
Ayurveda in the Context of Nationalism and Market Dynamics

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Throughout India, the refashioning of Ayurveda in the early 19th and 20th centuries aligned with the ideologies emerging from the nationalist movement. The sociopolitical context and the technologies developed during this period influenced all spheres of life, including knowledge practices such as indigenous medicine. The United Provinces, now known as Uttar Pradesh, is no exception. In his book, *Ayurveda, Nation and Society: United Provinces, c 1890–1950*, Saurav Kumar Rai delineates this social history through a thorough examination of diverse areas and materials. He utilises print technology, magazines, journals, pamphlets, advertisements, and interviews with a few practitioners who lived through the early 20th century.

In six chapters, the book describes the 60-year journey of Ayurveda in establishing its own identity in the United Provinces (UP) as a Hindu healing system. Rai explains the historical context in which Ayurveda began claiming its identity in relation to and in contrast with Unani and Western medicine (allopathy/biomedicine), by focusing on Ayurveda's predispositions regarding gender, caste, and class. The author successfully presents a social history of Ayurveda. He notes that the origins of the *Charaka Samhita* and *Susruta Samhita* were officially attributed to AD 100 and AD 200–500, respectively, by the Chronology Committee of the National Institute of Science of India. It is clear from this attribution that it is extremely difficult to identify the original period and authors of these *Samhita* texts, even though they are considered canonical texts of the institutionalised Ayurveda.

Inter-practitioner and Intra-practitioner Dynamics

Chapter 1 illustrates the attempts of practitioners to establish legitimacy and

BOOK REVIEWS

Ayurveda, Nation and Society: United Provinces, c. 1890–1950 by Saurav Kumar Rai, *Hyderabad: Orient BlackSwan, 2024; pp 264, ₹1,400.*

authority for both Ayurveda and Unani. At the national level, through the All India Ayurvedic and Unani Tibbi Conference and by influencing the Indian National Congress, Hakim Ajmal Khan sought to unite Ayurveda and Unani by focusing on the concepts of *ilm* (knowledge) and *qaum* (community). However, the All India Vaidya Sammelan, organised by Hindu practitioners of Ayurveda, opposed this unity, framing Ayurveda as the original indigenous medicine and Unani as an outsider. Tension also arose between the Delhi family of Unani, to which Ajmal Khan belonged, and the Lucknow family of Unani, led by Abd al Aziz. The latter advocated for the preservation of an unadulterated, professional Unani and organised an All India Unani Tibbi Conference, aiming to unify their *qaum* in the preservation of Unani. These inter-practitioner and intra-practitioner conflicts led to various enunciations, including the selective adoption of Western medicine, and purist positions that rejected the espousal of Western medicine while following its institutional structure. To compete with registered medical practitioners of Western medicine, bogus medical institutions also emerged to provide certificates for *vaidyas* and *hakims*.

Political Engagements

Chapter 2 discusses the involvement of Ayurveda and Unani practitioners in the Indian National Congress and their effectiveness in raising awareness of their health practices on various platforms. They managed to influence different

stakeholders through political participation. This chapter outlines the perspectives of three nationalist figures: Ajmal Khan, M K Gandhi, and Govind Ballabh Pant. While Gandhi critiques the lack of enthusiasm among Ayurvedic practitioners to incorporate new ideas, Pant took a more pragmatic approach, initiating the establishment of subsidised dispensaries in rural areas. The UP Indian Medicine Act, 1939 further divided institutionally trained *vaidyas* and *hakims* from hereditary practitioners, and newly trained *vaidyas* and *hakims*. Students graduating from Ayurveda and Siddha colleges were awarded Class A certificates, while those from Rishikul Ayurvedic College and the state-aided Unani Medical School received Class B certificates. In 1939, colonial authorities officially denied *vaidyas* and *hakims* the right to issue medical certificates for government servants by exacerbating the existing hierarchy.

Print as a Catalyst

Chapter 3 introduces how the printing press served as a catalyst in promoting Ayurvedic literature. It describes how print technology activated the mobilisation of Ayurvedic practitioners through magazines, journals, and books. These print materials not only promoted Ayurveda but also facilitated its institutionalisation through standardisation and sanitisation. Rai reflects on the caste, class, gender, and community biases within Ayurveda and the related health discourse. The authors of these journals and books were not solely Ayurvedic professionals; they also included nationalists, antiquarian dogmatists, and patrons of indigenous knowledge. The All India Vaidya Sammelan and the UP Vaidya Sammelan instigated standardisation of Ayurveda by providing *vaidyas* with a collective Hindu identity, thus effectively othering Unani practitioners as Muslim. This standardisation and institutionalisation also alienated subaltern and traditional *vaidyas* from the broader Ayurvedic community. *Vaidyas* began to invent specific deities related to their practice and inaugurated the annual festival,

Dhanvantari Mahotsava. Thus, while they claimed scientific legitimacy for their standardised practices, they also created new rituals to assert their unique traditions and divinity. The author pithily points out that this ritualisation alienated Muslims from practising Ayurveda and consulting Ayurvedic doctors.

In discussing Yashoda Devi's writings on women's health and women-specific diseases, Rai highlights the advertisements she used to promote her practice and expertise. As the founder of Stri Shiksha Pustakalaya and the editor of an Ayurvedic journal, her capability to publish multiple books and advertise her specialised practice is not fully explained in the analysis. The period discussed suggests that women practitioners were few in the field of Ayurveda and almost non-existent in Unani. Therefore, it would have been exceedingly difficult for a woman practitioner to publish her work and establish her expertise in a world that was not conducive to the self-articulation of women.

