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BOOK REVIEW

Viewing the revivalist movement in Ayurveda from a socio-cultural perspective

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Published online first on March 1, 2025. DOI:10.20529/IJME.2025.018

Saurav Kumar Rai, Ayurveda, Nation and Society: United Provinces, c.1890-1950. Orient Blackswan Private Limited (Publisher). 2024. New Delhi. ISBN: 9789354428517. Pages: 264. Price: INR 1400

In this book, Saurav Kumar Rai explores the different dimensions of the revivalist movement in Ayurveda, during the late 19th and early 20th centuries, in the United Provinces (present-day Uttar Pradesh). He also examines the status of Ayurveda immediately following independence, when the anti-colonial nationalist context was no longer relevant. Rai employs a historiographical approach that examines the entire process through the lenses of culture, caste, class, community, religion, and gender. This approach offers a broader perspective compared to dominant styles that typically view the question from either a “resistance or acceptance of colonial dominance” point of view or from an exclusively “medical science” point of view. What makes the book unique is the diverse, historically significant sources the author relies on to draw his conclusions. These sources include vernacular documents such as newspapers, pamphlets, official circulars, speeches, interviews, and many more.

In the first chapter, the author describes the historical backdrop and complexities surrounding the revival of Ayurveda. He sheds light on how the distribution of essential medical facilities was

heavily influenced by colonial rule. He also explains how the colonial government used Western medicine as a tool to achieve its objective of control over the masses, using the handling of an epidemic as an example. He notes that, despite viewing Ayurveda as an “unscientific and ineffective system of medicine,” the colonial government, due to a lack of interest in developing state-of-the-art healthcare infrastructure for Indians, allowed indigenous practices to continue.

This situation led to a renewed interest in reviving indigenous healing systems among their proponents and practitioners. Ayurveda and Unani emerged as the two primary contenders representing indigenous healthcare, but not without identifying themselves with religion: Ayurveda was associated with Hindu culture and Unani with Islam. The author argues that this division was based more on the religious affiliations of the practitioners than on the nature of their practices or knowledge. Additionally, he observes that divisions existed within the Ayurveda fraternity itself. While some Ayurveda practitioners embraced the use of Western science for diagnostic and other purposes, others advocated for the preservation of the original purity of Ayurveda. Nonetheless, the author notes that both groups of *Vaid*s (Ayurvedic practitioners) incorporated certain aspects of Western medicine, such as the institutionalisation of learning, the professionalisation of practice, and the standardisation of pharmaceutical production and supply. He alludes to how this adoption of “Western” standards further led to the rise of many substandard (“bogus”) institutions, practitioners and pharmacies. Institutionalisation of education was perceived as relatively easy as well as attractive because the standards of education were not defined. The author notes that proliferation of such substandard educational institutions led to the distribution of certificates mentioning various kinds of qualifications. He notes that these institutionally qualified “new” *Vaid*s and *Hakims*, eventually succeeded in acquiring a “registered” status when The United Provinces (Indian Medicine) Act was passed in 1939. As a result, many legally qualified but poorly trained practitioners emerged, overshadowing traditional practitioners who mostly acquired their skills through familial lines. The author views these adaptations as a subtle acknowledgment of the perceived superiority of Western medicine by this new generation of practitioners.

In the second chapter, Rai discusses the political narrative built around indigenous healing systems in the context of growing nationalism. He summarises the views of three influential political leaders: Hakim Ajmal Khan, Mahatma Gandhi, and Govind Ballabh Pant. According to the nationalist discourse of the Indian National Congress, it was essential to disown and boycott anything considered foreign, Western, or external. Indigenous healing methods thus became a significant part of this Swadeshi movement.

Ajmal Khan, a practitioner of Unani medicine himself, understood the importance of political alliances to advance the interests of indigenous practitioners. He consistently worked to unite practitioners from both Ayurveda and Unani streams and established the All India Ayurvedic and Unani Tibbi Conference in 1910, Rai notes. Mahatma Gandhi, though a critic of Western medicine on ethical grounds, considered it superior to the then prevailing state of indigenous healing systems. Gandhi often expressed his disappointment with Ayurvedic physicians, citing their lack of discipline and humility, and criticising their use of supposedly primitive diagnostic methods. Gandhi also sought to integrate the best aspects of all medical systems in India, Rai observes. While discussing the approach of Govind Ballabh Pant, Rai argues that he took a more practical approach towards reviving indigenous medicine. Pant prioritised providing medical relief to the common people over other concerns and to achieve this, he advocated for the establishment of government dispensaries for indigenous medicines, viewing them as both accessible and cost-effective, Rai states.

Rai notes that, after the Indian National Congress won the 1937 provincial elections and assumed office, it faced several challenges in promoting indigenous medical practice. Despite the political will, the government lacked the necessary funds, he argues. For instance, the budget allocated for establishing subsidised rural dispensaries, which included provision for recruiting one indigenous practitioner per dispensary, was inadequate in practice. The ratio of Ayurveda to Unani dispensaries was set at 3:1, based on the number of registered practitioners in these two streams and on the assumption that Hindu populations preferred Ayurveda while Muslim populations favoured Unani. However, the author says, this further deepened the communal division.

