Healing Divides: How India Navigated Tradition and Modernity in Medicine

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Abstract: ***The article explores the complex interplay between indigenous and Western medical practices in India during the late 19th and early 20th centuries, highlighting the impact of colonial policies on traditional healthcare systems like Ayurveda and Unani. It delves into the socio-political dynamics of the era, examining how nationalist movements sought to reclaim indigenous practices while facing the dominance of Western medicine imposed by colonial rule. The article also addresses post-colonial challenges, including the struggle to integrate traditional and modern medical systems within India's national health framework. It argues that the persistence of colonial attitudes and internal socio-political forces continue to influence healthcare practices and policies in contemporary India.***

Keywords: Indigenous medicine, Colonialism, Ayurveda, Medical pluralism, Post-colonial India, Healthcare policies

INTRODUCTION

In late 19th and early 20th century India, as the country grappled with nationalist and anti-colonial feelings, there was a strong push to define and embrace an indigenous culture that felt authentically Indian and not western. This led to intense debates about what truly represented India's indigenous traditions, especially in the realm of medicine. Various groups and communities competed to claim their practices as the true essence of Indian culture, which sometimes turned into conflicts within the broader category of indigenous practices, such as between different types of traditional healers. The colonial era deeply influenced this discourse, as Western medicine was not only used to control and maintain colonial rule but also to undermine local practices. This period saw frequent outbreaks of disease, partly due to colonial policies, and led to severe public health measures that intruded on personal privacy, causing resistance and unrest. The clash between colonial medical practices and traditional healing methods highlighted deeper issues of power, identity, and cultural integrity during a tumultuous time.

Western medicine was prioritized over traditional Indian practices, leading to a decline in indigenous systems. Historians like R.C. Majumdar and Brahmanand Gupta highlight that the British often sidelined traditional medicine, portraying it as outdated while pushing their own medical practices. Ayurvedic practitioners, as explored by Paul R. Brass and Poonam Bala, faced challenges in modernizing their practice amid the dominance of Western medicine.[1] Some sought to integrate with Western methods, while others advocated for a return to traditional practices. It argues that colonialism solely reshaped Indian medicine, showing instead how indigenous practices adapted and responded to colonial pressures, particularly through print culture. Despite attempts to include Indians in medicine, Europeans mostly kept top positions, limiting Indian influence. . Indigenous systems like unani and ayurveda faced challenges but also adapted. Jawaharlal Nehru, a prominent nationalist leader, viewed modern science and biomedicine as essential for India's progress. He believed that while indigenous medicine had value, it lacked the scientific basis that modern medicine provided.[2]

The colonial administration's approach to integrating Western and traditional Indian medicine led to the

[1] Sharma, M., (2012), Indigenous and Western Medicine In Colonial India, Cambridge University Press Pvt. Ltd., pp-1

[2] Kumbhar, K. S., (2022)Healing and Harming: The "Noble Profession" of Medicine in Post-Independence India, 1947-2015, The Department of History of Science, Harvard University, pp- 34-40

dominance of Western practices, particularly after the establishment of Western-style medical colleges. Over time, Indian medical knowledge began to influence Western practices, creating a form of medical pluralism. This integration reflected a complex interplay between Western and indigenous medical traditions, showing how colonial medicine shaped both scientific understanding and the socio-political landscape of India.

In examining contemporary healthcare in India, the discussion often contrasts traditional and modern medical systems, each striving for dominance. Traditional medicine is characterized as dynamic and adaptable, meeting local needs and integrating modern elements over time. It is argued that tradition is not inherently opposed to modernity but is sensitive to its context. On the other hand, modernity is depicted as universally applicable, capable of transcending regional and parochial limitations, and promising equitable healthcare through a modern nation-state framework. The debate frequently centers on which knowledge system—traditional or modern—exercises control over medical practices. Historically, both systems have used techniques like mystification and exclusion to assert dominance rather than focusing on democratizing medical knowledge. Medicine is thus seen as a sociological construct rather than purely objective science. Both traditional and modern practices have been employed by ruling classes to gain social legitimacy, with modernity often framed as a civilizing mission and traditional practices used for nation-building. Institutionalized medicine, whether modern or traditional, has become costly and inaccessible to many, while non-institutionalized medicine, typically used by poorer communities, remains of lower quality and less organized. This disparity underscores the need for a more inclusive healthcare approach. Instead of solely blaming external factors, attention should be given to the internal social forces that perpetuate healthcare inequality. The persistence of unequal conditions reflects the failure to democratize medical institutions and address systemic issues, making healthcare an imposed preference rather than a choice for a large segment of the Indian population.

