution based on physical and mental characteristics: air (vata); fire (pitta), and earth (kapha). The book includes a dosha questionnaire so readers can determine their own.'[85] It is projected as being based on 'a 5,000-year-old holistic healing tradition from India', but adapted in this case to suit the 'busy lifestyles' of modern people – so busy indeed that it appears they no longer can spare the time to consult any actual specialist.[86]

In all this, Indian 'indigenous medicine' has travelled a long way since it was first 'discovered' two centuries ago by British Orientalists. What was originally propagated as a part of a unified national tradition, and thus a mark of Indian identity, became in time fragmented into claims for particular or local medical traditions, each with its own discrete history. Each 'system' was seen to underpin a particular identity, whether that was Hindu, Muslim, Sikh/Punjabi, or Tamil. At the same time, the polities that replaced British colonial rule in the middle years of the twentieth century extended at best only lukewarm political and financial support to 'indigenous' medicine. The sector now had to fend largely for itself within the medical market place, something that it managed to do with varying degrees of success. Ayurveda,

in particular, managed to rebrand itself as an alternative form of medicine with a global appeal. In this, the supposed, and thus invented, 'tradition' has become a major feature in its marketing. Nonetheless, its actual practice in both the west and in India is highly eclectic – combining textual Ayurveda with yoga, naturopathy, new age spirituality and an appeal to a deeper scientific truth. All of this is stirred together in ever-inventive mixes. Although such practices claim to be authentically 'Indian', this can hardly be taken at face value, for they have little in common with the forms of healing that are made use of by the large majority of modern Indian people. 'India', rather, has become a signifier to denote something else, namely an ancient wisdom that reaches beyond modern scientific biomedicine into a deeper, more profound realm of healing.

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[1] For comments on earlier drafts, I am grateful to David Arnold, Guy Attewell, Waltraud Ernst, Helen Lambert, Projit Mukherji, and the anonymous reviewer for *Social History*.

[2] Deepak Chopra, *Boundless Energy: The Complete Mind-Body Programme for Overcoming Chronic Fatigue* (London, 1995), 14.

[3] Deepak Chopra, *Perfect Health: The Complete Mind Body Guide* (London, 2001), 11.

[4] David Frawley, *Ayurveda and the Mind: The Healing of Consciousness* (Delhi, 1998), 4.

[5] Eric Hobsbawm and Terence Ranger (eds), *The Invention of Tradition* (Cambridge, 1983).

[6] I shall in this essay use the term 'biomedicine' to denote what is sometimes described as 'Western medicine', or in some cases 'allopathy'.

[7] For some recent critical studies of 'Chinese Traditional Medicine', see the chapters by Vivienne Lo and Sylvia Schroer, Nancy N. Chen, and Susan Brownell in Joseph S. Alter (ed), *Asian Medicine and Globalisation* (Philadelphia, 2005).

[8] Charles Leslie, 'The Professionalising Ideology of Medical Revivalism' in Milton Singer (ed), *Modernisation of Occupational Cultures in South Asia* (Durham, N.C., 1973) 691-708; Charles Leslie, 'The Modernisation of Asian Medical Systems' in John Poggie and R. Lynch (eds), *Rethinking Modernisation: Anthropological Perspectives* (Westport, Conn., 1974) 377-94; Charles Leslie, 'The Ambiguities of Medical Revivalism in Modern India' in C. Leslie (ed), *Asian Medical Systems* (Berkeley, 1976), 356-67; Charles Leslie, 'Interpretations of Illness: Syncreticism in Modern Ayurveda' in C. Leslie and Allan Young (eds), *Paths to Asian Knowledge* (Berkeley, 1992), 224-56.

[9] Lloyd I. Rudolph and Susanne Hoeber Rudolph, *The Modernity of Tradition: Political Development in India* (Chicago, 1967).

[10] Paul R. Brass, 'The Politics of Ayurvedic Education: A Case Study of Revivalism and Modernisation in India' in Susanne Hoeber Rudolph and Lloyd I. Rudolph (eds), *Education and Politics in India: Studies in Organisation Society, and Policy* (Cambridge, Mass., 1972), 341-3.

