Ayurveda Made Modern

Political Histories of Indigenous Medicine in North India, 1900-1955

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Historicizing Ayurveda: Genealogies of the Biomoral

Over the course of ancient and post-classical Indian history, 'Ayurveda' evolved from a textual term for the knowledge of life into a medical tradition with a literary canon, recognized health practices, and practitioners asserting their expertise and expecting elevated social status. The pre-colonial development of Ayurveda reflected a holistic approach to the natural world, uniting beliefs about the physical structure of matter with metaphysical and religious insights. In Ayurvedic texts, medicine is closely associated with philosophy and ethics; similarly, medical practice was located within a wider context of ritual and social behaviour. Ayurveda gained coherence and influence as a collection of medical practices that were in harmony with, and indeed reinforced, both Sanskritic learning and the structure of the Indic societies that sustained it.

Consequently, the assertion that Ayurveda is an Indic and Sanskritic tradition is more than just a statement about its geographical and linguistic heritage. The processes through which Ayurvedic medicine was consolidated influenced later developments for two principal reasons. The first is that the creation of patterns for determining what constituted authentic Ayurveda resulted in the establishment of channels of textual, political and economic legitimation for practitioners and practices in the modern period. Ayurvedic practitioners came to stress their medicine's unbroken lineage from the Vedas and from ancient practice, emphasizing in particular its Aryan, Sanskritic and Hindu roots. A second reason for dwelling on the pre-modern history of Ayurveda is that, as a body of medicine, it actually drew on a multiplicity of sources and influences. This hybrid history not only reveals the inadequacy of Hindutvic accounts of Ayurveda but also points to the interactions and overlaps between several different medical traditions that came to

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necessitate a more aggressive demarcation of Ayurveda in the modern period.

This vague delineation of Ayurveda as caught somewhere between science and faith is encapsulated in the discourse of medical historiography through the identification of Ayurveda as a biomoral tradition. At its most simplistic, this label is employed to differentiate Ayurveda ideologically from allopathic or 'Western' biomedicine. The biomoral becomes a catchall phrase solely marking its distinction from Western medicine, with vague references to the moral frameworks of embodiment that characterize South Asian life. The applied association in this literature is that Ayurveda has something to do with religion, or the realm of the spiritual or transcendental, thus moving it firmly out of the scope of rational medicine. In essence, the possibility of Ayurvedic adherence to a logic that moves away from the evidence-based medicine forms the ground of the system's dismissal from taxonomies of rational science, a categorization that rendered it 'inappropriate' and 'unreliable' in the context of medical modernity. The biomoral parameters of Ayurveda can be deduced precisely, however, and oriented around several of the major moral questions associated with the social, cultural and political life of South Asians.

This chapter thus attempts a historicization of Ayurveda in both theory and praxis, dynamically located both within the historical record and also within the conceptual imaginings of social relations in the subcontinent. It begins with an overview of Ayurveda's evolution through realms of textuality in the Sanskritic tradition, highlighted to reveal its foundational linkages of embodied medicine to the broader evolution of Hindu political life in the subcontinent. It then moves towards the realm of the conceptual in a discussion of the evolving notion of the biomoral in anthropological thought, in which the vague category of 'religion' is replaced by the demands of social relations and, ultimately, the inevitability of biopolitics. Finally, it explores the political possibilities of the biomoral in action, framing Ayurveda's deployment in colonial times and arguing that Ayurveda came into modernity through a political articulation of embodied indigeneity. Taken together the genealogy of biomoral possibilities reveals the foundational political impetus that frames Ayurveda's rich and complex history.

Ayurvedic systems in time and space

The antiquity of the Ayurvedic tradition in Sanskritic literature has been an important source of cultural and medical authority for practitioners.

It acquired particular importance during the Orientalist resurgence in Vedic scholarship in the early nineteenth century. Ayurveda is derived from the terms *Ayus,* life, and *Vidya*, knowledge. Although there are references to medical science in the *Rig Veda*, which appeared circa 1200 BCE, the first literary codification of a medical tradition is thought to have come much later in the final chapters of the *Atharvaveda*, the fourth Veda, which is the oldest Sanskrit text to deal with the physical sciences at length. This text describes the use of poisons in warfare, gives a list of therapeutics for certain diseases and attributes certain diseases, including leprosy, to external infectious agents.[1] Ayurveda as described in the *Atharvaveda* and elsewhere is considered to be an *upaveda*, a secondary Veda, putting medical practice at the centre of Vedic thought.[2]

This ancient pedigree was much emphasized by medical practitioners who wanted to support their status in society with the weight of Vedic authority. For instance, Debiprasad Chattopadhyaya has used the *Rig Veda* to argue for the eminence of practitioners in the Vedic period.[3] However, the information presented in the *Atharvaveda* weakens practitioners' claims to Vedic authority, since the first text to deal with Ayurveda at any length actually minimizes the role of practitioners in the dissemination of medical knowledge.[4] Moreover, scholars have argued that there are important discontinuities between the fragments of medical knowledge contained within the *Atharvaveda* and the dominant medical traditions that evolved into classical Ayurveda.[5] This raises the question of how far the *Atharvaveda* can be considered a reliable guide even to contemporary practice. Dominik Wujastyk argues that the system of humours (*dosas*), which is a central principle of classical Ayurveda, is not mentioned in the *Atharvaveda*, nor are the other constituents of the body with which these *dosas* interact. However, the cultural historian A.L. Basham identifies in this textual history larger social and cultural shapings of medical traditions by contemporary values.[6] Regardless of the medical details, the cultural ethos of the tradition is inherently linked to the social structures and cultural mores that emerged in the classical period.

This tension between textuality and social mores characterizes attempts to historicize traditions of the ancient Indian past. A canonical literary tradition with strong ties to later Ayurvedic practice began with the *Caraka Samhita*. Though attributed to the scribe Caraka, it is most probably the effort of several scholars who worked together to compile its content. It was composed in the first decades of the second century CE, during the reign of Kanishka. The text is framed as

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a discussion between the sage Atreya and his pupil Agnivesa and is divided into eight sections: *sutra* (rules), covering pharmacology, food, diet, some diseases and treatments, physicians and quacks, and varied topics in philosophy; *nidana* (causes), describing the causes of eight main diseases; *vimana* (arrangements), discussing various topics such as taste, nourishment, general pathology and medical studies; *sarira* (relating to the body), treating philosophy, anatomy and embryology; *indriva* (the senses), describing diagnosis and prognosis; *cikitsa* (therapies); *kalpa* (pharmacy); and *siddhi* (completion), outlining further general therapy.[7] While the text has often been considered to embody an exclusively Indian tradition, the similarities with Chinese, Persian and Greek medicine are noteworthy.[8]

The second major canonical text of Ayurveda is the *Susruta Samhita*, which follows the model put forth by the collators of Caraka's text. Though a grammatical rule recorded in 250 BCE mentions it in passing, a re-edited version of the compendium is thought to have been produced in the sixth century CE.[9] It takes the same lyrical form as the *Caraka Samhita,* in this case recounting a discussion between Dhanvantari, a king of Banaras, and his student Susruta. Dhanvantari's name came from the term *Dhanuh*, or surgery, and a grammatical shaping of the name to imply that he is fully skilled in it.[10] Despite a lack of evidence about Dhanvantari beyond this source, his name has become associated with the practice of Ayurveda, and many contemporary texts pay homage to his perceived wisdom. The sections of this work are similar to the *Caraka Samhita*, omitting only the *vimana, indriva and siddhi*, but including a section called *Uttara* ('last'), covering ophthalmology, the care of children, diseases ascribed to demonic attack, dentistry and aspects of medicine not dealt with elsewhere.[11]

