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From Diagnosis to Discrimination: Gender and Caste in Colonial Indian Medicine

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Abstract:

This paper investigates the intersection of gender and caste within colonial Indian Ayurvedic medicine from 1890 to 1950, focusing on how Ayurvedic discourse both reflected and perpetuated contemporary social prejudices. Through an analysis of key Ayurvedic texts, including 'Dadru Chikitsa' and 'Plague Darpan', the study highlights how these works embedded castist and classist biases by attributing disease transmission—particularly Dermatophytosis and plague—to the perceived unclean habits of lower castes and classes. The paper further examines the adoption of colonial racial theories by the Indian middle class, revealing how these theories influenced Ayurvedic medicine to reinforce caste distinctions and hierarchical norms. Additionally, texts on childcare, such as 'Su-Santatishastra', are explored for their advocacy of caste-specific birth practices and the idealization of certain castes. This study underscores how Ayurvedic medicine, shaped by both indigenous traditions and colonial influences, played a significant role in reinforcing prevailing caste and gender inequalities.

Keywords: Ayurvedic, Colonial, Medicine, Plague Darpan, Indigenous, Caste.

During this period (1890-1950), Ayurvedic discourse exhibited marked casteist tendencies and upper-class biases. Contemporary Ayurvedic beliefs blamed lower castes and classes for transmitting numerous diseases due to their perceived unclean habits. The text 'Dadru Chikitsa,' which acknowledges the scientific cause of dermatophytosis, also places blame on the unclean practices of barbers and washermen for its transmission.

This text specifically implicates barbers for the transmission of both ringworm and leprosy. The barber's profession were linked to the spread of skin diseases, as evidenced by the Atharvaveda. During this period, the middle class believed that servants and the lower classes intentionally spread skin diseases to their patrons. The Indian middle class adopted the belief in racial causes for disease transmission from their colonial counterparts. The Indian middle class began to prioritize caste and class over racial identity. In the upper class/middle caste mindset, the sanitary sense was one way they distinguished a caste from others. Lower castes and classes were perceived as having unclean, insanitary, infectious and dirty habits. In the given instance, the Ayurvedic discourse echoed the middle class and upper caste perceptions.

The 1916 Ayurvedic text "Plague Darpan" proposed an exclusive theory about plague spread based on the speech of Rai Pooran Chand at the All India Vaidya Sammelan in Kanpur. Rai Pooran Chand

identified the cause of plague as a specific poison called „pad sangharshan vish'. The "poison" arose from the contact between bare feet and the ground and seeped into the earth. Excessive accumulation of this "poison" within the earth caused plague epidemics. This "poison" resulted from the contact between bare feet and the ground. In contemporary society, Brahmins and upper-caste individuals wore either wooden sandals (kharaun) or leather shoes when they walked. Lower castes and women commonly went barefoot. During this era, certain Ayurvedic texts on childcare displayed preferences based on caste, class, and gender in their portrayals of the ideal child.

One Ayurvedic text called ‘Su-Santatishastra’ emphasized the importance of encouraging births within specific caste categories, advocating for children to be born as "liberators of the nation," "disseminators of religion," or embodying the ideal characteristics of different castes such as Brahmins, Kshatriyas, Vaishyas, and Shudras. The text advocated for monogamous men and faithful women as well.

Similarly, ‘Santati Shastra’ explicitly stated that wet nurses (dhais) should belong to the same caste as the family they are serving forbidding those from "menial" castes from performing this role. It believed that the caste of the wet nurse could influence the child's caste characteristics through breastfeeding.

Caste biases also appeared in advertisements for Ayurvedic medicines. For instance, a pharmacy advertisement from Ayurvedokt Aushadhalaya in Jansenganj, Allahabad, claimed that their medicines was made only by Brahmins or other "superior" castes and used water from the Ganges, reflecting deep-seated caste prejudices related to purity and pollution.