[11] Barbara D. Metcalf, 'Nationalist Muslims in British India; The Case of Hakim Ajmal Khan', *Modem Asian Studies*, XIX, 1 (1985), 1-28; K.N. Panikkar, 'Indigenous

Medicine and Cultural Hegemony: A Study of the Revitalisation Movement in Keralam,' *Social History*, VIII (1992), 283-308.

[12] Poonam Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective* (New Delhi, 1991); David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley, 1993); Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914* (Cambridge, 1994); Anil Kumar, *Medicine and the Raj: British Medical Policy, 1835-1911* (New Delhi, 1998). David Arnold, *The New Cambridge History of India*, III – 5, *Science, Technology and Medicine in Colonial India* (Cambridge, 2000), makes, however, some useful comments in passing on Ayurveda.

[13] Jean M. Langford, *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalances* (Durham and London, 2002), 12-14.

[14] Kenneth G. Zysk, *Medicine in the Veda: Religious Healing in the Veda* (Delhi, 1996); Dominik Wujastyk, *The Roots of Ayurveda: Selections from Sanskrit Medical Writings* (London, 2003).

[15] Zysk, *op. cit.*, 1-11.

[16] Wujastyk, *op. cit.*, xviii, xxix-xxx.

[17] Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab* (New Delhi, 2006); Charu Gupta, 'Procreation and Pleasure: Writings of a Woman Ayurvedic Practitioner in Colonial North India,' *Studies in History*, XXI, 1 (Jan-June 2005), 17-44; Neshat Quaiser, 'Politics, Culture and Colonialism: Unani's Debate with Doctory' in Biswamoy Pati and Mark Harrison (eds), *Health, Medicine and Empire: Perspectives on Colonial India* (New Delhi, 2001), 317-55; Seema Alavi, 'Unani Medicine in the Nineteenth-century Public Sphere: Urdu Texts and the *Oudh Akhbar*', *Indian Economic and Social History*

Review, XLII, 1 (2005), 99-129; Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition 1600-1900* (Ranikhet, 2007); Claudia Liebeskind, 'Arguing Science: Unani Tibb, Hakims and Biomedicine in India, 1900-50', in Waltraud Ernst (ed), *Plural Medicine, Tradition and Modernity, 1800-2000* (London, 2002), 58-75.

[18] Anil Kumar, 'The Indian Drug Industry under the Raj, 1860-1920,' in Biswamoy Pati and Mark Harrison (eds), *op. cit.*, 356-385; Madhulika Banerjee, 'Power, culture, and Medicines: Ayurvedic Pharmaceuticals in the Modern Market', *Contributions to Indian Sociology*, XXVI, 3 (2002), 435-67; Maarten Bode, 'Indian indigenous pharmaceuticals: tradition, modernity and nature', in Ernst, *op. cit.*, 184-203; Maarten Bode, 'Taking Traditional Knowledge to the Market: the Commoditization of Indian Medicine', *Anthropology and Medicine*, XIII, 3 (2006), 225-236.

[19]Alavi, *Islam and Healing*, 12.

[20] Langford, *Fluent Bodies*, Chapter 1, 1-24, is titled '(Re)inventing Ayurveda'. S. Irfan Habib and Dhruv Raina have subsequently used this term in their article 'Reinventing Traditional Medicine: Method, Institutional Change, and the Manufacture of Drugs and Medication in Late Colonial India', in Alter, *Asian Medicine and Globalisation*, 67-77. Likewise, they do not refer to Hobsbawm and Ranger as such.

[21] *Ibid.*, 190.

[22] Guy N. A. Attewell, *Refiguring Unani Tibb: Plural Healing in Late Colonial India* (New Delhi, 2007).

[23] Projit Bihari Mukharji, 'Bengali Ayurbed: Frames, Texts and Practices', *The Calcutta Historical Journal*, XXV, 2 (July-Dec. 2005), 15.

