

From Ayurveda to AYUSH to Western Medicine

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It is remarkable that so little attention has been paid, both within the country and abroad, to the rapid infiltration of Western Medicine in the country and corresponding erosion of some of the equally efficacious, indigenously developed mechanisms for coping with certain health problems in a community or among individuals during the past six decades.

The ancient science of Ayurveda had visualized health as the maintenance of balance and harmony between environment, body, mind, and soul. Health was conceived to be a permanent contest for preserving such a balance and wholeness and, ultimately, is its reflection in a high level of consciousness. Yog formed a part of Ayurveda. It focused on aspects of methods of health promotion and prevention and treatment procedures for certain illnesses. Later discoveries of viruses and bacteria are incorporated in Ayurveda as a small component of "environment".

Expectedly, contents of the science of Ayurveda had undergone frequent changes with the changes that have taken place over the long period. These changes are the results of some fundamental changes which have influenced the state of health and disease and in the practice of medical and health services in the country. These include changes in the epidemiological situation, changes in human ecology, demographic changes, changes in the political geography and changes in power relations. Health problems and health practices and cultural meanings and perception of health and diseases have also changed in the course of the long history.

The eminent scholar of history of medicine, Henry Seigerist, had drawn attention to the manifestly high standards of environmental sanitation in the settlements of the Indus Valley Civilization. Marshall had remarked that its public health facilities were superior to those that existed in anywhere in the world. It is difficult to imagine the health problems and health practices of those days, but emphasis on preventive aspects of health care indicates a fairly mature attitude towards health. D P Chattopadhyay had pointed out that by the second century BC, Ayurvedic Medicine had already taken the momentous step of becoming rational therapeutics. Physicians created a methodology based on supreme importance of direct observation of natural phenomenon and the technique of rational processing of empirical data. According to them, therapeutic power of physicians laid in their understanding of the laws inherent in nature which governed both human beings and nature, emphasizing their identity. The pharmacology which Ayurvedic Medicine developed is colossal and is significant for giving direction even to current pharmacological research. Two eminent scholars, Charaka and Sushruta, had respectively articulated the thinking in the fields of internal medicine and surgery in the form of Samhitas.

The Siddha System of Medicine apparently developed as an offshoot of Ayurveda in the southern region of the country, particularly in Tamil Nadu. Muslim rulers from abroad brought with them what had been called the Unani system of medicine. Ancient Arabs had borrowed some aspects of the system practiced by the Greeks, hence the name Unani. Significantly, today Unani Medicine is practiced mostly amongst Muslims of the sub-continent. Its practice has virtually disappeared from other Muslim countries, and from Greece.

Interestingly, in the nineteenth century, Indians actively sought out 'another' system of medicine from the West in the form of Homeopathy. It was a case of cultural diffusion. Homeopathy was incorporated as another element of "indigenous" systems of medicine of the country—*Ayurveda*, *Yog*, *Unani*, *Siddha* and *Homeopathy* - AYUSH, for short. A remarkable feature of the AYUSH systems of medicine was that they involved very simple procedures and were therefore accessible to large sections of

a population. Beyond these there had been the extensive use of even more simple and accessible procedures like home remedies, folk medical and health practices and use of various types of local healers like bone setters and healers of mental illness. Though these practices were obviously somewhat rudimentary in nature, they had the merit in relying on endogenously developed capacities of the people to cope with their health problems.

This rudimentary character of AYUSH kept the gulf in the access of services between the rich and the poor in the population somewhat narrow; the services of the *raj vaid*s or the *shahi hakims* were not much different from those provided by the others. Professionalism of healing practitioners remained at a low level. However, as there were no suitable institutional arrangements for properly conserving and promoting the knowledge from diverse sources and for providing education, training, research, evaluation and planning, these systems and procedures suffered considerable changes and erosions in their contents and in their "delivery systems" over time. This erosion became more serious when they faced an unequal competition from introduction of the science based and much more politically and financially endowed Western (Allopathic) Medicine in the country.

Till the European Renaissance, the system of "Allopathic" medicine followed a path in the Western countries that was far behind what was described by Chattopadhyay for Ayurveda in India as "a methodology based on supreme importance of direct observation of natural phenomenon and the technique of rational processing of empirical data". The Renaissance ushered in the era of scientific thinking based on experimentation, observation and drawing of inferences. It created a chain reaction, leading to rapid developments in the fields of science and technology. The current (Allopathic) Western Medicine is distinguished from AYUSH in the sense that it is based on the scientific processes that are rooted in the Renaissance. This gave its knowledge a cumulative character since its very inception. Considering that this meant covering vast and often expanding areas, this process of knowledge accumulation necessarily required much time.

Developments in science and technology was associated with rapid expansion of trade and commerce, which led to imperialistic plunder, colonial conquests of many non-Western countries and occupation of mainly uninhabited lands in different parts of the world. Introduction of Western Medicine into a country like India in the wake of colonial conquest thus involved complex political, sociocultural and economic processes which interacted with the preexisting AYUSH practices, along with use of folk medicine, home remedies and local healers.

It is only recently that Western Medicine came to occupy such a dominant position in India. This has been particularly so during the last two or three decades. It evoked little interest in India when Western Medicine was brought to India by Jesuit priests at the time of rule of Emperor Jahangir. While their therapeutic methods might not have been very attractive, it is significant that the scientific methods that were then giving shape to the much superior understanding of the anatomy, physiology and pathology of the human body also failed to influence the thinking of the AYUSH scholars of that time. The response of the local population was similar when the Portuguese inducted the practice of Western Medicine in Goa after they conquered it in the latter part of the sixteenth century.