Communalisation and Brahminicalisation

In Chapter 4, Rai shows how some advertisements explicitly stated that their medicines were prepared by superior castes and that they used water from the Ganges for the preparation. Lower castes such as Bhagats, Dais, and Potters, who practised toxicology, childbirth-related care, and minor operations, respectively, were not mentioned with reverence in the 20th-century Ayurvedic texts. This exclusionary practice extended not only to Unani practitioners but also to lower-caste vernacular practitioners. Thus, communalisation of indigenous medicine also involved the Brahminicalisation of the tradition. The Vaidya Sammelan attempted to replace vernacular texts popular among indigenous practitioners with original Sanskrit texts like the *Brihatrayis* (Charaka, Susruta, and Vagbhata *Samhitas*). However, the assumption that vernacular texts would be completely replaced by Sanskrit texts requires further substantiation. Across India in the 20th century, print technology stimulated the production of a plethora of vernacular texts by indigenous health practitioners

and proponents (p 153). The production of vernacular texts indicates the strategy of hereditary and lower-caste practitioners to preserve their knowledge and negotiate with the authenticity claims of upper/middle-class practitioners and their Sanskrit texts. Such efforts should have also promoted the dissemination of knowledge among the general public. The author does not pay attention to these nuances.

Rai specifically analyses two seemingly contradictory concepts: Brahmacharya and midwifery. The protection of virility serves as the central theme in the practice of Brahmacharya, which is seen as beneficial for both humanity and the nation. A discourse on reforming the practices of Dais was initiated in Ayurvedic texts and pamphlets, emphasising the unclean practices associated with Dais, who predominantly belonged to the Chamar, Hadis, Chuharris, and barber castes. Thus, the purity and pollution discourse of the 19th century was gradually replaced by an emphasis on cleanliness and hygiene practices among the lower castes.

Market and Modernisation

The role of the market and its dynamics in the modernisation of Ayurveda is discussed in Chapter 5. Ayurvedic practitioners tapped into the potential of visual culture and print media to carve out a niche market for their products. Both large pharmaceutical companies and small pharmacies began producing bottled medicines with shelf lives, providing postal guidance to patients and supplying medicines through the postal service. Additionally, the production of tonics, vitalisers, aphrodisiacs, and all-encompassing panaceas for various diseases increased significantly. Practitioners and proponents utilised different platforms to advertise their journals, practices, and medicines. The discourse on standardisation and adulteration was mutually constitutive; in order to prevent the latter, the suggested remedy was the former. The standardisation of Ayurvedic medicine led to the pharmaceuticalisation and significant growth in Ayurvedic pharmaceuticals.

Owners of Ayurvedic pharmacies employed a variety of strategies to sell their

products, offering incentives and commissions to retailers while also presenting posters, handbills, and calendars to agents and consumers. They acquired testimonials from eminent figures and emphasised ideas of originality and ultra-purity in their medicines. Some pharmacies invoked the idea of the "drain of wealth" to promote their *Swadeshi* (indigenous) medicines. One pharmacy even advertised an Ayurvedic injection. Awards were established to unearth secret or hidden medicines within Ayurveda. This suggests that Ayurvedic knowledge has been preserved not only in canonical texts but also hidden in a vast oral tradition and vernacular texts. However, the author does not extend the inquiry in this direction. The advertising of aphrodisiacs alleviates middle-class anxieties regarding declining masculinity, a well-known discourse in the colonial context. Interestingly, pharmaceutical marketing strategies have diminished the role of practitioners in prescribing medicines for specific illnesses.

Committees and Reports

The evolution of Ayurveda in post-independence India is the focus of Chapter 6. The author specifically analyses the Bhore Committee Report, the Chopra Committee Report, and the Reorganization Committee Report. The Bhore Committee emphasised preventive healthcare and raised concerns about the potential of indigenous medicine to provide preventive solutions. Other impediments noticed by the committee included the absence of specialised treatments such as obstetrics and surgery. The Chopra Committee suggested a unified system of healing for the country and recommended changes to the curriculum of

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Ayurvedic education. The Board of Indian Medicine in the United Provinces denied medical registration to folk practitioners specialising in eye diseases and poison treatments. Does this imply that all poison healers and *netra vaidas* were only from the lower rungs of society? The author does not clarify whether specialists in classical Ayurveda for eye and poison treatments were permitted to register. He states that this denial of registration led to the triumph of “one Ayurveda” over “many ayurvedas.” He contradicts this assertion by claiming that “subaltern therapeutics thrive outside the statist health infrastructure, traceable across diverse subaltern and even elite domains” (201). Rai outlines

the conflict of interest between the Deputy Director of Ayurveda and the Director of Medical Health and Services. The incorporation of Ayurveda and Unani into the biopolitics of the postcolonial state ultimately compromises the fundamental principles and philosophies of these healing practices.

The author does not discuss whether a unified and coherent Ayurvedic practice existed in the United Provinces prior to the contemporary refashioning of Ayurveda. He describes how institutionalised Ayurveda appropriated many marginalised practices, but it remains unclear whether these practices existed outside the purview of Ayurveda or were integral to it, or were under the larger

umbrella of Ayurveda. In other words, the author adopts a majoritarian perspective, suggesting that an organised Ayurveda practice already existed in the United Provinces. The rich archival materials utilised in the book, however, open up a space for a genealogical inquiry into this normative idea of an established, century-old Ayurveda. This could have prompted many questions about the existing repertoire of scholarship on indigenous knowledge systems.

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