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[24] Joseph S. Alter, *Yoga in Modern India: The Body between Science and Philosophy* (Princeton, 2004), xiv. Also, Joseph Alter (ed), *Asian Medicine and Globalisation*, 1-44.

[25] Arnold, *Science, Technology and Medicine in Colonial India*, 67.

[26] Kisorry Chandra Mitra, *Hindu Medicine and Medical Education* (Calcutta, 1865), 10, quoted in Mukharji, *op. cit.*, 18.

[27] The assertion that Buddhism was responsible for this decline appears to have been made first in Bengali medical journals in the 1880s. See Mukharji, *op. cit.*, 19.

[28] Leslie, 'The Ambiguities of Medical Revivalism in Modern India', 362; Langford, *op. cit.*, 89-96.

[29] Gyan Prakash, *Another Reason: Science and the Imagination of Modern India* (Princeton, 1999), 7-11, 88-90, and 100-18.

[30] *Ibid.*, 118.

[31] *Ibid.*, 120.

[32] *Ibid.*, 119-20.

[33] Arnold, *Science, Technology and Medicine in Colonial India*, 177-78.

[34] Brass, *op. cit.*, ft.8, 453.

[35] Robert E. Svoboda, *Ayurveda: Life, Health and Longevity* (New Delhi,1993), 11.

[36] Wujastyk, *op.cit.*, 2-5, 63-4.

[37] Attewell, *op. cit.*, 5-11.

[38] François Loux, 'Folk Medicine,' in W.F. Bynum and Roy Porter (eds), *Companion Encyclopedia of the History of Medicine*, Vol. 1 (London, 1993), 667.

[39] Romila Thapar, 'Syndicated Moksha?', *Seminar*, CCCXIII (Sept.1985), 22.

[40] Attewell, *op. cit.*, 21-26; Quaiser, *op. cit.*, 322-23.

[41] Alavi, 'Unani Medicine in the Nineteenth-century Public Sphere', 102.

[42] Helen E. Sheehan and S.J. Hussain, 'Unani Tibb; History, Theory and Contemporary Practice in South Asia,' *Annals of the American Academy of Political and Social Science*, DLXXXIII, 1 (Sept. 2002), 122-35.

[43] Frederick L. Dunn, 'Traditional Asian Medical Systems and Cosmopolitan Medicine as Adaptive Systems', in Leslie, *Asian Medical Systems*, 149-51.

[44] Leslie, 'Ambiguities of Medical Revivalism in Modern India, 358.

[45] This debate is set out in detail in Sivaramakrishnan, *op. cit.*, 188-98.

[46] Attewell, *op. cit.*, 21-29.

[47] Loux, *op. cit.*, 667-69.

[48] Sivaramakrishnan, *op. cit.*, 71.

[49] Alavi, 'Unani Medicine in the Nineteenth-century Public Sphere,' 102.

[50] Arnold, *Colonising the Body*, 43-58.

[51] Christian Hochmuth, 'Patterns of Medical Culture in Colonial Bengal, 1835-1880', *Bulletin of the History of Medicine*, LXXX, 1 (2006), 44.

[52] Sivaramakrishnan, *op. cit.*, 29.

[53] Roger Jeffrey, *The Politics of Health in India* (Berkeley, 1988), 50-53; Arnold, *Science, Technology and Medicine in Colonial India*, 181.

[54] Leslie, 'The Ambiguities of Medical Revivalism in Modern India,' 363.

[55]Brass, *op. cit.*, 347.

[56] *Ibid.*, 449.

[57] *Ibid.*, 353-56.

[58] Thapar, *op. cit.*, 22.

[59] Dipesh Chakrabarty, *Provincialising Europe: Postcolonial Thought and Historical Difference* (Princeton, 2000).

[60] Alavi, 'Unani Medicine in the Nineteenth-century Public Sphere', 118-19 & 123.

[61] Attewell, *op. cit.*, 147-60.

