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THE RISE OF WESTERN MEDICAL PRACTICES IN COLONIAL INDIA (A STUDY OF THE PRE-ANNEXATION BRITISH REPORTS FROM AWADH)

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ABSTRACT

As described in this article, the Ayurvedic medical education in India can be traced from the ancient times when the knowledge was imparted by Vaidyas who enjoyed a responsible position in the society. Certain principles for the men of medicine were laid down by Charak and Susruta, both were known as good physicians and teachers. Charak and Susruta believed that good physicians must be a person who is well versed in the science of medicine and has attended to demonstration of surgery and medicine. The Ayurvedic physicians or Vaidyas formed a recognized craft group not distinct as a caste but often following the profession of their father and forefathers. Medicines which were prepared by them were distributed to their patients. Vaidyas and their patients shared totally a religious relationship. They also served as teachers and trained their pupils in the art of healing. In this noble profession various castes were involved. For example, it is reported that in a village in Orissa, a Vaidya, who was a member of the warrior class and a holder of a small plot of land cured many people of their diseases.219 Students (shishya) would assist their teachers and also prepare medicines under the guidance of their gurus.

Keywords: Medicine, Ayurveda, Physicians, British Empire

1. INTRODUCTION

The political history of Awadh, has always been in the limelight of Indian history due to several reasons, a) Awadh, was the capital of Mughal, b) the indirect appearance on the Uzbek rebellion in 1560s. Though, in eighteenth century, Awadh witnessed the transformation in its position because the Mughal court was more or less directed from Delhi from the time of Farrukh Siyar (1713) onwards. The three prominent governors of Awadh sought to use their control over Awadh and its resources for pursuing the ambition in Delhi. But the historiographies do not validate such claims, Muzzafar Alam in his book, The crisis of Empire in Mughal North India, states that the basic shift of Awadh happened during the battle of Buxar (1764). During 1805-56, Lucknow became the centre of Urdu culture, a refuge of poets and courtier from Delhi. Since, Mughal Emperor being a mere prisoner of the British government, Mughal court suffered from all the resources. On the other hand, British had power but no responsibility. Rudrangshu Mukherji focuses on the annexation enforced by Dalhousie in 1856. The annexation was short but heroic phase of resistance in the history of Awadh, it remained dogged in its support of the great uprising.1

Despite holding the political consequences in the Mughal period, Awadh's geographical condition played a favourable role in health and medicinal plants. In the following chapter I am going to talk about the colonial understanding of the health, medicine and its treatment. I will also be mentioning the geographical conditions played a

vital role in the health of Awadh. This will further have a nuanced study on some districts of Awadh in terms of health and medicine. This part will focus on the British reports from Awadh. Donald Buttler in his book Topography and Statistics of Southern Districts of Awadh, has talked about the general configuration of the plains- and the water lines, the westerly winds coming, generally dry, and cold, or intensely hot. According to the season of the year- and when dry and very strong, always loaded with fine sand, - from the arid plains of the north-west; while the easterly winds bring with them the tepid dampness, and the malaria of Bengal, and Assam.2 These observations are necessary, for the elucidation of the climate of Oudh. Being traditionally believed to be remnants of the primaeval forest of Oudh; and are carefully preserved from the axe.3 It is remarkable that by the annual rising of the waters of Ganges, they never suffered from any local cause of disease, during their residence in this low-lying jangal: the pious Brahmans, among them, attribute this exemption from the sickness to the salubrious qualities of the sacred stream.4

The forest of Baliya, is free from wild elephants and the tigers, which formerly were numerous, are now extirpated, although there is much low tangled brushwood, in several parts. It would appear from the healthiness of its habitants, that the forest is free from malaria. Even though it is traversed by a nala, which dries up soon after the end of the rains but no one enters the forest during the rainy season, but it is freely traversed, without the fear of or injury from malaria.5 Similarly in the town of Betaganw, which lies at its north-west extremity, is the unhealthiest spot in Oudh, the permanent inhabitants suffering much from ague during the rains, and immigrants from other parts of the country generally dying within a year, from the effects of its pestilential air.6 It is quite noticeable that even after the repeated attacks of fever. produce neither dropsy nor disease of the spleen in the human subject. The vicinity around the jhil, situated in the Betaganw, is always infested with mosquitoes to an extra-ordinary extent.

