Indian Medical Thought on the Eve of Colonialism

By Dominik Wujastyk

In recent years my research has focused on Sanskrit texts of classical Indian medicine (Sanskrit: āyurveda, ‘the science of longevity’). Systematic medical ideas, embodied in āyurveda, were first brought to be formulated at the time of the Buddha (d. ca. 400). The Buddha was central to the development of a medical system that arises from an imbalance of three humoral substances (wind, bile, and pālghana), an idea that would become a cornerstone in Indian medical theory. After a lacuna of several hundred years, medical encyclopedias were compiled, edited, and re-edited. Two of these, the Bṛhaṅgaṇita and the Aṣṭāṅga Hrdaya, are well known today as the Bṛhaṅgaṇita and the Aṣṭāṅga Hrdaya. A third work, named Heart of Medicine (Aṣṭāṅga Hrdaya), was composed by the surgeon Vagh-bhata shortly after 600, brilliantly synthesized earlier compendia. Due to its many translations and adaptations, and its wide adoption as a medical school textbook, it ranks among the most important medical treatises in Asia.

Like other medical historians trained in Sanskrit, I have been mesmerized by these early and important works on medicine filled with extraordinary ideas. They seem to represent the interests and values of a section of Indian society that was Sanskritic and yet free from orthodox Brahmin values such as vegetarianism, even-caste. Many questions surround these works; the history of medicine that we can recover from these treatises is necessarily conditioned by the sources themselves – doctor’s manuals – and can only be partial.

There also remain other under-researched medical topics worth investigating, such as the social history of medicine, non-Sanskritic medical practice, religious and folk healing, barber-surgeon traditions (including the history of the Amhastra caste), the history of healing halls, clinics and hospitals recoverable from epigraphic records, and the continuing search for patient records and narratives of disease and healing.

A rich medical tradition

Two recent developments have taken my own research in a different direction. First, between 1999 and 2002, Dr G. Jan Meulenberg’s Āyurveda: A History of Indian Medicine (University of California Press, 2006) was published. Its five thick tomes are a detailed survey of the body of Sanskrit medical literature, born of a scholarly lifetime of reading the original texts, and noting the important features of their contents, their intellectual and medical innovations, the biographical details of their authors, and much else besides. Volumes Ia and IIb are of special interest as they survey thousands of Sanskrit medical works from 600 up to the present, laying bare for the first time the sheer volume and diversity of the scientific production of the post-classical period. Production in no way diminished in the sixteenth, seventeenth and eighteenth centuries, which spawned rich and vitally important medical treatises of all kinds.

The late sixteenth century saw the composition of such critically influential medical works as Bāhavamīra’s encyclopaedic Bṛhaṅgaṇita, the even larger Tādāraṇyana, produced for Tādāragaṇita at the Mughul court, the Rājagīhīṣita (the largest extant lexicon of Indian materia medica), Lōlīmāra’s incredibly popular Vaiṣṇavajīvabha, and Hāntrakīrti’s Pāpaśīndhava. A current examination of any manuscript library in India reveals hundreds of copies of these works, which were energetically copied, distributed, and studied throughout the subcontinent. Printed editions of some of these works are in wide circulation and use in India even today, in traditional medicine colleges and clinics.

The seventeenth century continued the rich production of medical texts, including those of Tīrīmalinkhaṭṭa, and several works commissioned by Mahārāja Anepaśībha of Bīkaner. Other authors worthy of study include Bhāratajamaṅkhaṭṭa, who wrote on the genealogy of the medical families of Bengal, and Pahārajī who wrote a medical text in the novel form of a dramatised dialogue between husband and wife. Several medical works were also produced under the patronage of the Mahārāja dynasty of Thanjavur in South India.