The enduring centrality within Ayurveda of the principles outlined in the classical texts ensured that mastery of their content, familiarity with Sanskrit and appeals to ancient precedent remained important means of generating legitimacy for practitioners and practices into the modern period. The contents of these texts have together constructed an understanding of the Ayurvedic system of medicine based on several basic principles. The primary organizing feature is the interconnection of the *dosas* (humours), the *dhatu* (body tissues) and *mala* (waste products). The three *dosas* of the body (wind/*vata*, bile/*pitta* and phlegm/*kapha*) act together with the *dhatu* (chyle, blood, flesh, fat, bone, marrow and semen) and the *mala*. This is called *tridosa-vidya*, the doctrine of the three humours, and underlies theoretical approaches to the body in the canonical Ayurvedic texts. The impetus behind the theory of the *dosas* is

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the foundation act of attempting to balance them. For instance, a vaid's tasks are divided into two categories linked inherently to the balance of *dosas*: his first recourse against an imbalance of the *dosas* is to calm the *dosas* through dietary or pharmaceutical regimens; his second is to turn to clinical therapies to externally purify the overexerted *dosa* to correct the imbalance.[12] Chapter 15 of the *Susruta Samhita* guide reveals the importance of 'decrease and increase of dosas, dhatus and malas' and teaches students how to recognize the characteristics and functions of these entities through observation of the colour, smell and texture of patient's bodies and excreta, and through an appraisal of the sensations patients can recall.[13] Chapter 4 provides a lesson in 'interpretative discourse', in which vaids are taught about the means through which to distinguish between symptoms, and also how to read and learn. Susruta relays this wisdom by way of inspiration: 'An ass carrying the load of sandalwood feels only the load and not the (fragrance of) sandal, (similarly) those having gone through many scriptures but ignorant of their ideas only carry like an ass.'[14]

The second tenet of Ayurveda is the identification of digestion as a central process of the body. Understood in the literature as 'cooking', the digested food then becomes *dhatu* of the chyle variety. The *pitta* in the body, what allopathy understands as stomach acid, transforms the chyle first into blood, then into flesh and into all of the other forms of *dhatu* until the food finally becomes semen.[15] This also explains the transformation of food into *mala*, including sweat, urine and mucus.[16] The third tenet of Ayurveda explains the physical constitution of the human form, conceptualizing the body as a series of tubes through which the *dosas* flow to the various *dhatu*. Propelling them is *ojas*, energy, which is the source of strength for all bodily functions. Taken together, this understanding of the different components of the body, their constitution and the method by which they digest and excrete food matter together constitute the basis for the Ayurvedic tradition.

Reference is made to these Ayurvedic principles in a variety of contexts, most notably in descriptions of other aspects of physical culture. David G. White, for instance, has studied in detail the link between the body and its maintenance in the Yogic and Tantric tradition.[17] Ayurveda is further shaped by the interventions it makes as a coherent system in discourses that rely only partially on conceptions of physicality and that take into account other factors and phenomena. A key theme of this sort is the relationship between the human body and the environmental landscape. The most pioneering work on this subject remains Francis Zimmerman's *The Jungle and the Aroma of Meats*, in which he

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traces the evolution of the Sanskrit conception of *Jangala*, the dry terrain of the Indo-Gangetic plain (as opposed to its corruption in Hindi as *Jangal* – and the Anglo-Indian term jungle – which refers to the 'tangled thickets' of a luxuriant, marshy terrain), and the ways in which it is made meaningful to humans.[18] The study began for Zimmerman in a series of entries in medical treatises – most notably, the *Susruta* and *Caraka Samhitas* – which listed the properties of meats, dividing animals into a variety of categories ranging from *jangala* (dry terrain) to *anupa* (marshy terrain), as well as into herbivores and carnivores, game and predators, like from like and so on. He argues that the identification of species of animals discussed in the pages of ancient medical texts together constitutes a classificatory system that acts as an ancient practice of zoology, a mode of enquiry absent in other Sanskrit writings of the ancient world.[19] Encompassed in the Ayurvedic text, he argues, are detailed classifications of geography, vegetation and animal specification. However, what interests Zimmerman about the particular nature of classification at work here is the way in which the medical literature consistently discusses these three categories in tandem; for instance, 'in a single landscape, thorny shrubs, bushes, and gazelles may be associated, or again, a teak forest may shelter lions and antelopes'.[20] This can be further exemplified from what Dalhana says to Dhanwantari that 'satmya are those which in spite of being naturally contrary in terms of place, time, race, season, disease, exercise water, day-sleep, rasas etc . . . do not afflict', which he glosses as being not only a characteristic of those from arid land but also characterized by having certain varieties of insects present.[21]

It is possible for Zimmerman and those after him to locate in the modern sciences of classification a series of articulations into which to 'subsume the empirical data' of his study, and to privilege a mode of conceptualizing nature in a particularly local, indigenous and 'ancient' articulation.[22] Furthermore, the notion of interconnectedness as a mode of understanding natural habitat brings to light the effect of the medical approach: nature is primarily understood through a human's encounter with it; further to this, it is described in the text in the context of illness. A medical understanding of the natural world thus relies upon the lived environment of the human. In the Indian context, the premise of Ayurvedic medicine served as a mode for interpreting and ordering the natural world. Following in this tradition, the Tantric scholar David G. White has elaborated this notion of interconnectedness by identifying commentaries within the traditional texts of Ayurveda on the effects

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of seasonal change, adding time to the space continuum identified by Zimmerman.[23]

The textual basis for understanding the importance of Ayurveda in pre-colonial society tells a significant part of the story but, if discussed in isolation, reifies Vedic culture and Brahmanic customs as representations of normative practice. Exploring the popular practice of Ayurveda throughout its history contextualizes this consolidated tradition within the wider practice of medicine in the northern subcontinent. With its ties not only to Sanskrit learning but also to Indic culture, Ayurveda is considered to be the oldest and most established of the indigenous systems of Indian medicine. However, not all early groups and traditions that influenced and were influenced by Ayurveda can be confined within the mainstream geographical, cultural and religious heritage of modern India. The suggestion that Ayurveda forms part of an isolated Sanskritic cultural and intellectual tradition often relies on the notion of an 'Aryan' migration to the subcontinent and the formation of an Indus Valley Civilization. However, early Vedic accounts make evident the absorption of pre-Aryan urban culture into medical practice. Alongside other continuities, this undermines the argument that there was a distinct Aryan 'invasion' that swept aside earlier groups. Instead scholars of medicine prefer, like many other historians of ancient India, to see emergent Aryan cultures as the coming together of migrant populations with earlier inhabitants of the land, drawing on previous forms of urbanism.[24]

