



**AN IN-DEPTH EXAMINATION OF BRITISH POLICY ON INDIA'S TRADITIONAL
MEDICAL SYSTEM IN THE CONTEXT OF HISTORY.**

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Introduction

The Indian medicine system is one of the primogenital systems of world medicine that has flourished since a long time. Pluralism, coexistence, and syncretism have been the symbol of Indian medicine. This System is based on the vast knowledge of nature, coordination of the formation of the human body, and the relationship of the elements of the universe, which affect living humans. Indian medical system is based upon the 6 medical systems, which include Ayurveda, Unani, Siddha, Homeopathy, Yoga, and Naturopathy. When invaders (Unani, Khushanas, shakas, and Huns) invaded India and made it their home and enriched the knowledge of Ayurveda by incorporating their health system and medical traditions into the local system. Unani system of medicine arrived in India along with Muslim traders and invaders, and with time it made its place in Indian society. When the Europeans came to India, we brought allopathic medicine from them. In 1757 British established their rule in India, they patronized the allopathic system, which got quickly penetrated in the society side by side with the local medical practices. In this paper an attempt will be made to study the attitude of the British administration and British doctors towards the Ayurveda and Unani medicine system, and Indian resistance against the British medical Policy.

Ayurveda

All civilizations and society have developed their own medicinal system, but the Ancient medical system of India is considered to be highly methodical and the most holistic system. Both in its ideas and practices Ayurveda is the oldest medical system of India, Ayurveda as one of the ancient origins of medicine because its theoretical underpinnings have influenced the Japanese, Chinese, Arab, Greek and Roman medical system. According to D. Chowry Muthu "The history of Hindu medicine takes us back to the very cradle of Vedic civilization whether it be in the domain of art or science, in poetry or philosophy, in religion or mythology, in commerce or manufacture, ancient India excelled in almost every department of human activity or enterprise for many, many centuries." (D. Chowry Muthu 1930) Ayurveda is made up of two words (Life or Longevity) and Vedic (Science). The Atharvans, the Angiras, and the Bhrgus was the first proficient healer and doctor for various ailments. They are the authors of the Atharvaveda which is a part of the Vedas. This contains details about the early understanding of the human body, its diseases and their cures. (Roy.M 2001) The knowledge of Ayurveda has two main objectives, namely to make the diagnosis of the disease and eliminate the causes of the disease (known as "Shodhana"), alleviating the suffering of the patient. There are 5 types of Shodhana (Vamana, Virechana, Nasya, Basti, and Raktha Mokshana). The main feature of Ayurveda is to emphasize on one's lifestyle. The daily routine of the human being is described in the Sacred Books of India as Dinacharya, being pointed to as the main source for longevity. The Ayurveda is also based on the Samkhya philosophical system, which appeared around 1000 B.C. There originated two distinct schools in the practice of Ayurvedic medicine: Sri Dhanvantari-Sampradaya emphasizes on the importance of surgery and the Brahma-Sampradaya that gives more importance to diagnosis, remedies, and various treatments. Around 700 B.C., Ayurveda Universities

emerged in India. There were two main universities, namely Kashi (in U.P.) and Nalanda (in Bihar), where the academic contents included the Sciences (Vijnana), the Training (Vidya), the Logic (Tarka), the Memory (Smriti), the Medical Practice (Kriya). It is by this time that 8 branches of Ayurveda appeared: Kayachikitsa (Internal Medicine), Salakyachikitsa (Otolaryngology), Balachikitsa (Pediatrics), Salyachikitsa (Surgery), Grahachikitsa (Psychiatry), Vajeekarana (Reproductive Medicine), Rasayana (Rejuvenation Therapy). Astanga Hridayam (Philosophy of Ayurveda) deals with the philosophical principles for the good functioning of the body (breathing, digestion, metabolism, temperature regulation) and has suggestions for the therapeutic use of metals and minerals. Sushruta Samhita shows that Indian physicians were one of the first to perform plastic surgeries, with knowledge of more than 100 surgical instruments, not very different from what is currently done. This text describes operations such as hernias, cataracts, brain tumors, and other types of serious injuries. "It would be no exaggeration to say that of all nations of the earth, the Hindus first turned their attention to the study of disease and the means of its alleviation. The Vedas are undoubtedly the most ancient written records in the world. The Ayurveda or Science of Life is believed to have formed a part of the Vedas, vis., those that go by the name of the Atharvas." (Nagendra Nath Sen Gupta, 1984)