After India gained independence, the Ayurvedic revivalist movement, which had previously been shaped by the colonial context, faced a new set of challenges. These challenges were not just about overcoming the legacy of colonial rule but also about navigating internal struggles within the country as traditional systems sought relevance in a modernizing nation.

One of the key moments in this post-colonial period was the publication of the Bhore Committee Report[3], which, while acknowledging the importance of indigenous medical systems like Ayurveda and Unani, raised concerns about their scientific validity. The report suggested that these traditional practices lacked the modern medical practices necessary for organized state medical relief, casting doubt on their practicality within the newly established national health framework.

In response to the Bhore Committee's conclusions, the Chopra Committee [4]was formed. This committee sought to create a unified system of healing that combined the strengths of various medical systems. However, the Indian government ultimately decided that integrating these systems without rigorous scientific validation was impractical, leading to a continued emphasis on modern scientific medicine as the cornerstone of national health services- a trend that had its roots in the colonial era.

[3] Formed in 1943 by the British colonial government. Initiated by Sardar Jogendra Singh, with Joseph Bhore as Chairperson. Intended to review and plan post-war health policies. Comprised mainly of experts trained in biomedicine; no representatives from indigenous medical systems. Final report published in March 1946. The health subcommittee prioritized biomedicine, marginalizing indigenous systems like Ayurveda and Unani. Members were formally trained in biomedicine, with a Universalist approach favoring scientific medicine.

[4]The Chopra Committee, appointed in 1946, was tasked with evaluating and modernizing India's traditional medical systems, particularly Ayurveda and Unani, to integrate them into the national healthcare framework.

The socio-political dynamics surrounding the recognition and legitimization of traditional practitioners further complicated the integration of these systems. The government's stance, influenced by medical authorities like Deputy Director D.A. Kulkarni, was largely opposed to registering traditional folk healers. Kulkarni's reports criticized these healers for their lack of standardized training and modern medical knowledge, resulting in the government's refusal to recognize them as legitimate practitioners[5]. Despite pushback from associations of folk healers, who submitted petitions and memorandums advocating for their recognition, their efforts were ultimately unsuccessful.

In an attempt to modernize and reorganize indigenous medicine, the United Provinces Ayurvedic and Unani Systems Reorganization Committee recommended the integration of modern public health, social medicine, and environmental hygiene into the training of Ayurvedic and Unani practitioners. This approach aimed to produce more scientifically informed practitioners who could compete with allopathic doctors. The inclusion of modern scientific subjects such as physics, chemistry, and biology in the curricula was seen as essential for achieving this goal.

This reformed curriculum also had a biopolitical dimension, aiming to make Ayurveda a tool for managing public health in a way that would support economic stability and law and order. Subjects like Swasthavratta, which focused on public health and hygiene, were incorporated to align traditional medical education with broader public health objectives.

The government's involvement in this process was evident in its efforts to incorporate biopolitical aspects into the training of Ayurvedic and Unani students. For example, the approval of modern public health lectures and practicals conducted by District/Municipal Medical Officers in Ayurvedic and Unani colleges highlighted the state's interest in integrating these traditional systems into the broader health infrastructure.[6] However, this integration was not without compromises. The traditional philosophy of Ayurveda, which emphasized long-term health and personalized treatment, was altered to prioritize immediate relief and public health concerns.

The integration of Ayurveda into the state's health administration also faced resistance from modern medical authorities. For instance, while the Deputy Director (Ayurveda) supported the inclusion of Ayurvedic practitioners in public health roles, he faced opposition from the Director of Medical Health and Services, who questioned the capability of Ayurvedic practitioners in handling public health issues.

Financial and administrative obstacles further hindered the government's support for Ayurvedic initiatives. Proposals to establish separate Ayurvedic wards in hospitals and other such initiatives were often rejected or postponed due to concerns about financial constraints and the potential for creating confusion among patients.

The challenges faced by Ayurveda in post-colonial India were not just about medical efficacy but were also deeply rooted in the socio-political context. The failure to establish an Ayurvedic Leper Asylum due to negligence and the abandonment of plans to open more dispensaries due to financial constraints reflected the government's superficial commitment to promoting indigenous medicine. Additionally, the communalization of healing systems, with Ayurveda and Unani becoming associated with Hindu and Muslim identities, respectively, highlighted how these systems were entangled with religious and nationalist agendas.