The association between Indic medicine and urban organization is apparently as old as urbanism itself, and certainly as old as Harappan culture. The importance of water in the civic organization of Mohenjo-Daro is discussed in the predominantly philosophical accounts of the early medical practices of the Aryans.[25] Founded in the fifth millennium BCE, Mohenjo-Daro was the first city to be established in the history of human civilization. This focus on drainage and a centralized water distribution system has been taken as evidence of a concern with public health.[26] Personal hygiene and cleanliness, an important aspect of disease prevention in urban societies, have always had a prominent place in Ayurvedic medicine, particularly by comparison with other pre-modern health systems.[27] This should be seen alongside other aspects of medical folklore and 'traditional' practice incorporated into early Ayurvedic texts.[28]

Communities that came into being after the Vedic period have also claimed Ayurveda as a vital part of their tradition and to have aided in

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its evolution. Various sects that emerged out of the Indic civilization remain part of the broader spectrum of Hinduism and have adopted aspects of Ayurvedic thought as their own. Those who follow the Tantric tradition incorporate aspects of 'Ayurvedic' practice into their rituals, as do yogic practitioners.[29] Most notably, Ayurvedic texts inform aspects of early Buddhist thought on the physical and medical sciences.[30] Kenneth Zysk argues that the early Buddhist pharmacopoeia was derived in part from Ayurvedic classifications of plants, foods and medicine, and that the Vedic codification of this information was instrumental in creating medical tracts for post-nomadic Buddhist communities.[31] Similarly, methods of surgery and the development of surgical tools link the two traditions, as do professional hierarchies.[32] Zysk also stresses the importance of the Buddhist tradition to the spread of Ayurveda outside of the subcontinent, linking Ayurveda to the *Mahayana* tradition of Buddhism and, subsequently, to the foundation of the religious customs of Tibet, Central Asia and China.[33]

A lack of evidence makes it difficult to consider the possible contribution of the medical practice of non-Indic rural communities, particularly those groups that became known as the *adivasis*, or first inhabitants. *Adivasi* connection to and differentiation from the dominant South Asian population has been a subject of much debate for over 200 years.[34] Little is known about modern *adivasi* medicine, and virtually nothing is known of its history. Scholars have largely ignored the implication that if Ayurveda is indeed an Indic, or at least an urban, creation, then its philosophical and intellectual basis should be different from that of the medical traditions of ancient non-urban groups, and they have failed to look for any evidence to the contrary. The delimitation of 'Aryan' culture has marginalized the possible shared heritage of Ayurveda and *adivasi* medicine and has prevented enquiry into the possibility that not just Ayurveda but also adivasi practice could shed light on the 'original' Indian system of medicine.[35]

Though the lack of continuity between the Vedic literature and the canon of Ayurveda was discussed earlier, hymns within these older texts provide some insight into the role of medicine in society. For example, the place of practitioners within the hierarchy of classification was made evident with healers (*bhisaj*) coming between carpenters (*taksan*) and priests (*Brahman*). Moreover, reflecting the biomoral context of medicine, practitioners' work was associated with that of ritualists (*vipra*) and the Brahmans.[36] They were grounded in two separate worlds, at once capable of performing rituals and guarding that knowledge, while at the same time having the skills to produce and distribute

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remedies, resulting in their spiritual, intellectual, technological and economic involvement in the organization of society. The first account on the role of medicine in the Common Era was recorded by the Chinese traveller Fa Hsien, who attended a medical council at Pataliputra (in contemporary Bihar) in the fourth century and commented on the medical infrastructure of the city[37]:

> The head of the Vaisya (merchant) families in them [all the kingdoms of North India] establish in the cities houses for dispensing charity and medicine. All the poor and destitute in the country, orphans, widowers and childless men, maimed people and cripples, and all who are diseased, go to those houses, and are provided with every kind of help, and doctors examine their diseases. They get the food and medicines which their cases require and are made to feel at ease; and when they are better, they go away of themselves.[38]

Fa Hsien's commentary is particularly important as it derives from a perspective that deviates from the textual and material sources that give less insight into wide-ranging popular practices. Taken together, these observations point to the social engagement with medicine and those who practiced it, vesting them with the authority of skilled tradesmen, but also with that of the morally and spiritually learned.

Romila Thapar argues that the juxtaposition of these two roles is fundamental to an understanding of the status of practitioners in this period: on the one hand, their work with the human body and with animals was sufficiently practical to exclude them from proper Brahmanic status; however, the usefulness of this sort of knowledge resulted in its codification in Sanskrit, which elevated their cultural status, even if this was not reflected in the formal system of social stratification.[39] Thapar also differentiates between practitioners and those who codified this information, rightfully pointing out that devoid of priestly status, most practitioners probably could not read or write, though she does allow for the possibility that some scribes were also practitioners. At the same time, she argues that it was the straddling of both the priestly and more common worlds that allowed Ayurvedic practice to transcend Brahmanic orthodoxy; as medicine was the most profoundly applied physical science and needed to change to reflect the health problems of the day, it could not afford to conform to outdated principles or to be kept in the realm of the sacred.[40]

Thapar has also emphasized the political and social power of codified knowledge in ancient Indian society. For Thapar, standard health

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practices constituted a body of knowledge about physicality so well-established that insofar as renunciation movements encouraged deviation from those rules, renunciation functioned as a counter-culture.[41] The physical acts of renunciation, including experimentation with hallucinogens, manipulating the functioning of the body (pulse, breathing and heartbeat manipulation), may have been associated with attempts to achieve levitation, invisibility and flight through extreme yogic exercises. Thapar argues that these attempts to deviate from the normative state of physical humanity represented efforts to channel Shamanistic practices that had fallen into disregard, as well as to 'search for a non-Orthodox comprehension of knowledge and in part a means of asserting power through claiming to know the incomprehensible'.[42] The radical character of such attitudes to the body implies a hegemonic character for more conventional health practices.

Ayurveda as a cogent system recognized and identified by name is somewhat harder to trace. One of the rare and earliest exceptions is that of Vatsyayana's *Kamasutra.* Written in the fourth century CE and reframed by sage Yashodara in the thirteenth century, it remains the dominant guide to sex/uality and the body in the classical Indian world. The nineteenth-century rendition of the text, pieced together by the intrepid travellers and proto-sexologists Richard Burton and F.F. Arbuthnot (and an unknown team of pandits), highlighted the most salacious sexual details of the text and the section of sexual positioning (many of which bore no connection to the original text itself), thus interpreting the *Kamasutra* as a virtual guide to sex and sexuality in the subcontinent, devoid of social commentary. Its most recent scholarly translators, Wendy Doniger and Sudhir Kakar, have taken this rendition of the text to begin an investigation into a potted history, and, more broadly, to unpack the categories of 'science' from that of 'art' vis-à-vis sexuality.[43] Theoreticians of sexuality and its history, the most prominent of whom would be Michel Foucault, have constructed the Asian *ars erotica* (arts of eroticism) as being devoid of *sciensis sexualis* (science of sexuality), ostensibly conforming to the Orientalist myth of sexuality in Asia as being something that is understood viscerally, experienced only sensually, bears no rational explanation or foundation and is devoid of the complexities of social or scientific meaning.[44] Instead Doniger and Kakar explore the taxonomies at play in the work to interrogate the integration of 'science' and 'society', identifying in so doing a range of medical information and social analysis that offers a complex reflection on the construction of the South Asian self along the lines of gender, religion, ethnicity, sexuality, region, class and caste.