Unani Medicinal System-

The Unani medicine originated in Greece, it was developed by the great therapeutic and philosopher- Hippocrates. With the spread of Islam in the 12th century, Unani medicine was introduced in medieval India. Zia Mohammed Masood Rashid Zangi was the first known hakim (physician). According to Unani Medicine, the Human body is build-up of four basic elements earth, air, water, fire. The Human Body gets nutrition from four humors - blood, phlegm, black bile, and yellow bile. These all have their own distinct nature. The

body functions in a normal way according to its nature and environment in a healthy state of the body. The disease occurs whenever the balance of humor is disturbed. (Ravishankar B & Shukla VJ,2007) In this system, the major emphasis is also given to the Prevention of Diseases. Six elements are necessary for the maintenance of a Healthy Body. There include Air, Food and drink, Body movements and reaction, Mental movement and repose, Sleep and Vacation, and Withdrawal and retention.

Beginning of the Western Medicine System in India-

In 1499 with the arrival of Portuguese traders, the Western system of medicine and its history begins in India. The first medical officer came to India along with Portuguese traders and at the same time, India's first encounter with the Western system of medicine took place. Many European physicians began to arrive India from the 16th century onwards with European trading companies. They were trained in the Western medical systems in Europe and were taken care of by the medical needs of the Company's soldiers and officers. The first Western surgeon physician García 'D' Orta came to India in 1534 and remained there till his death. He served as surgeon to the Portuguese governor of Goa, Orta wrote an influential book in Portuguese, the title of which translates colloquially as *On Simple Medicines and Physiotherapy of India*. The book is divided into fifty-seven chapters and describes drugs, the effects of cannabis, and the treatment of a case of cholera. (Rajesh kochhar,1999) In 1658

A. D. Francois Bernier (1620-1688) arrived India, who had a specialisation M.D. from Montpellier. He served as a surgeon to Dara Shikoh and his brother Aurungzeb. Nicholas manucci, a Venice traveller wrote a book "Mogor India". In this book, he mentioned many European who were practising surgeons in India. Ex. A dutch surgeon Jacob minues, GelmerVorburg, Luis Beicao, Angello Leg renzi, D' Estremon, Frenchman cattem, Francois De la palisse, Alias stjaeques, Claudius malle and Johannes prtuliet and many more.

Deepak Kumar wrote in his book that "Western medical discourse occupied an extremely important place in the process of colonization of India. It functioned in several ways: an instrument of control which would swing between coercion persuasion as the exigencies demanded, and as a site for interaction and often resistance. In its former role it served the state and helped to ensure complete dominance." (Kumar D. 2000) India has never faced such a challenge before, this is a country of cultural diversity, cultural glory has existed here since ancient times and Indians have their own system of medicine. Forager invaders from different cultures invaded and ruled here, they also brought their medical system with them. But everyone practiced and cooperated with their different medical system and rarely fought over it. (Basham A.L. 1977) The Indian system of medicine developed and co existence with other systems over the centuries which can be traced in the history of this great country. Many medical treatises and commentaries were written in Sanskrit, Arabic and Persian from the tenth century to the middle of the eighteenth century. (Rahman A. 1982) Before and after the arrival of the Europeans, the medical traditions in India were very strong and epistemologically superior to the European medical tradition. That is why the Portuguese in Goa, got impressed by the medical system of the local Vaidyas and gave them license as well.