Two centuries later, when the British East India Company (EIC) started its venture of colonial conquest of this vast country, the people of the country continued to show lack of interest in Western Medicine even though the knowledge had continued to accumulate during that period. Despite all the decay and degeneration, the people continued to prefer using their home remedies and AYUSH and other healing practices to cope with their health problems. Indeed, as had been pointed out by A L Basham, as late as in the early nineteenth century, surgeons from EIC learnt aspects of plastic surgery from Ayurvedic surgeons of India.

Like any other armed force, that of the EIC also had its medical wing to attend to the health problems of its military personnel. This was termed as the Indian Medical Service (IMS). The IMS also provided services to employees of the EIC and to Europeans who traded with the country. The exponential growth in the extent and the range of activities of EIC, which culminated in its becoming the supreme rulers of most of the country by the beginning of the nineteenth century, had led to a corresponding increase in the expansion of the activities of the IMS. A separate wing of IMS was created to attend to civilian personnel. With the passage of time, a very thin upper crust of the "native" population, which collaborated with the colonial rulers, also obtained some access to the services provided by the IMS.

Establishment of the three medical colleges at Calcutta, Bombay and Madras in 1835 was an important landmark in the history of the health services in the country. These medical colleges followed the guidelines laid down by the General Medical Council of Great Britain. Interestingly the nursing profession in India was established at quite an early stage. Florence Nightingale herself took a special interest in developing the profession in the country.

The British themselves were deeply concerned about the limitations the then existing health services that were made available to its own people. Their anxiety to develop efficacious health services for their own people in India can be understood from the scrapes of epidemiological data that have been culled out of archives. For instance, it has been pointed out that as late as in the mid-nineteenth century, out of every 1000 soldiers sent to India from Britain, as many as 69 died of various diseases in the very first year of their arrival. Probably unwittingly following the dicta of multiple causation of diseases that was being preached by Rudolf Virchow of Germany around that time, the British set up exclusive cantonments for their army and civil lines for their administrators to protect these vital organs of the state from the depredations of various kinds of diseases which were extensively prevalent at that time. They had pointedly barred the "natives", including native soldiers, from these exclusive zones.

Learning from the sanitary movement of England, they also adopted sanitary practices of supplying protected water, proper disposal of wastes of different kinds and maintaining general cleanliness in these exclusive zones. The mortality rates among fresh British soldiers coming to India fell to 20 per 1000 per year by the end of the nineteenth century. This marked the beginning of widening of the gulf in the access to health services between the rulers and the vast masses of the country.

That also happens to be the period when the spectacular developments started taking place in the practice of medical sciences, leading to discoveries of vaccines, sera and chemotherapeutic drugs against some of the scourges. It was given an even greater push by the major breakthroughs in medical and public health research during the two World Wars. As the scientific approach adopted in the growth and development of Western Medicine was a cumulative process, it was acquiring an increasingly powerful momentum, which took an almost exponential form in the subsequent decades.

These provided a potent motive force for development of the health services to give protection of the ruling class against the diseases. The outbreak of a massive epidemic of plague around the beginning of the 20th century reinforced this trend. The setting up of the Malaria Institute of India, the Haffkine Institute at Bombay, the Vaccine Research Laboratories at Kasauli and the King Institute of Preventive Medicine at Madras have been the outcome of this movement. Indeed, after Robert Koch's path breaking work, the Government of India had deputed two IMS officers to Koch's laboratory to get trained under his guidance. The Calcutta School of Tropical Medicine came into being in 1926. Each one of these institutes had acquired considerable reputation at that time in different parts of the world, particularly in the "tropical" countries.

A special reference is being made to the setting up of the All-India Institute of Hygiene and Public Health at Calcutta under the leadership of John Grant in 1938 because of the pre-eminent position it had acquired all over the world within a short period and it made singular contributions to the health service development in the country through its educational, training and research activities. A comparison of the developments in India with those in other parts of the world outside Europe and USA at that time will show that it was way ahead of them in terms of laying the foundations for health service development in a country.

However, as a result of the colonial policy of shifting state patronage from pre-existing AYUSH health systems to the Western system, the already stagnant AYUSH systems were caught in a vicious cycle. The very neglect accentuated their decline, and the decline, in turn, made it increasingly difficult for these systems to compete with the highly favoured and rapidly flourishing Western system for the support of the newly emerging Indian elite educated in the Western style. This made the vast masses of the population much more vulnerable to diseases of various kinds, and to famines and epidemics. At the very time when the disease load of the population became much heavier, these "forgotten people" were fast losing access to various mechanisms for coping with the problems which they had developed over the centuries, because the elites of the society, who have earlier been enriching the coping capacity through the sustenance, if not development, of the AYUSH systems of medicine, transferred their loyalty towards the Western system. It may, however, be noted that even before the colonial conquest, it is very likely that a huge section of the people of the country have been living a very miserable life.

Thus, at a time when spectacular developments were taking place in different branches of the Western system of medicine, which continues to this day, the AYUSH systems of medicine came to be dominated by persons with very limited competence. This almost totally eroded the very limited scientific or empirical content that still existed in these systems. Concurrently, colonial exploitation also created adverse environmental conditions, which further accentuated the already serious health problems of the masses. There were frequent outbreaks of famines and epidemics, extensive prevalence of communicable diseases and chronic hunger. The colonial exploitation in the form of more ruthless extraction of revenues added substantially to their already miserable conditions. This made them much more vulnerable to diseases of various kinds and to famines and epidemics. □□□

[Excerpted from a speech delivered by the author at the 5th Hasi Majumdar Oration on History and Philosophy of Medicine and Science, University of Calcutta, 11th February, 2009]