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The relevance of this reworking of sexuality to the history of Ayurveda emerges in the way in which the system is deployed in the text. Doniger and Kakar weave instances of Vatsyayana's mention of a medical tradition referred to as Ayurveda in and out of their introduction, focusing both on remedies borrowed from it for sexual disease and also on examples of Vatsyayana's dissent from the prevailing Ayurvedic cures and his gloss on their interpretation.[45] For instance, Vatsyayana attributes skin care regimes to the knowledge of the *Ayur Veda*, noting that the practice of rubbing one's body with sandalwood is derived from that tradition.[46] The significance of the mention of Ayurveda is twofold. Firstly, it locates medical discourse at the heart of the construction of sexuality, which does away with the binary of art/science and stresses instead on their mutual constitution. Secondly, it identifies Ayurveda as the dominant medical tradition of the time, thus implying that it was entrenched enough as to be able to withstand dissenting views regarding corporal constitution and its maintenance.

The Kama Sutra's competing understandings of embodiment differed from that held within the 'Ayurvedic' tradition, therein testing its veracity as a system. Ayurveda shifted from referring to a series of texts or a collection of ideas to signifying a coherent tradition that was rooted in texts but that was relevant as the dominant mode through which the body was understood. It remained as such throughout the ages, routinely deployed as a marker of a variety of ancient and indigenous knowledge marked against contemporaneous introductions of new and differing systems. In later years, Ayurvedic embodiment was a term posited against the innovations of tantric logics of the body, implying its tenacity as a normative set of ideological concepts that could be pitted against the radical break posed by fringe forms of practice.[47] After the establishment of Islamic courtly life, Ayurveda came to be represented in contrast to the Unani Tibb tradition that travelled to India with the advent of an Islamic political presence from the seventh century.[48] Abu Fazl, the Mughal emperor Akbar's advisor and scribe, mentions Ayurveda at the beginning of the third volume of his impressive *Ain-i-Akbari*, included in a section on the 18 sciences of the Hindu belief system. Ayurveda is described as the 15th science, composed of 'the science of anatomy, hygiene, nosology and therapeutics . . . taken from the first Veda'.[49]

In a rather minor aside contained within a broader argument about ontologies of good health in South Asian medical contexts, the anthropologist Joseph Alter attempted to explain varieties of Ayurvedic 'modernity'.[50] In defining the subject matter to be analysed and

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considered within the scope of his ontology, Alter claimed that he was emphasizing a division between two meanings of Ayurveda:

> It should be clear but needs to be emphasised that I am making a sharp distinction between Ayurvedic theory as represented in the canonical literature and in contemporary technical, popular and academic interpretations of that literature, on the one hand, and applied Ayurveda as it is practiced in hospitals, clinics, and research institutes in South Asia and elsewhere on the other.[51]

Alter comments further on this distinction in a footnote, mentioning that he was using the works of Caraka and Susruta in contemporary translation, without paying heed to the criticisms that Sanskritists might lodge at him about the quality of the texts he chose. 'I use these texts rather than relying only on the unadulterated "authority of the scriptures" ', Alter argued, 'to make the point that an Ayurvedic theory of metaphysical fitness is as "modern" as, for example, the prescription for shingles written out by a physician working in an Ayurvedic clinic in contemporary New Delhi, Bombay, or Madras.'[52]

Alter's justification of his methodology brings two major insights of relevance to the task of historicizing Ayurveda. Firstly, he asserts that there is a division between text and practice that conforms to the tension between these two poles of tradition that we have visited in different periods. Secondly, he insists that the consistent marker of the tradition is precisely this tension and *not* the indicators more casually deployed to chart time or chronology. Textuality, and not a specific text, is a fundamental principle of meaning in Ayurveda, so is practice, though not any specific technique. Ayurveda is thus fundamentally organized around its dual existence, as both theory and practice.

Taken together, the deployment of Ayurveda as medical signifier pointed to a singular, historicized outcome that aligned Ayurveda with an ancient past. Ayurveda served as a catchall category for vaguely Hindu, thoroughly indigenous and mostly unhistoricized sets of practices or ideas that were pre-extant in the subcontinent before the advent of Islamic and allopathic medicine. Within these deployments there is no possibility of accounting for the extra-textual evolution of a cohesive (or messy, for that matter) set of ideas or innovations reliant upon the logic of Ayurveda. The vast chasm between textual significance and the pragmatics of practice is insurmountable in this casual and yet profoundly decisive rhetoric that consistently referenced a slice of the past to account for its entirety. Yet, at the same time, the occlusion of

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practice and lived experience was perhaps not crucial to the Ayurveda-as-reference-point at work in these moments. Perhaps it is to other moments, to other conversations, that historians must turn to evolve our understanding of Ayurveda's complex histories.

Historians of India's medical pasts have framed this question of representation by posing larger ones about the production of medical systems in the subcontinent. Was Ayurveda a historical system of medicine? Can the idea of a system of medicine truly account for the complexities of a medical tradition that poses ambivalences towards textuality? How would the regional and linguistic divergences that alter Ayurveda's manifestation measure up to a model that holds a unilateral truth about the body at its centre? And what of the slippery role of religion in all of this?

Historians are split on the issue. A pioneering 1976 study by Charles Leslie called for an upheaval of the conceptualization of traditional Asian medical systems, suggesting a move away from focusing on their radical differentiation from biomedical systems, and instead drawing to attention the particular historical and cultural processes through which they were formed.[53] Leslie's study undertook a comparative view of medical systems in India (Ayurveda), China Traditional Chinese Medicine (TCM) and the Middle East (Unani Tibb), in order to examine the ways in which norms of practice, designation of authority and expertise, and adherence to key texts underlay each tradition. Leslie's intention was not to compare these traditions to their Western counterparts but rather to argue for their individualized histories of internal coherence and cultural relevance.[54] While the particularly modern evolution of Ayurveda as cultural, political and social practice informs the basis for my study, Leslie and others like him would take a similar approach to representations of the ancient past. Ayurveda to Leslie is thus most accurately represented as a system that evolved over a long period of time, and its history is illuminated through its relevance to various themes and genres of the South Asian past. In constructing a genealogy of Ayurveda, its historical and cultural relevance can together inform the intellectual coherence and social resonance of the tradition.