British Reactionary opinion towards Indian medicine system

Initially, the British attitude towards Indian medicine was positive, British physicians regarded Western medicine, Ayurveda and Unani as a humorous constitution of the human body and the primary causes of disease with Indian physicians (valid, hakim) the concepts of medical science and system of medicine in mutual respect. European doctors were willing to learn the treatment of tropical diseases from Indian physicians. In the early 18th century, Europeans appointed Indian physicians to treat them in some exceptional cases. British surgeons mostly used European system of medicine in their treatment, but

often adopted some effective Indian systems of medicine, often changing their remedial regimens to suit the Indian environment. They argued that the Ayurveda lack of books on specific diseases in the Indian system of medicine, replication of traditional treatments passed down from generations without modification, and the ability of Indian physicians to perform any major surgery. (Patterson T. 2001)

The British East India Company encouraged scientific research into Indian medicinal plants to reduce drug imports. By 1750, Company officials established botanical gardens to cultivate and study local plants that could be exported or used as treats. Europeans and Indians freely shared their knowledge of medicinal plants with each other. Some trained medical orientalists translated Ayurveda and Unani texts from Sanskrit and Persian into English, and Europeans were amazed on the medical achievements of the Indians. However, these discoveries made them more critical of present-day Indian medicine. Europeans could now study traditional Indian treatises for themselves and were no longer dependent on Indian practitioners for the knowledge of Indian medical formulary. (Harrison M ,2001) In 1789, Orientalist Sir William Jones founded the Journal of Asiatic Research and encouraged research into Indian systems of medicine and medicinal plants. For the purpose of translating Sanskrit and Persian texts and imparting Sanskrit and Persian education to British officials, Warren Hastings established a madrasa in Calcutta in 1781 and a Sanskrit college was established by Jonathan Duncan at Banaras in 1792. In 1822 and 1824 the British Government set up training institutions in Calcutta and Bombay for the purpose, to supply the army with sub-assistant surgeons, dressers and apothecaries. In 1826 company established Calcutta's Native Medical Institution (NMI), which worked to provide the Company with a regular supply of 'native doctors', In this institution they taught through the vernacular and through translations of English textbooks, but with parallel instruction in the indigenous medical system. (Arnold Devid,2004) This Sanskrit college provided Western and Indian

medical education to Indians.

The period after 1820 saw rapid progress in Western medical science resulting in a further widening of the gap between European and Indian physicians. (Bala P. 2007) Evangelical and utilitarian thought in Europe and advances in technology shook the foundations of Orientalism – which believed that the countries of the East had some important knowledge to teach the West. The Indian tradition of knowledge, Indian medicinal science and Indian system of medicine were severely criticized by the followers of Evangelicalism and radical utilitarians like James Mill. He strongly believed in the superiority of rational and scientific ideas of the West and considered Indian thought to be irrational, religious and unscientific and attributed this to India's poverty. Similarly, British surgeons began to believe that the Indian medical system was not rational and increasingly ridiculed Indian doctors. (Harrison M ,2001) Lord William Bentinck (Governor-General of India, 1828-1835) who himself was influenced by utilitarian ideology convened a committee to decide on the medium and type of education in India, members of this committee reiterated the above criticisms and criticized medical education in India. Therefore, based on the recommendations of the committee, by declaring Indian systems of medicine unviable, the company started training its personnel only in Western medicine and stopped supporting Indian systems of medicine. In 1835, the NMI was abolished and medical education at the Sanskrit College was also discontinued. (Kumar D. 1997) Gupta Brahmananda says that “It has been assumed that when the Calcutta Institution closed in 1835 it brought to the end of an era of ‘peaceful cooperation and ‘friendly’ coexistence between the Western and Indian systems and signified the replacement of a benign Orientalist policy of patronizing and learning from indigenous medicine by an intolerant Anglicist one, with disastrous consequences for the subsequent history of indigenous medicine.”(Gupta Brahmananda,1976) As a result of the cessation of aid by the government and the onslaught of Western medicine, there was a

gradual decline in the reputation of the Indian system of medicine and its practitioners. As a result of this decline, some indigenous practitioners left Indian systems altogether and accepted the Western system as the only rational science. Some physicians outrightly opposed modern medicine, upholding the indigenous medical system in its purest forms, and advocating for their practice, rejecting the inclusion of Western concepts in their medical education. (Mishra SK. 2001)