The disease which were prevalent in the region included, the southern districts of Oudh appear to be most highly favoured region of the Gangetic plain; although they are subject to such universal epidemics, and contagions, as influenza, cholera (called hulka in the villages, and hardly known before 1817), and small-pox with its common predecessor measles: and although intermittent fever with their sequel of dropsy, and colliquative diarrhoea occur, during the least healthy months in particular, that is, in August, September and October, instances of longevity, which in most countries would be remarkable, are found everywhere; and every town can shew inhabitants, who have numbered a hundred years.7 The mortality among infants also is very small, except that occasioned by small pox; although all their diseases are left to run their natural course, medicines not being given to young children, but to their wet nurses.

Cases of maimed and blind persons was quite evident in every village: but these casualties are to be attributed to the wretched mal-administration of the country, and to small- pox and neglected ophthalmia. Variolous inoculation was not practicized in Oudh: and its inhabitants require much persuasion to avail themselves of the benefits of vaccination, it is an interesting fact that, within the last fifteen years, the recurrence of small-pox, two or three times in the same individual, has been observed in different parts of Oudh. People suffering from this disease are avoided: they are not allowed to sleep on the bed or wear shoes, or can shave their beard, they are supposed to keep cool, but not allowed to drink cold water. The most unhealthy locality in Oudh, as has already been observed, Manikpur, for example is situated on the deserted bend of Ganges. The country lying north-eastward of the Deoha is also noted for its insalubrity, being low, and, from its vicinity to the hills, abounding in springs, and permanent shallow polls, and water- courses, which are highly charged with decomposed vegetable matter: its inhabitants suffer much from intermittent fever, succeeded by enlargements of the spleen and liver, jaundice, tympanitic and dropsical swellings, and from goiter and scrotal diseases; and they attribute these ailments to their drinking the waters of the natural ponds and rivulets, supposing them to be filled with poisonous leaves, and believing that the believing that the exclusive use of rain water out of artificial tanks, whether kacha or pakka, or even of well- water, would secure exemption from disease. They are not aware, that the decaying leaves of any plant communicate noxious properties to water, but attribute the mischief to the leaves of the mukua, karaund, kar hari, mahur, and the dudhiya (a generic name there specifically applied to a lactiferous creeper, which, during the rains, is found on the bamboo and other trees, and from which the natives the natives believe, that snakes obtain their poison). Goitre is particularly common on the banks of the Manurama, the river which passes the city of Baharaich, and on those of the Terhi, (noted for their superior bred of country horses,) which runs parallel to, and between the Manurama and Deoha. The chief remedies employed in cases of fever are preparations of the rajgujar, parhi, chit, and karaiya plants, bruised with black pepper.8

Similarly the country south-west of the Deoha being high and dry and its waters free from the noxious minerals, which, though in evanescent quantities, may be supposed to impregnate those derived from the Hills, its inhabitants are not subject to goitre or to the scrotal enlargements, which are so frequent among the inhabitants of the country lying

north-east of the river: but those who live in the neighbourhood of that part Tons, which for the purposes of irrigation, is embarked across at the end of the rainy season, are subject to all the other diseases just mentioned, particularly during the months of September, and October.9 The interruption of the free course of the stream has injurious effects, attributed to the mud of the embankment, and to the supposed poisonous plants above enumerated: but the effect is more probably attribute to the quantities of leaves and decayed shrubs, which fall into stagnant water.10

Like other parts of the country, Bainswara in its three unhealthy months, shares the intermittent fevers, generally tertian, though sometimes quotidian, which are occasionally, as in 1827, so prevalent as to affect simultaneously almost the whole population of a town, and prove fatal in ten or fifteen cases out of 100, through cerebral congestion, which is allowed to go on for weeks, or through destruction of the chylopoietic apparatus, and consequent diarrhea, which carries off the sufferer in three or four days: enlargements of the spleen are very uncommon. 11These fevers are most prevalent around spots, where water long stagnant has just dried up: but this fact does not attract the observation of the natives.