While Leslie's argument is a compelling one, historians of modern India have noted the limitations of the systems approach, arguing that it follows too closely the early Orientalist model of trying to define and taxonomize the scientific and intellectual worlds of Indian difference. The anthropologist Jean Langford, in an interdisciplinary study of contemporary Ayurvedic practice in the twentieth century, warns against the seduction of 'systems', urging scholars to 'resist the temptation to fix Ayurveda into a discourse of order as a classical medicine operating

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according to a strict logic'.[55] David Arnold sees a range of difficulties with the systems approach, beginning with the Orientalist strategies used to systematize scientific knowledge and following a Linnean model along an improvised historical axis, so that Ancient Hindu Medicine stands in opposition to Medieval Islamic Medicine, which will be overtaken by Modern Biomedicine.[56] This is further impacted by the reductive attempts to determine the notion of the 'scientific' within traditions with complex and ambivalent relationships to the rational categories of science. Equally troubling for Arnold is the attempt to argue for an internal coherence, an approach that insists upon a singularity anathema to the great regional, ethnic and linguistic differences at play and that inspire different manifestations of similar principles – along with outright contradictory stances upon the most basic claims. In a clever turn, Projit Mukharji turns the systems metaphor on its head by applying it to Western medicine in the subcontinent, examining the absorption of biomedicine into Bengali medical life, and exploring the ways in which the new category of 'daktari' came to present a challenge to the notion of a coherent allopathic system through its fluid adoption of indigenous and biomedical principles into moments of practice.[57]

Guy Attewell's study of the reconfiguring of Unani Tibb in the nineteenth century further problematizes the neat ways in which the word system 'consolidates the impression of continuity, connoting internal coherence, discreteness, completeness, homogeneity'.[58] Attewell instead locates the process of system-making within colonial-era attempts to demarcate and represent knowledge and practice as a coherent whole, arguing that the Tibb-i-Unani came to occupy the place of a medical system through a complicated series of negotiations with the medical modernities introduced by the colonial state, and reimagined by indigenous actors. As we shall see, similar claims can be made about the trajectories of Ayurveda in modernity, especially vis-à-vis the question of politics. While Ayurveda is crucial to both arguments for and against the use of the term system, the conceptual arguments are somewhat limited by the pragmatic of its use in twentieth-century India.

Scholars and studies of practice and performance are justifiably hesitant of the systems moniker, and have reframed the ways in which the indigenous medical traditions of the subcontinent can be theorized according to alternative logics and rationales that can account for their interdisciplinary accommodations. Rather than pursuing the systems debate further, we will move beyond it to explore the ways in which *systematization* was imposed upon Ayurveda as a way of easing its coherent entry into formal politics. While Orientalist at its foundation and wholly

(and perhaps purposefully) unaccommodating of the complexity of the intricacies of Indian embodiment, an overview of the systematization of Indigenous Medicine reveals the pragmatics of marginalization and cooptation of these traditions within (and beyond) the reach of the colonial state. We will explore the ways in which practitioners, technologies and logics of embodiment were disciplined by the biopolitics of empire. Moreover, we will explore the range of ambivalences, refutations, capitulations and assimilations that together forge a more complex lens through which to examine the mechanics of systemization within the structures of health governance.

Identifying the biomoral in theory and in practice

While the categorization of Ayurveda as a system of medicine is cause for some debate amongst scholars, the conception of Ayurveda as a *biomoral* tradition acts as salve. The term has become a commonplace in discussions of embodied practices that incorporate a sense of morality into their logic of practice. With regard to medicine, the biomoral often describes the exceptionalism of a local approach to conceptualizing the body and its functioning. It is made to represent the dominant systems of regional, culturally specific scientific systems that are often articulated in part through local traditions or belief systems concerning the body. This notion of the biomoral is certainly an adequate mode for analysing the effects of cultural encounter on the rigidification of medical systems, but can easily fall prey to a worldview that might privilege allopathic medicine as the global norm against which regional, local and 'indigenous' systems of medicine might be pitted and found lacking.[59] This approach also assumes that biomedicine is divorced from the social, cultural, economic and political context in which it emerged.

The articulation of the biomoral as a theoretical model through which culture and society in the South Asian context can be explored has been most thoroughly covered in anthropological writings on the body and its place in South Asian society. Most prominent, even 30 years and several ideological shifts after its inception, is McKim Marriott's idea of the 'biomoral logic' of interaction across caste and class lines in South Asian society.[60] Marriott's work was intended as a direct contestation of the neat taxonomies of hierarchy envisioned earlier by Louis Dumont's classic and infamous text *Homo Hierarchicus*, which employed a structuralist anthropological approach to understanding caste as a hierarchical system of symbolic purity. Marriott's challenge to social scientists of his day was to identify a series of categories of meaning within the South Asian

context that might undo those conceptualized in the West and imposed upon non-Western societies. His idea was to '[construct] an alternative general theoretical system for the social sciences of a non-Western civilisation, using that civilisation's own categories'.[61] This notion of South Asian personhood is made evident in studies of transaction and gifting undertaken by Marriott and others, in which 'they must also give out from themselves particles of their own coded substances-essences, residues, or other active influences – that may then reproduce in others something of the nature of the persons in whom they have originated'.[62]

Marriott's model argues that South Asians fundamentally conceptualize their embodied selves as being monistic, 'dividual' assemblages made up of both bio-genetic substance and moral code. Considered in light of its theoretical genealogy, the notion of the biomoral has evolved over the past four decades of Indian anthropology and has raised new understandings about the connection between the bio-genetic codes and moral frameworks that together determine human behaviour. The biomoral for Marriott literally refers to the confluence of morality written on to the biological form of the Hindu and the ways in which it extends through the giving and receiving of gifts. It is the purity assigned to the biological form of the moral being, represented in caste status, which is affected through giving. The monistic, dividual model he presents allows for an envisioning of all forms as fundamentally connected through the necessary state of overflow that complicates the rigidities of purity, stratification and 'boundary-oriented' theories through which South Asian culture has been previously observed.[63]

Most importantly, Marriott bolsters his insistence on the necessity of over/flow as a state of being in South Asian culture in a reading of traditional Ayurvedic practices, as represented in the textual tradition. The flows of *ojas* (energy), the practice of 'cooking', the paucity of the borders between the imbibed substance and its excretion in some other form together inform the model of complex, unbounded flows reflected in morally resonant social and cultural mores around gifting. If the body cannot be the sole container for the substances that flow throughout it, then the moral structures that emphasize division must rationalize the omnipresence of flows that may threaten the structural hierarchies that divide individuals. The moral code according to which South Asians interact is re-inscribed with the pragmatism of biological flows. At the same time, the biological state is vested with the weight of moral value that its functioning might support or threaten. As Jonathan Parry argued two decades after the introduction of Marriott's model of the biomoral, 'substance determines conduct; conduct modifies substance'.[64] Far from

being a vague practice of unclear proportions, Marriott and his colleagues trace the myriad crossover between the imbibing of food or the maintenance of the body and its supposed effect upon character. An individual's character, for instance, '[is] thought to be altered by changes in the person's body that result from eating certain foods, engaging in certain kinds of sexual intercourse, undergoing certain ceremonies, or falling under certain other kinds of influences'.[65]

The root of these characterizations and their 'known' connection to different bodily practices are informed by notions of ancient textuality, bringing the foundational texts of Ayurveda to the forefront of modern practice. The anthropological approach to the biomoral initiated by Marriott and Inden (and continued into the classical work of Jonathan Parry and very recent work by Lawrence Cohen, which deal, quite literally, with the preservation of life and the eventuality of death in Hindu South Asia) identifies the *Susruta* and *Caraka Samhitas* as the most appropriate sources when questions of 'evidence' and 'precedence' arise. For Marriott and his generation, the question of textuality was incorporated into the approach without the caveat of a historical problematic: Ayurvedic flows as identified in Indological medical works served as foundational points of reference in the arguments they expounded on the fallacy of rigid individualism. Textual evidence created an ancient precedence for understanding the ways in which South Asians self-conceptualized their dividualism and monism as made manifest in acts of giving. Jonathan Parry, however, problematizes the supposed coherence of metaphysical identification that Marriott insists upon. While upholding Marriott's model as a viable critique of Dumont's dualism, and while employing the model of the substance-code connection therein as a foundation stone of his own investigation, Parry allows for 'a robust and stable sense of self', to which most of his participants gave voice despite their monistic, dividual connectedness. Parry suggests that the model that Marriott and colleagues have created is somewhat overdrawn, and, by way of intervention, poses this question to them: 'how indeed can anybody ever decide with whom, and on what terms, to interact?'[66] More recently, Jacob Copeman's elegant study of blood donation in contemporary India, which draws heavily from the anthropology of the gift, addresses the question of intention around instances of blood donation across lines of caste, class, community and religion, therein pushing this question well beyond the bounds of notions of ritual purity for caste Hindus.[67]