Taboo and Social System-

After 1835, English-language education was introduced in India based on the Western approach, which led to the emergence of a new middle class in Indian society of the urban elite with a Western outlook among the Indians. People from this class were trained in allopathic medical colleges established by the government and were also exposed to British or European medical education. This new class criticized the Indian medicine system and that the Indian medical system is a vast pathological reservoir, "overlaid perennially by a thick layer of maladies". A Malayali poet, Kunjan Nambiar, wrote in a poem: "Physicians (native) are the people who make medicine and sell it for money, send a patient to hell by treating him without proper diagnosis, and camp themselves in a patient's house so as to earn food from them". Some called Ayurveda treatment "a crazy or criminal act", and other natives Indians support the Indian medicine system. (Kumar D. 1997)

Despite losing the support of the British, traditional Indian medicine remained popular in the villages, with easy access and low fees, 90 percent of India's population relied on indigenous medicine. Radhika Ramsubban wrote that in 1900, or even later, Western medicine affected a very small part of the Indian population. Western medicine was closely tied to the military, occupational and urban middle class preferences of the colonial state, almost completely ignoring the needs of the Indian people and largely confined to a small enclave of white residents and soldiers remained limited. Thus, social anthropologist McKim Marriott asserted in 1955 that Western medical facilities had

"barely touched" the villages of rural Uttar Pradesh in northern India. Clinics and dispensaries were at best, Arnold wrote, "momentary stopping places on the sick man's pilgrimage from one indigenous practitioner to another." "Western medicine sits outside the door of the village, "he continued," dependent upon governmental subsidy and foreign alms for its slim existence." (Arnold David, 1993)

As long as Vaidyas and hakims were also protected by the indigenous elite, they were comfortable in their business and lifestyle, but their prestige gradually declined during the British period. P Bala says "Indian physicians who enjoyed heavy remuneration under Mughal rule experienced a recession as the indigenous ruling class declined during British rule." (Bala P. 2007) At this time there were only a few families that retained the true nature of the Indian system of medicine, the supporters of "Shuddha Ayurveda" (Shuddha Ayurveda) The Azizi family of Lucknow was one of the families of this category who supported the "pure Ayurveda" and they had preserved the knowledge of "Ayurved" (pure Ayurveda) and practiced it. Hakim Ajmal Khan (1868- 1927) of Delhi and Vaidya P S Varier (1869-1958) of Kottakal both came from physician families of high repute. Ajmal Khan's brother had established a 'Madrasah Tibbia' in 1883, and the whole family was engaged in promoting Yunani medicine. In 1891 Ajmal Khan prepared a catalogue of Arabic and Persian manuscripts in medicine. In 1897 he wrote a booklet on plague in Urdu. In 1902 he started publishing a monthly journal 'Mujalla-i-Tibbia' which contained useful articles on the Tib. The same year P S Varier organized an Arya Vaidya Samajam, opened Arya Vaidyashala and started a journal 'Dhanwantari' to promote and analyze the strengths and weaknesses of the ayurvedic system. (Kumar D. 1997)

After 1835 Vaidya Gangadhar Ray, Nilambar Sen and Ganga Prasad Sen helped to develop the Ayurveda system of medicine. They trained several Ayurvedic practitioners and established a successful pharmaceutical company in 1878. Along with Nilambar Sen, Gangaprasad Sen adopted modern ideas of the medical system such as

fixed prices for counseling and medicines, advertising and publication of classical texts and research journals. Many Vaidyas set up pharmaceutical companies to make Indian medicines and they also exported these Ayurvedic medicines to Europe. (Kumar D. 1997 & Bala P. 2007)