Bainswara appears to enjoy an exemption from the various kinds of elephantiasis Graecorum, (commonly, but improperly called leprosy) which abound in other parts of Oudh, and indeed throughout the Gangetic plain, especially its eastern portion. The people know it by observation only, but correctly divide it into two species, the non-tubercular (sunbhari or sunbaihri), and the tubercular (korh or juzam). The former species is characterized by an insensibility, and sometimes by a glossiness and slight discoloration of the skin, a thickening and chapping of the palms and soles, (which is some rare instances assume a honey- combed appearance), and an absorption of the outer layers of the cuticle between the toes, with occasional ulceration of the toes. They do not consider sunbhari as hereditary, contagious or incurable.

Korh is, a febrile and inflammatory disease, affecting the face, ears, hands and feet with a general swelling, which, if not treated by local and general blood-letting, leaves, on its subsidence, a number of permanent nodules on the alae of the nose, on the external ears, and on the extreme phalanges of the fingers and toes, with a general tubercular thickening of the skin of the face, and of the mucous membranes of the air-passages, indicated by a hollow roughness of the voice. Both diseases are occasionally combined in the same individual. Korh is regarded with peculiar horror, as an effect of the divine displeasure, and as a contagious disease, which becomes hereditary, or, as the natives expressively say, “establishes its throne in a family.” This disease is more specially denominated pakka korh, to distinguish it from another, which is viewed with equal dread as contagious and hereditary, and is therefore, though with doubtful propriety, reckoned as a sub-species of korh. It is properly called jit bharan, and consists in a chalky whitening of the skin of the whole body, either generally or in patches, and without tubercles or ulceration. The Hindu Bainswaris shun persons suffering from either pakka korh, or jit baran; but the Musalmans, being fatalists and non-contagionists, associate, eat, drink and smoke with them.12

In the districts where these diseases occur, the sufferers are ex-communicated by their own families, if Hindus, and are obliged to live in separate huts, with separate cooking and drinking vessels, and in a state of celibacy. The Bainswaris, though exempt from them, are liable to scrofula (gandmala), which they know to be hereditary, non- contagious, and which, like korh, is ascribed to the wrath of Heaven. Itch occurs among the dirty low – caste tribes only. Gonorrhea and syphilis are, in the Hindu towns and villages, known by the name only. A very few cases of korh are seen in the districts of Salon, and Pratabgarh, and the persons suffering from the disease are excluded from Bainswara, like other parts of the country, has during the three unhealthy months, its share of intermittent fevers, generally tertian, though sometimes quotidian, which are occasionally, as in 1827, so prevalent as to affect simultaneously almost the whole population of a town, and prove fatal in ten or fifteen cases out of 100, through cerebral congestion, which is allowed to go on for weeks, or through destruction of the chylopoietic apparatus, and consequent diarrhea, which carries off the sufferer in three or four days: enlargements of the spleen are very uncommon.13

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In the eastern chaklas of Oudh, korh is a more common disease; there being, in almost every town containing 4,000 inhabitants, not fewer than ten or twenty korhis. The subjects of it are excluded from the towns, and made to live apart; and the frequently lose their fingers and toes, from the progress of the disease. Phthisis (chhai) also occurs in those districts, and is thought contagious and incurable. Sunbhari, or sun, is Since; Oudh was surrounded by the forests, plants and shurbs. The significant aspect of these forests is the "natural vegetation". It comprises a good number of plants and shrubs used for medical purposes. Donald Butler provides a complete list of plants, which grows in the region. The list includes the parts of the plant employed, the price per ser, the virtues attributed to them, by them, by the native practitioners, and the diseases, in which they are used.

CONFLICT OF INTERESTS

None.

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