Marriott's conception of the biomoral relies upon a model where the foundational texts of Ayurveda remain at the centre of their

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explorations of body culture, thus reifying the 'ancient' texts as the basis for contemporary knowledge production. The relevance of literature is always punctuated in the South Asian context with the question of literacy, inspiring scholars to frame the text more as cultural object than as consumed good.[68] The Ayurvedic text, in all of the instances described, fits this model: more than passing down a literal truth about the body, it instead provides a framework to discuss the pervasiveness of ancient knowledge in various historical moments. The designation of the biomoral in its more literal interpretation designates the symbiosis of the abstract and the pragmatic by insisting that medicine, in some cultures, is not only about 'scientific' reactions. In addition, it inherently employs the notion of 'ancientness' to also contest the biomedical insistence on 'modernity'. The biomoral as conceptual mode takes this idea further: instead of mediating these relationships between the ancient/traditional and the modern through the veracity of the text, it instead focuses on new categories of meaning that take into account the application of this discourse of textuality as a means of shaping culture.

More recent anthropological approaches have come to reframe the question of the biomoral along new axes of signification. Langford's avowal of the biomoral is conceptualized loosely in response to her notes on the seduction of systems. For her, the biomoral occupies the gap left by the limitations of allopathic logics of embodiment, made manifest in the organization of texts or the norms and performance of practice. For Langford, the biomoral can accommodate the logics of mapping and organization that follow a counter-impetus for ordering, where the restoration of illness, framed as a liminal time in which 'ordinary social meanings are interrupted by unintelligible pain and incapacity', is achieved through a realignment of the social, cosmic and somatic order.[69] The pragmatics of organization is also inflected by other influences, for instance the ordering of topics in terms of *namamala* (garlands of names) rather than taxonomic hierarchies.[70] Working in a different context but along similar lines, Joseph Alter's pioneering analysis of Gandhi's 'biomoral' self-disciplining draws on a similar reorienting of embodied signifiers along new axes of meaning.[71] Alter's work on Gandhi reveals the ways in which his embodied practices like celibacy, fasting, cotton-spinning and vegetarianism always carried with them a firm rooting in anti-colonial rhetoric, referencing a very political nationalism directly tied to the state. Gandhi wrote several guides on the body and its maintenance, in which he advocated a return to 'natural', indigenous systems of caring for it. Both Langford and Alter leave

room in their analysis for the permutation of a specific body politic as aggregate to the biomoral.

Finally, Lawrence Cohen's groundbreaking work on the organ trade in South India furthers the political possibilities of the biomoral beyond any other reckoning of it. Working through the complexities of kidney transplants through a series of vignettes ranging from ethnographic interviews to popular filmic representations of transplantation, Lawrence moves Marriott's conception of biomoral transactions across caste, gender and generation into the framework of the Nehruvian developmentalist state.[72] The understanding remains at work here, filtered through Donna Haraway's conception of coding, in which science desires 'the translation of the world into a problem of coding . . . where heterogeneity can be submitted to disassembly, reassembly, investment, and exchange'.[73] Cohen reads these two varieties of coding in tandem against the backdrop of a viable political ideology, which forces the abstraction of Mariott's notion of coding to adapt to the fluid, unified code of Haraway's as a metaphor for postcolonial, developmentalist ideologies of Nehruvian nationalism. However, rather than seeing transplant blood organs as absent of code, Cohen instead proposes that blood and organs are reinvested with reformist claims of ancient, pre-Brahmanic liberal forms of unity in the Mother India.[74]

Cohen then considers the work of suppression in this model, using Agamben's distinction between the idea of bare life (*zoe)* and political and human life (*bios*) to delve into the larger issue of sacrifice at play in the discourse of donation. Where state narratives of transplantation focus on the health of the recipient, there is a concurrent abandonment of the donor, especially under the messy circumstances of unregulated organ donation. Agamben, drawing on Aristotle, understands *bios* as the legally protected human life of sentient beings with the moral and political world of the *polis*, while *zoe* remains outside of the spectre of the law but still under the protection of the sovereign. Agamben understands this distinction to be most relevantly reflected in the Roman legal principle of *homo sacer* – a person whose life is placed in the space of sovereign exception, like a brain-dead person or a concentration camp internee, whose death would not be considered either murder or sacrifice.[75] Cohen argues that the kidney is *zoe,* as it exists outside of the realm of morality, politics or social flow; in essence, the sacrifice around its donation is unrecognized. Thus, a biomorality of 'inassimilable difference' (caste, religion) is abandoned as the body is reframed as a bag of organs from which individual components can be severed or replenished.

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Cohen's shift from the logic of the biomoral to a framework of biopolitics signifies a break from prior readings by insisting upon a return to the fundamental political questions of the day as a crucial component of moral or ethical reasoning. As we will see throughout this study, the delineation of Ayurveda as a moral, ethical or spiritual practice with a biological component was inherently tied to the politics of nation-building, colonial resistance and state-building. Rather than precluding its separation from the biopolitics of late colonialism, Ayurveda's biomorality ushered in and legitimized notions of the authentic, indigenous body, an exemplar of the modern Indian citizen, and in opposition to 'foreign' (read Muslim) trajectories embodiment. As we shall see, the biomoral and the biopolitical together shape a genealogy of Ayurveda's induction into the pragmatics of late colonial health governance.

The biomoral in action: Ayurveda's entry into modernity

In more pragmatic terms, Ayurveda's biomorality was shaped by its inherent reference to an ahistorical, amorphous notion of ancientness that it was meant to represent in modernity. In essence, the characterization of its 'ancient' origins of its bio-content allowed for the system to become a framework for debating the tension between traditionally indigenous and contemporaneously foreign morality. Ironically, Ayurveda's elusive biomorality is invoked by biomedical dissenters, who laud the system for its fluid adherence to the rigors of evidence-based principles, and who praise its alleged incorporation of esoteric, spiritual or 'holistic' health principles.[76] On both sides of the biomedical divide, it is agreed that Ayurveda's moral features outstrip its biological components. This reading of Ayurveda lends more insight into Orientalist fantasies and constructions of Eastern embodiment than to the pragmatics of framing Ayurveda within the moral structures of embodiment in South Asia. However, it also reveals the importance of the concept of the biomoral – from its theoretically precise to its 'not quite science, not just religion' mode – to Ayurveda's entrance into the realm of the modern political. The biomoral fundamentally mediates Ayurveda's entry into modernity. In this section, the three realms of the biomoral in practice – the early Orientalist, the Raj's reluctant pragmatism and the anti-colonial biomoral – are explored to consider the applied effects of the biomoral in practice.