Furthermore, the persistence of colonial attitudes in the post-colonial period was evident in the ongoing discrimination against indigenous practitioners. The refusal to allow vaids and hakims to use titles like

[5] Rai, S. K., AYURVEDA, NATION AND SOCIETY: UNITED PROVINCES, c. 1890-1950, Department of History, University of Delhi

[6] Rai, S. K., AYURVEDA, NATION AND SOCIETY: UNITED PROVINCES, c. 1890-1950, Department of History, University of Delhi

"Medical Officer" suggested that the new rulers continued to view Western medicine as superior.[7]
Historically, Ayurveda effectively addressed various health issues in pre-colonial India, but its prominence waned with the rise of Western medicine. Despite its widespread practice and acceptance in India due to its accessibility and affordability, global scientific recognition is still evolving. Recent efforts, including collaborative research initiatives, aim to bridge traditional knowledge with modern science, emphasizing the need for rigorous studies and capacity building. The authors call for the establishment of top-tier research institutions and peer-reviewed journals to enhance Ayurveda's global scientific visibility and impact.

By examining the Indian Systems of Medicine, one can observe how medical debates and discoveries led to new perspectives and continued to influence health practices into contemporary India. The journal reflects the consolidation of British medical systems and the ongoing impact of colonial policies on modern healthcare. It also demonstrates the enduring relevance of historical medical debates, such as those on medical education and healthcare delivery, in shaping current health policies. Additionally, the study critiques the slow progress in health improvements during colonial rule and notes how some colonial issues persist in today's healthcare system. Overall, the Indian Systems of Medicine offers a valuable historical lens for understanding the intersection of medical, social, and economic factors that have shaped health practices and policies over time.

Between 1947 and the late 1970s, India saw a substantial increase in the number of medical colleges and doctors. . Policymakers noted that many doctors preferred urban private practice, postgraduate studies, or working abroad, leading to a shortage of medical professionals in rural areas. By the late 1960s, it became clear that the influx of doctors alone was not sufficient. The state began to consider alternative approaches to address the gaps in rural healthcare, such as increasing reliance on Indian Systems of Medicine and involving local practitioners. In 1970, the Indian government officially recognized Indian Systems of Medicine, including Ayurveda and Unani, marking a shift away from exclusive reliance on biomedicine. This change was driven by the slow expansion of public biomedical centers, rising costs of biomedicine, and the need to address rural healthcare needs more effectively. The state increasingly focused on employing community health workers and integrating Indian Systems of Medicine into rural health schemes as a practical solution to provide healthcare where traditional biomedicine had fallen short.

The state increasingly focused on employing community health workers and integrating indigenous system of medicine into rural health schemes as a practical solution to provide healthcare where traditional biomedicine had fallen short. Naik proposed a “modified form of de-professionalization” for healthcare, suggesting that community-based, part-time health workers could be more effective than full-time professionals.[8] This idea was inspired by traditional practices and aimed at making healthcare more accessible and affordable. The 1975 Shrivastav Committee report recommended creating a new cadre of community health workers (CHWs) to address rural health needs.[9]

Despite official rhetoric supporting the development of indigenous systems of medicine, Western medicine remained the dominant approach in addressing the state's biopolitical concerns. The government's support for Ayurveda often remained symbolic, with many recommendations by the Ayurvedic and Unani Systems Reorganization Committee, such as equal pay for Ayurvedic graduates and the establishment of Ayurvedic leper asylums, being either rejected or ignored.

CONCLUSION

[7] Rai, S. K., AYURVEDA, NATION AND SOCIETY: UNITED PROVINCES, c. 1890-1950, Department of History, University of Delhi

[8]Kumbhar, K. S., (2022)Healing and Harming: The "Noble Profession" of Medicine in Post-Independence India, 1947-2015, The Department of History of Science, Harvard University.

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The evolution of medical practices in India during the late 19th and early 20th centuries underscores the deep entanglement of medicine with the socio-political forces of colonialism and nationalism. As India grappled with its identity amidst colonial rule, the struggle between traditional indigenous medicine and Western medical practices became a focal point of broader debates on culture, power, and national integrity. Despite the colonial administration's efforts to prioritize Western medicine, indigenous systems like Ayurveda and Unani demonstrated resilience by adapting to the changing socio-political landscape. However, the post-colonial period continued to witness challenges, as the integration of traditional medicine into the national health framework often remained superficial, hindered by financial constraints, administrative resistance, and persistent colonial attitudes.

The article highlights several key concepts: the clash between indigenous and Western medical practices; the role of colonialism in reshaping Indian medicine; the adaptation of traditional practices in response to colonial pressures; the socio-political dynamics surrounding the legitimacy of traditional healers; and the ongoing struggle for recognition and integration of indigenous systems in post-colonial India. The persistence of healthcare inequality and the limited success of efforts to democratize medical knowledge reflect the enduring impact of these historical debates on contemporary health policies in India. Ultimately, the study calls for a more inclusive and context-sensitive approach to healthcare, one that acknowledges the value of both traditional and modern medical systems while addressing the socio-economic barriers that continue to affect large segments of the population.

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