B G Devara wrote about medicine system in Telugu drawing intensively from the western explanations on the origin of the disease. In Maharashtra, Shankar Shastri Pade had catalogue 702 medical texts and published about 70 books." In Madras, Pandit Gopalchari's hospital was attracting four times as many patients as the English hospitals. He organized congregations and used to conduct examinations for 'Ayurvedabhushan' which interilic tested the knowledge of candidates in chemistry, anatomy, and physiology. In 1895 a native prince, Bhagvat Singh jeem wrote a history of Aryan medical science. In his opinion, Indian medicine deserved "preservation and investigation in the spirit of fairness and sympathy" (Kumar D. 1997) In Punjab, the government gave Hakims a brief training in Western medicine and after training, they were posted in villages, as the treatment provided by Hakim was economical. Hakims was more attractive to the people. Seeing the success of the program, the government started giving formal training to Hakims and Vaidyas at the Oriental College in Lahore in 1872. But within a few years, this institute was closed due to severe criticism from Western doctors. (Kumar D. 1997 & Bala P. 2007)

The Ajmal Khan tried to bring both the hakims and vaidyas on one platform and in 1910 he organized an all India ayurvedic and tibbia conference. These activities and their growing popularity made the provincial medical councils demand an all-India act for registration of 'legally qualified medical practitioners'. Later in 1916, the matter was raised at the central legislative council with the support of important national leaders like Surendra Nath Banerjee, C Vijayraghavchariar, and Madan Mohan Malviya. The government of India constituted a drug manufacture committee to enquire into the utility of indigenous medicine. It also agreed to open a few tibbia

colleges. The governor-general himself laid the foundations of a tibbia college in Delhi in 1916 and delivered a speech in defence of the indigenous system. This college had both ayurvedic and Yunani departments, an allopathic section, a female ward, a chemical laboratory, a botanical garden, and a research wing called Dar-ur-Tahqeeqat. Around the same time in 1917 PS Varier opened a 'pathshala' at Calicut. It began on a humbler note than Ajmal Khan's college, nor did it include the unani system in its purview. But the idea was to provide a scientific education in Ayurveda with a well-defined curriculum that included surgery, anatomy, chemistry, and midwifery. Western and indigenous systems were to be studied together. (Kumar D. 1997) The ceaseless efforts of Ajmal Khan and P S Varier had nevertheless aroused more awareness and presented a cultural symbol. judge of Madras high court or the Maharaja of Baroda turned to the vaidyas for their ailments, it was definitely good publicity for Ayurveda. The question on indigenous medicine was not a question on medicine or medical science, it had become a part of the cultural upsurge and political embroils. (Kumar D. 1997)

Debates and Discussion

Scholars differ about the expansion of Western medicine in India. There are different views among scholars who see modernization and the secularization of medicine in India as heavily influenced by British colonialism, while some scholars opined that the development of allopathic medical dominance was influenced by capitalist development. Some scholars also see the expansion of Western medicine as a means of establishing British hegemony over the colonies. According to Marxist and neo-Marxist perspectives, authors comment "The cultural crisis of allopathic medicine, in which health care under capitalism is considered to be largely ineffective, highly expensive, under-regulated and highly inequitable" (Lupton, 2003: 8). Marxist scholars focus on class relations and the role of the state in relation to health, the modernization, and commercialization of health care, and the "conceptual nature of

medical knowledge" (Morsy, 1990: 33) The main colonial intention was the extension of trade and collection of revenue in course of territorial expansion. (Jeffery Roger, 1988)

According to the neo-Marxist view, allopathic medical dominance was also influenced by ideological hegemony. The British were justifying their rule, as they criticized the Indian medical system, Indian tradition, and culture, saying that India is a rude country. So, they have come to India to make it a civilized country. Therefore, Gramsci's analysis of suzerainty is particularly relevant here, as he stated that any major social group or main social group establishes its dominance with the aim of occupying and holding power. A core social group has to establish an ideology, values, and way of thinking in all areas of civil society in order to stabilize its power (Gramsci, 1978).