In the eighteenth century, Ayurveda was lauded by the noted Orientalist Sir William Jones as a key area of Hindu philosophy and

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history, explaining that 'Ayurveda was delivered to man by Brahma, Indra, Dhanwantari and five other Deities; and comprises the theory of Disorders and Medicines, with the practical methods of curing Diseases'.[77] This categorization of the divine roots of Ayurveda firmly sealed its position within a framework constituted of belief, and likely devoid of fact – and therefore quite at odds with enlightenment practices around science and medicine. At the same time, the texts designated within the Ayurvedic tradition – namely the sixth-century *Susruta* and *Caraka Samhitas* – did document a physiological and diagnostic logic in line with certain principles of both Hippocratic and Galenic medicine, and did constitute some truths about the body and its treatment accepted within biomedicine.

The basis for comparison was taken up in early liberal practices around education and knowledge production in the subcontinent, which saw the development of hybrid educational institutions where a variety of systems of knowledge were taught concurrently to fulfil the cosmopolitan interest in mapping out global knowledge systems.[78] In 1822, the idea of a Native Medical institution, where Indian practitioners could be trained to perform the sub-duties of European biomedical doctors, was proposed to the government. The duties that could be undertaken by these practitioners would be those of the variety 'that no Medical Gentleman properly qualified would undertake them except on the condition of being handsomely rewarded for his labours'.[79] The idea was to build upon the uneven expertise of Indians already culturally recognizable as doctors by offering them free training if they remained in the service of the government for 15 years; the cost to the government would be 'trifling' as compared to the salaries of general surgeons or other Anglo-Indian practitioners within the medical service. At the same time, the 15-year clause prevented them from practising privately, and hence providing competition for other biomedical practitioners. The lectures would be given in the vernacular languages by an instructor 'with a considerable acquaintance with the written and colloquial languages of the country . . . [and who is] capable of reading the Native Systems of Medicine and of discussing and conversing with his pupils on all ordinary subjects of medical science in intelligible if not in accurate terms'.[80] Though this was clearly an institution created for the benefit of the colony, it reflected the hybrid spirit of the early nineteenth century, where the veneer of cultural 'exchange' between Eastern and Western knowledge about medicine, disease and the body could legitimately characterize the venture. At the very least, it entertained the notion that indigenous logics of medicine and the

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body, steeped as they might be in the vagaries of religion, proved useful (and, at times, crucial) to the project of medical planning in the Indian colony.

The institutional pragmatics of inquisitive and expansive liberal interest in multiple knowledge systems collided with a shifting imperial politic that privileged only one kind of learning for both Indians and Europeans alike, resulting in the Anglicization of education after 1835.[81] The Native Medical Institution shut its doors in 1835, and similar classes in the vernacular languages and indigenous cultures of medicine at the Calcutta Madrassah and the Sanskrit College, the two other major educational institutions in the city, were abolished. The Calcutta Medical College was founded in their stead; as David Arnold has made colourfully evident, the crowning act at the Hindu College was when a Brahmin instructor led the dissection of a cadaver, undeniably representative of pollution in its most vivid form.[82] More intuitively, the focus on the language of instruction and education, here, provides the key to the moral question at hand: the dominance of a certain variety of morality, bound up in Sanskrit texts and Hindu ritual, proved anathema to a shifting colonial context in which knowledge needed to be transmitted in a solely Anglicized idiom. Ayurveda was simply dismissed from the realms of formal education because it could not rise to the challenge posed by Anglicization – it was too mired in the particulars of the Sanskrit language, as well as lacking in an evidenced-based logical underpinning, to meet the criteria for inclusion in the modern, English language curricula of colonial medical education.

The formalization and Anglicization of medical education was at best met with ambivalence (and, more pragmatically, a total unawareness) by indigenous medical practitioners who had no expectation of working within the framework of any state, and who likely lost very little of their business of healing to biomedical institutions. This exclusion did not affect the ongoing practice of Ayurvedic or other indigenous medical systems, as medicine was traditionally practiced on the local, intimate scale of the village or the family and had historically little to do with larger state structures. In fact, Unani medicine enjoyed a period of revamp and restructuring in the nineteenth century, particularly with the onset of Urdu publishing in the 1860s, and with the formation of gentlemanly societies of Unani doctors from the 1880s on.[83] Many Hakims responded to the new medical institutional changes by altering their standards of practice to conform to the vision of medical modernity promoted by the colonial government. Seema Alavi has identified methods that Hakims in the UP adopted to re-establish their

profession and professionalism after the destruction of elite patronage, characterized by the regrouping of networks around new ideas about the role of the practitioner.[84] This marked a movement away from the authority of family-run practices and educational institutions, and also away from the authority of the Arabic manuscript. Instead, the new Hakim gained legitimacy in the eyes of the public by 'knowing the correct *akhlaq* (norms of behaviour), understanding religion and astrology and their influence on health, and appreciating the personal relationship between the hakim and his patients'.[85] These new ideas were introduced to the public through texts and articles on Unani that circulated in the public sphere, and resulted, Alavi argues, in public debates between the family-centred Unani and the new Hakim. This strategy reinforced the inherently Islamic aspect of the Unani tradition and replaced the old patronage structure that had allowed Hindus to be counted amongst the ranks of Hakims.

Rather conversely, the Indian Medical Service (IMS) lay at the mercy of indigenous medical practitioners. The aim of the IMS in the nineteenth century was to offset any disease or medicine-based causes for the disruption of imperial governance or economy. The primary concern of the IMS – and the impetus for various early health acts passed by the East India Company – was the health of the army, under attack from venereal disease and more generalized occupational hazards. Eventually, health policy translated into the protection of the Indian masses, whose health and living conditions were understood as a political issue. The ill-health of the masses was bad for the imperial economy, due to the loss of labour and the cost of healing; at the same time there was substantial fear that the ravages of disease might lead to revolt. The IMS' solution was to inoculate the population preventatively and to treat diseased subjects during times of famine or epidemic.[86]

The moral slippage between colonial economic venture and agricultural disaster has been well highlighted by scholars who have characterized the relationship as one of 'late Victorian holocaust', to more benign readings of the connection between the two.[87] From a history of medicine perspective, what can be gleaned from readings of health disasters in the nineteenth and early twentieth centuries is the way in which they brought biomedicine to the forefront of everyday life of affected populations. While a more complicated biopolitic was certainly at work changing the lived experience of physicality in the subcontinent – made acutely evident through the institutional disciplining of the body – the advent of biomedicine was still something that the majority of the population, especially those based in rural areas,

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could mostly ignore.[88] Vaids and Hakims, along with regional and local variations on the figure of the health practitioner, were predominantly responsible for doling out the implements of healing.