The Ayurvedic discourse of the late nineteenth and early twentieth centuries was thus marked by caste and class biases. This period saw the Hinduization or Brahmanization of Ayurvedic practice, wherein upper-caste vaids both rejected and appropriated the healing methods of lower castes. This process involved silencing or appropriating the skills of practitioners from lower castes, such as midwives, snake-bite healers, and potters. Despite mentions of techniques like rhinoplasty in the *Sushruta Samhita*, the actual practice of these techniques was often carried out by potters, reflecting a demotion in the social status of these skilled practitioners over time. This complex dynamic illustrates how caste and class biases were integral to the evolution of Ayurvedic treatment practices.

In the eighteenth century, reports from *The Gentleman’s Magazine* highlight a case involving Cowasjee, a Maratha bullock cart driver in the English army during the Mysore War of 1792. After being capture by Tipu Sultan’s soldiers, Cowasjee had his nose and one hand severed. The magazine noted that, following a year without a nose, a potter near Poonah surgically restored a new one. It further suggested that such operations were common in India and has been practice for ages. This account included details of the procedure as observed by Mr. Thomas Cruso and Mr. James Trindlay, medical professionals from Bombay.

In contrast, Ayurvedic texts from the late nineteenth and early twentieth centuries, which boasted about their knowledge of Rhinoplasty as detailed in the ‘Sushruta Samhita’, did not acknowledge the skills of potters in such surgeries. The same disregard applied to other areas like snakebite treatment and midwifery, where practitioners such as bhagats and dais were not given due recognition. Ayurvedic texts often exaggerated their expertise in these fields while sidelining the actual practitioners, thus reinforcing social and caste biases.

This trend mirrored broader societal issues, where access to healthcare was often limited to upper-caste and upper class individuals, whether through Western medicine or traditional practices. This exclusivity contributed to the entrenchment of caste and class distinctions within the healthcare system.

The writings of Premchand, particularly in ‘Godan’, reflect these class disparities in healthcare. As Madhuri Sharma notes, the novel illustrates how illness among the upper classes was treated as a significant event, almost a luxury. Sharma argues that seeking treatment from esteemed doctors or vaidyas for minor ailments served as a status symbol for the landed gentry, displaying a range of treatments from allopathic medicine to alternative practices like black magic and faith healing.

In contrast, Premchand’s novel highlights the barriers to medical care faced by lower classes. For example, Hori and Dhania, who had six children, lost three of them due to inadequate medical treatment caused by their poverty. This underscores how a lack of financial resources significantly affected access to healthcare and the choice of available healing methods.

The Ayurvedic discourse of the time also exhibited significant gender bias. Ayurvedic practitioners often reinforced patriarchal norms, sometimes unintentionally but effectively. For example, Rai Pooran Chand’s speech at the All India Vaidya Sammelan in Kanpur in 1912 illustrated this issue. He recounted a visit to a female patient, who was initially unconscious and unveiled. During his first visit, he examined her pulse and provided medication. However, when he returned and the patient had regained consciousness, she covered herself out of modesty. Rai Pooran Chand noted that the patient had shown no such modesty while unconscious, despite her family's efforts. This account subtly reinforced the practice of purdah, highlighting how societal norms regarding modesty were maintained even within medical contexts.

Similarly, texts like ‘Arogya Darpan’, which addressed women's health, often took on a prescriptive tone, advising women on their social conduct. Even Yashoda Devi, a prominent Ayurvedic practitioner from Allahabad specializing in women's health, reflected this approach. She styled herself as a "Stridharma Sikshak" (teacher of women's duty), which suggests a merging of health and social guidance in her practice. Her books, including ‘Sugharh Grihani’(1924), ‘Pati-bhakti ki Shtaki’, ‘Nari Dharma Shastra’, ‘Pak Shastra’ (1924), ‘Sachcha Pati Prem’ (1934), ‘Grihani Kartavya Siksha’, and ‘Nari Niti Siksha’, reveal her didactic focus.

Yashoda Devi believed that many women's health issues stemmed from ignorance and problematic marital lives, which she attributed to a lack of moral and ethical education. She stressed the importance of Grihastha Shiksha (education in domestic responsibilities) for maintaining family health. While Ayurvedic discourse for men centered on Brahmacharya (celibate student life), for women, it focused on Grihastha Ashram (household life). In her work ‘Grihani Kartavya Shastra Arogyashastra Arthat Pakshastra’, she emphasized cooking as crucial for family health, a responsibility she assigned to housewives. Gyan Prakash notes that such prescriptive texts aligned with the middle-class ideal of Hindu wives, tasked with managing household health and thereby contributing to the health of the nation through "scientific" domestic management.