[62] For two statements of Muslim fears at this time see Sir Saiyyid Ahmad Khan, speech at Lucknow, 28 December 1887, in J.R. McLane (ed.), *The Political Awakening in India* (Englewood Cliffs, NJ, 1970), 43-7; and Mohsin-ul-Mulk, Secretary, Muslim College, Aligarh, to W.A.J. Archbold, College Principal, received 24 August 1906, in Gilbert Martin (ed), *Servant of India; a Study of Imperial Rule from 1905 to 1910 as Told through the Correspondence and Diaries of Sir James Dunlop Smith* (London, 1966), 54-5.

[63] Arnold, *Science, Technology and Medicine in Colonial India*, 183.

[64] Attewell, *op. cit.*, 163-64.

[65] *op. cit.*, 184-85.

[66] Gyanendra Pandey, *The Construction of Communalism in Colonial North India* (New Delhi, 1990), 234.

[67] Sivaramakrishnan, *op. cit.*, 185-7.

[68] *Young India*, 11 June 1925. Gandhi adopted a critical but eclectic approach to medical topics, being a believer in a combination of sanitary principles, good diet, sexual restraint, and naturopathy. He was often scathing of biomedicine. For further reading on this topic see Joseph S. Alter, *Gandhi's Body: Sex, Diet, and the Politics of Nationalism* (Philadelphia, 2000); Prakash, *op. cit.*, 154-56; Cecilia Van Hollen, 'Nationalism, Transnationalism, and the Politics of "Traditional" Indian Medicine for HIV/AIDS', in Alter, *Asian Medicine and Globalisation*, 91-3.

[69] Sivaramakrishnan, *op. cit.*, 187-8.

[70] Margaret Trawick, 'Death and Nurturance in Indian Systems of Healing,' in Leslie, *Asian Medical Knowledge*, 143-55.

[71] Sivaramakrishnan, *op. cit.*, 223-30.

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[72] Brass, *op. cit.*, 346.

[73] *Report of the Health Survey and Planning Committee* (Delhi, 1962), Vol. 1, 32.

[74] Arnold, *Science, Technology and Medicine in Colonial India*, 179-80.

[75] Brass, *op. cit.*, 347-48.

[76] *Ibid.*, 353-4.

[77] Attewell, *op. cit.*, 247-55.

[78] Brass, *op. cit.*, 350-52.

[79] The two items in the manifesto that dealt with non-biomedical approaches were: (1) 'Promoting traditional and alternative systems of medicine such as Ayurveda, Siddha, Unani, Homoeopathy, naturopathy, with particular emphasis on traditional wisdom and indigenous knowledge, with full quality assurance', and (2) 'Safeguarding traditional medical knowledge and natural resources'. BJP manifesto, chapter 5, online version. http://www.bjp.org/manifes/chap5.htm

[80] Attewell, *op. cit.*, 260-61.

[81] Langford, *op. cit.*, 14-19.

[82] *Ibid.*, 43.

[83] Deepak Chopra, *Quantum Healing: Body, Mind and Spirit – Mental and Spiritual Healing* (New York, 1990), cover blurb.

[84] Maarten Bode, 'Indian Indigenous Pharmaceuticals: Tradition, Modernity and Nature' in Ernst, *op. cit.*, 191.

[85] Amrita Sondhi,*The Modern Ayurvedic Cookbook: Healthful, Healing Recipes for Life* (London, 2006). For an example of a guide for self diagnosis in Chopra's writings, see his *Perfect Healing*, 'Chapter 2: Discovering your Body Type', 31-61. For a trenchant critique of such practice, see Martha Ann Selby, 'Sanskrit Gynecologies in Postmodernity: The Commoditisation of Indian Medicine in

Alternative Medical and New-Age Discourses on Women's Health', in Alter, *Asian Medicine and Globalisation*, 120-131.

[86] It should be noted that the idea that the enlightened individual should aim for an informed self-reliance in matters of health is a thoroughly modern one. See Partha Chatterjee's gloss on Kant in this respect in *The Present History of West Bengal: Essays in Political Criticism* (New Delhi, 1997), 199.