During times of crisis, it was precisely these practitioners to whom the Raj would turn to. The recent scholarship on imperial public health has worked to think through the dominance of the Raj in implementing medical policy, especially vis-à-vis vaccination and other preventative campaigns. Biomedical techniques and technologies were sometimes accepted without resistance, and other times resisted violently; however, in many cases, local health practitioners were called upon to aid in the distribution and dissemination of local campaigns, a practice that continued well into the twentieth century, in episodes we will encounter in the following chapters on events in the early twentieth century.[89]

It is in this instance that the second facet of the biomoral can be deduced: local indigenous practitioners lent their moral authority as trusted healers to the campaigns of the imperial government. From the onset of imperial interest and concern with Ayurveda to its eventual dismissal and erasure from imperial life, Ayurveda had come to be constructed in both imperial discourse as illiberal, unscientific and ahistorical: writ large, Ayurveda was nobly ancient but irrelevant. During public health campaigns, however, when IMS officials were forced to rely upon Ayurvedic practitioners to implement medical policy on the ground, Ayurveda, through its newly useful practitioners, was assigned a new set of characteristics: trustworthy, familiar, locally relevant and soundly reliable.

In essence, in this period, the biomoral imperative came to be framed through the racialized difference of the foreign European and the Indian indigenous. Where Ayurvedic tradition had historically accounted for only a loose connection across regions – in practice, regional difference was the focus of debates – Ayurveda was now held up as the morally appropriate vehicle for the treatment of Indian bodies. The assimilation of Ayurveda into practice on the ground, and the subsequent Ayurvedic adoption of certain Western techniques and technologies, complicated but also formally articulated a format for medical integration. Western biomedicine could be applied if introduced to the native populations within an Ayurvedic framework of disease and treatment, fundamentally reassigning a colonial moral framework upon biological principles. It was, in this context, morally appropriate based on the perception of what it could secure, enacted through the trusted figure of the vaid or Hakim who administered the new technology to the sceptical masses. Hinged upon their relationship to the authentically indigenous, the

biomoral imperative linked race and place to a historic construction of the Indian body.

This association between health, race and the body in colonial India came to define the unfolding of Ayurveda in the twentieth century and also to articulate the larger project of resistance during the early days of nationalist organizing. The third way of thinking about the biomoral is through the enactment of embodied activism, in which the body became a key site of resistance to colonial rule. The nexus of swadeshi, satyagraha and Gandhian brahmachari as anti-colonial strategies brought the body to the centre of the anti-colonial struggle, tying the moral to the larger nationalistic cause of independence from British rule. The sceptical trust in the embodied biomedical technologies – made possible through the involvement of the complicit vaid on their implementation – was transformed in the twentieth century into a discursive rejection of all things foreign and adoption of the morally appropriate authentic indigenous.

The swadeshi movement of the early twentieth century was the first movement to introduce the idea of universal Indian body as a political strategy. Based on the concept of economic resistance, Indian consumers were encouraged not to purchase foreign goods, and to instead buy swadeshi – literally, of the land. While the logic of the campaign was conceived to cripple the colonial economy, the more powerful political outcome of the campaign was the image of a nation in 'home'-made goods, most notably the powerful visual of locally spun cotton cloth called *khadi*. As Lisa Trivedi has made evident, the use of *khadi* in hats, flags, saris and kurtas introduced a visual vocabulary of the national, rooted in a material culture of nationalism, which could be deployed amongst the literate urban and illiterate rural milieus of the burgeoning Indian nation.[90] C.A. Bayly and Lucy Norris have argued that the wearing of *khadi* elicits a multitude of personal meanings linked intimately with biological understandings of the interaction of cloth with skin but that also resonates with larger social, cultural and political projects.[91]

The most popular figure to medical historians interested in issues of nationalism and embodiment is, of course, M.K. Gandhi. Joseph Alter's work on Gandhi's 'biomoral' self-disciplining as a direct mode of nationalist resistance has initiated a discussion about the embodiment of nationalism through similarly marked acts of resistance.[92] First and foremost amongst embodied practices was the notion of *satyagraha,* or civil disobedience, in which *satyagrahis* were asked to reject violent measures of resistance in favour of peaceful, non-violent ones. This particular ethic of non-violent protest and resistance wed Christian and

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ancient Jain teachings together, cited by Gandhi as originating both in the teachings and examples of Jesus Christ, and in the historic practices of *ahimsa*.[93] Beyond satyagraha, Gandhi's advocacy of embodied practices like celibacy, fasting, cotton-spinning and vegetarianism always carried with them a firm rooting in anti-colonial resistance, referencing a very political nationalism directly tied to the state. At the same time, he put himself through extreme experiments in embodied resistance that worked to rejuvenate his commitment to living a life of morals. For instance, Gandhi was known to take young women into his bed in order to test and conquer his desire for them, with allegedly mixed results, all in the name of his commitment to achieving *brahmachari*.[94] In satyagrahic moments of protest, the body was literally the site of resistance and of moral provenance – a *satyagrahi*'s embodied non-compliance, either theoretical or very real, was itself a moral critique of the cycle of violence that colonialism had wrought upon the subcontinent.

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In essence, the weaving of the bio and the moral was, fundamentally, a reflection of the way in which the body was deployed in larger social and political contexts. Ayurveda's entry in the realm of modern medical governance resulted in the colonial state condemning its substantive logics and the practices of its practitioners, while often relying on the social and cultural capital of the system and its doctors to implement public health policy. In the early stirrings of nationalist organizing, the Indian body was reprised as a site of resistance, investing the moral with a new ethical imperative, engaging the bio through acts of dissent and protest. Ultimately, the deployment of tradition as a pole against which modernity could be measured created the moral conditions for the full participation of indigenous subjects in civic life.

A survey of Ayurveda's long history reveals a consistent tension between the realm of the conceptual and that of the pragmatic; both come together, as we've seen, within the space of the political. Any attempt to historicize Ayurveda must therefore begin with a consideration of the extant tension that gives voice to the political particulars of the different historical epochs in which Ayurveda was both crafted and deployed. The systems of knowledge about Ayurvedic medical theory were produced in Sanskrit by Brahman Pandits; the practice of Ayurvedic medical techniques by practitioners outside of the high priestly tradition allowed for Ayurveda to be situated in the everyday life of the community. The tension between these two spheres of meaning resulted in the employment of a wide range of ideas under the rubric 'Ayurveda':

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the *Susruta* and *Caraka Samhitas*, now considered to be the foundational texts of Ayurvedic medical theory, were no more representative of the tradition than were the broths sold in the medieval marketplace as cures for fever. While social and cultural codes of meaning determined the value of these two varieties of knowledge, lauding different sorts of social and cultural capital upon their disseminators, both existed equally under the wide banner of Ayurvedic medicine.

At the same time, the intervention posed by colonial rule in the subcontinent became an important part of the way in which meaning was created about Ayurveda. The early colonial history of science and medicine relied heavily on the work of Orientalists who collected specific varieties of information about the subcontinent and attempted to translate it both into English and into the Indian contribution to the history of human civilization they were hoping to piece together. For Orientalists, and later for the colonial state that relied on this sort of knowledge to create social and political policy, Ayurveda represented an ancient Hindu medical tradition based on Hippocratic principles that had sustained Hindus through centuries of Muslim rule. Ayurveda, therefore, was implicated in justifications for colonial intervention, and also in the wider project of vilifying Islamic intellectual traditions in the early colonial period. Ayurveda's indigeneity was reinscribed as being inherently textual, whereas Ayurvedic techniques were thought to have been corrupted by centuries of Islamic rule. As we shall see in the following chapters, the lasting implications of this communalist reading had far-reaching consequences, as Ayurveda was employed to invoke the authentic Indian indigenous.

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