Another female Ayurvedic practitioner from the United Provinces, Prakashvati Devi Jain, identified mental and emotional weaknesses as key factors behind many women's diseases. She believed that to treat women's physical ailments effectively, it was crucial to first understand their mental issues, as

she saw many women's health problems as manifestations of psychological distress. She criticized traditional diagnostic methods like pulse examination for failing to address these underlying issues. Instead, she advocated for female Ayurvedic practitioners who could create a trusting environment for women to express their emotional and mental struggles. This approach, while acknowledging the need for women to share their experiences, also reflected the prevailing patriarchal view of women as emotionally weak.

Furthermore, Ayurvedic texts on child care, such as ‘Santati Shastra’, also displayed gender biases. For instance, Yashoda Devi's work on "Santan Palan" (nurturing of progeny) focused exclusively on the upbringing of male children, neglecting female children. Although "santan" is a gender-neutral term for progeny, Yashoda Devi’s text predominantly uses terms like "ladka" (boy) or "bachcha" (child) and does not address "ladki" (girl) or "bachchi" (female child), highlighting a clear gender bias in her approach.

Yashoda Devi's writings reflect the social attitudes of the time regarding child care and parenting within the Ayurvedic discourse. Her focus on the healthy upbringing of male children, while largely ignoring female children, underscores the gender bias prevalent in the period. The upbringing of female children was considered less significant compared to their proper social and moral education, as highlighted in numerous didactic texts. Female health only became a prominent concern after adolescence, when women were expected to fulfill important social and familial roles, particularly in reproduction.

Ayurvedic texts from this era often focused on the desire to have male children. Many included sections like "Manmani or Manchahi Santan" ("Desired Child"), which discussed methods to influence the birth of a male child. Yashoda Devi addressed this topic in her *Dampati Arogyata Jeevanshastra* (1927). Some texts, such as *Manchahi Santan* by Rishilal Agarwal (1928), dedicated entire sections to this theme. Moreover, texts like ‘Vaidya Priya’ offered unconventional suggestions, including the use of pigeon droppings and cannabis seeds to ensure the birth of a male child.

This period saw many pseudo-scientific theories about how to conceive a male child, including specific timing and methods of intercourse. For example, an article in ‘Dhanvantari’ (September 1934) by Vaidya Govind Prasad Varshaneya posited that the right testis and ovary produced sperm and ova that led to a male child, while the left testis and ovary led to a female child. He even proposed methods to suppress the influence of the left testis or ovary, such as tying the left testis during intercourse, to increase the likelihood of having a male child.

In summary, the Ayurvedic discourse from the United Provinces between 1890 and 1945 clearly reflected biases related to caste, class, community, and gender. This period saw significant attention given to issues such as brahmacharya (celibacy), midwifery, purdah, wet nurses, and female diseases, all of which were deeply intertwine with social concerns beyond just health. Ayurvedic texts and health tracts often addressed these issues not only from a medical perspective but also in relation to the broader interests of community, society, and the nation. To illustrate these biases, let us delve into two key topics: brahmacharya and midwifery. Starting with brahmacharya, this concept garnered substantial public attention in the early twentieth century for several reasons.

Conclusion:

This study reveals how colonial Indian Ayurvedic medicine from 1890 to 1950 reflected and reinforced caste and class prejudices. Ayurvedic texts, influenced by colonial racial theories and the Indian middle class's biases, perpetuated casteist views by attributing disease to the unclean habits of lower castes and emphasizing caste-specific practices in childcare. The period saw the Brahmanization of Ayurvedic practices, with upper-caste practitioners both appropriating and marginalizing the contributions of lower-caste healers. This historical analysis underscores how Ayurvedic discourse deeply intertwined with prevailing social hierarchies and colonial influences, shaping and sustaining entrenched inequalities.

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