In India, the colonial state had followed two mutually exclusive strategies to create colonial legitimacy at different periods of history. First, at the beginning of the rule of the East India Company, company officials accepted traditional pre-British or Mughal social and cultural idioms and translated European political existence into the original Indian cultural and symbolic order (Kaviraj, 1994). However, this strategy did not last long due to its contradiction with colonial theory. While British colonialism was justified by its rationalist logic based on the discourse of European colonialism, the acceptance of traditional institutions and cultural idioms left the further advancement of European rationalist rights and indigenous Indian social, political, cultural and economic institutions Reorganized (Kaviraj. 1994). The colonial administration did not continue such tactics for long and it went away for a second as soon as India's political control was secured.

David Arnold mentions the introduction of allopathic medicine in India as a colonial process that became an important topic for some anti-colonialism and nationalist scholars and "an important factor motivating the revival and professionalization of traditional Indian medicine" (Arnold, 1993; Hallan, 2005).

Initially, health in colonized subjects was generally considered only if their ill-health endangered colonial economic enterprises or the health of Europeans. But after the sanctions, rule of health was a prerequisite for colonial development. Colonial medicine was mainly concerned with taking over the health of Europeans living in the colonies, as these individuals were considered essential to the success of the colonial project. European expansion in the non-European world mainly means the introduction of the benefits of science, and as a medicine of its expansion, from Europe to its colonies. However, away from one-way traffic, scholars sought to understand the relationship between colonialism, science, and medicine, arguing that colonial states existed through a wide network of institutions aimed at controlling and regulating the bodies of their subjects.

In the view of French social scientist Michel Foucault, medicine was employed as a useful tool of politico-administrative power rather than as a service to the sick or curative arts: "The doctor wins a foothold within the various instances of social power." Administration serves as a point of support and sometimes as a point of departure for the great medical inquiry into the health of the population, a 'pharmacological-administrative' knowledge of society begins to develop, which is a 'social Serves as the basic core for the economy, sociology and so on have a politico-medical hold on populations relating not only to disease but to normal forms of existence and behaviours (food and drink, sexuality and fertility, clothing and a whole range of layouts and living spaces)." (Rabinowpaul, 1987)

While other scholars saw the expansion of Western medicine as an extension of capitalism and establishing its suzerainty in the colonies, Wofford and Hooker saw it as a tool to establish an empire. They argued that, like infectious diseases, Colonialism was also about contact, self-attribution less often and destruction. Communities isolated in the non-European world, who were not in contact with the outside world, where almost completely wiped out when they faced new diseases, as they had new diseases coming with

Europeans. He did not have the necessary immunity to cope. Native populations of America, Australia, Asia, Caribbean, and the Africa were devastated by the arrival of new diseases through colonial intervention and the world was united through diseases. Medication, Daniel R. To echo mechanistic analysis rather than Hedrick, one could be "the tool of empire", a technological boon to an expansionist Western power. (Bashford and Hooker,2001)

Conclusion –

Initially, when Europeans arrived in India, they were greatly influenced by the Indian system of medicine and they absorbed the qualities of the Indian medical system in Western medicine. The British also established schools in several cities like Calcutta and Benares to learn Indian medicine after the establishing rule in Bengal. But after the industrial revolution in England, the demand for open trade began to arise so, there were also trade of medicine. Along with this, the ideology of utilitarianism and evangelism was also prevailing in England at that time, who believed that only their civilization, the people of the eastern world, and their civilization, their culture was backward and they raised the promise of civilizing the former. Due to this ideology, the British Criticized Indian medical studies and applied Western medicine to India, and they also resorted to it to legitimize their rule. Even after government protection, the western medical system could not make its way into the Indian mind, about 91% of the country's population continued to use indigenous medicine. Medical administration equated the Indian systems with deceitful quackery, but they failed to deny its inexpensiveness and affordability. In the early twentieth century, traditional medicine ventured to get back its past glory through the praxis of scientific thoughts. Curbed by the rise of nationalism the colonial power preferred a middle path of appeasement and denied the complete implementation of western medicine. The role of politics in colonial health services reveals the discriminatory conspiracy against traditional medicine for exclusive colonial interests.

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