The eighteenth century witnessed, apparently for the first time, the emergence of a linguistic situation in which medical authors began to develop literary discourses spanning languages. In this, as so far we can tell, medical writing seems to differ from other disciplines of Sanskrit intellectual life. For example, Dīrgha Jang composed in both Sanskrit and Persian, while Mahāderavamāra wrote two works, which contain Persian-Arabic terms and introduced Islamic medicine to a Sanskrit-reading audience. Vyāka Śaśāvatāma composed a bilingual Gujarati-Sanskrit medical glossary, which referred to Persian medical literature, and Mahārāja Pratapasingha of Jaipur wrote in Marwari, and then translated his own work into Sanskrit verse and Hindi prose (incidentally distinguishing five new types of insanity). In Thanjavur the Mahārājas themselves began composing medical texts. This period is marked by a growing awareness of foreign medical traditions in India. Rājagīhīṣita mentions English operations for piles, and refers to several contemporary foreign physicians.

Gōvindaśāda introduced various foreign medical innovations, while referring to the views of contemporary physicians. The second major influence on my research has been the recent work of Sheldon Pollock, professor of Sanskrit at Chicago, and the invitation to participate in his ‘Indian Knowledge Systems on the Eve of Colonialism’ project which has brought together a research group interested in similar social and intellectual issues in disciplines as diverse as astronomy (jyotisa), logic (nyāya), poetic theory (ālankaśa), linguistic hermeneutics (mīnamśa) and, of course, medicine.

Pollock’s recent research, published in articles such as ‘Indian knowledge systems on the eve of colonialism’ (Intellectual History Newsletter, 2000), ‘The death of Sanskrit’ (Comparative Studies in History and Society, 2001), and ‘New intellectuals in seventeenth-century India’ (The Indian Economic and Social History Review, 2001), explores and develops ideas from his earlier work, for instance the meaning in the Indian context of such crucial concepts as modernity and novelty. Based on close readings of an unusually wide range of texts from Sanskrit and other languages, Pollock offers a grand narrative of social, literary, and linguistic change. In his more recent writings he identifies novel genres of literary production and the growth of certain types of potentially anti-traditionalist questioning that seem to have become acceptable, even fashionable, in more than one intellectual discipline.

While some of Pollock’s arguments and evidence have been challenged by scholars such as Itzgeren Hanneder, nobody has plausibly replaced or displaced Pollock’s overall argument about the forces at work within language and thought in second-millennium India.

Sanskrit systems of thought

An intriguing feature of Pollock’s work is the status it grants to the intellectual history of Sanskrit South Asia as a formation of great, possibly uniquely great, importance in the global history of human thought. Pollock encourages us to adopt an approach to understanding Sanskrit systems of thought that place them on the world stage, as well as the application to India of sophisticated ideas and tools that have developed in studying pre-modern European thought. Additionally, the ideas and contributions of Sanskrit authors and scholars are discussed in a social as well as purely intellectual milieu. This is only possible when a reasonable amount of biographical information survives, as is the case with intellectuals from the last millennium, especially from the centuries preceding colonialism.

The medical authors of the sixteenth to eighteenth centuries illustrate the possibilities for integrating the history of ideas with that of the social processes that shaped their production and transmission through this period of Indian intellectual history. Data on relationships connecting families and on lines of academic tutelage can be retrieved, and it now appears possible to begin exploring the social basis of knowledge making and knowledge holding (Steve Shapin) and the social and intellectual links among thinkers whose ideas have been passed down to later generations.

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Notes

1 See: http://dsal.uchicago.edu/sanskrit


References

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South Asia

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British colonial power decisively established itself on the Indian subcontinent between 1770 and 1850. This period and the century following it have become the subjects of much creative and helpful research on medical history: the use of medical institutions and personnel as tools for political leverage and power; Anglicist/Orientalist debates surrounding medical education in Calcutta; the birth of so-called Tropical Medicine. Despite much propaganda to the contrary, European medicine did not offer its services in a vacuum. Long-established and sophisticated medical systems already existed in India, developing in new and interesting ways in the period just before the mid-eighteenth century.