Rai further observes that, as soon as the Congress ministers resigned in 1939, the colonial government passed certain orders that were against the interests of *Hakims* and *Vaids*. They were prohibited from issuing certificates such as health and fitness certificates, age verification certificates, and leave certifications for government employees. Further, the colonial government snatched away their roles in medico-legal work and in administering vaccinations and inoculations.

In the third chapter, the author delves into different means adopted for the purpose of organisation and mobilisation of Ayurveda practitioners. One such measure was the use of print media to its fullest potential. Rai notes that proponents of Ayurveda were engaged in various publications, including periodicals, conference proceedings, pamphlets, books, tracts and advertisements. Most of these publications were in Hindi and were aimed at upper and middle-class readers. While both the All India Vaidya Sammelan and its branch, the United Provinces Vaidya Sammelan, regularly

held conferences and published conference proceedings, certain periodicals served as mouthpieces for different pharmaceutical firms, promoting their own formulations.

Another method employed for mobilising the Ayurveda community was to link Ayurveda to the Vedas and invoke its divine origins. The Dhanwantari Mahotsav celebration gained popularity during this period because of this “invented tradition” approach, Rai argues. A difference of opinion between the Sammelan and the All India Ayurvedic and Unani Tibbi Conference emerged, as the members of the Sammelan blamed the latter for favouring *hakims* over *vaid*s. The communal division was further fueled by the Sammelan, as its presiding *vaid*s often evoked religious sentiments by resorting to tropes such as “dying Hindu race”, “cow protection”, “Ayurvedic origin of Unani system”, the author notes.

As an attempt at streamlining Ayurveda, there were some voices within the Sammelan that called for reforms, advocating for standardised Ayurveda textbooks, uniform curricula, and an updated pharmacopeia. Vaidya Yadavji Trikamji Acharya and Gananath Sen Saraswati were two prominent figures pushing for such changes, Rai states.

Various attempts by the Sammelan to marginalise and purge folk healers and lay practitioners — by advocating the registration of “only institutionally trained physicians” — is another issue into which this chapter delves. The justification they gave for this plea was that folk healers lacked the “prerequisite wisdom to comprehend Ayurvedic texts of Vedic origin.” However, according to the author, these efforts to exclude lay practitioners were only partially successful.

In the fourth chapter, the author explains how, during the late 19th and early 20th centuries, the revival of Ayurveda reflected social complexities like caste, gender, and cultural identities. Folk healers such as those who treated snake bites, performed rhinoplasty, practised bone-setting, and those who worked as traditional midwives (*Dais*), who had long served communities, were pushed aside, as Ayurveda became increasingly formalised and institutionalised. It is to be noted that such folk healers belonged mostly to the “lower castes” in the caste hierarchy. This sidelining occurred because the new, more standardised version of Ayurveda tried to align itself with the growing nationalist movement and presented itself as modern and scientific, leaving behind many of the local, folk practices that were seen as “unrefined” or “backward”.

Rai extensively references Yashoda Devi’s writings to illustrate how even female Ayurvedic practitioners of the time upheld and perpetuated misogynistic and patriarchal ideas, reflecting the deeply ingrained societal values and beliefs. Despite being a woman in a male-dominated field, he says, Yashoda Devi’s work often mirrored the dominant gender biases of the era.

Another important point the author makes is about the concept of *Brahmacharya* (celibacy or sexual restraint) being propagated as a significant means of achieving physical and spiritual well-being. It may, however, be noted that sexuality has been described as a natural phenomenon in Ayurveda textbooks, whereas sexual restraint has received attention only in Yoga for spiritual upliftment.

The fifth chapter explains the different tactics employed by Ayurveda practitioners at profiteering. Rai notes that Ayurvedic practitioners strategically targeted areas such as infertility and aphrodisiacs that Western medicine overlooked, to establish a foothold in the healthcare market. This chapter includes many interesting images from different newspapers and other documents to illustrate various methods employed by these advertisers. A printed advertisement of the “first-ever injection in Ayurveda” is one such example. Unfortunately, the advertising industry was also influenced by racial, caste, and gender discrimination, as these advertisements often featured symbols like “fair-skinned baby Krishna idols,” “male” infants, the use of “Ganga river water,” and the “involvement of Brahmins” in the processing of the products, reinforcing these biases, Rai notes.

The last chapter covers the development of Ayurveda after India gained independence. Since the anti-colonial nationalist context was now considered redundant, the government embraced Western medicine and sidelined Ayurveda. The author notes that despite its widespread use, Ayurveda was not granted a central role in health policy. This was, in fact, contradictory to the promises made before independence. The report of the health sub-committee (1938) led by Colonel SS Sokhey, focused on advancing scientific medicine, and called for a scientific evaluation of the pharmacological and therapeutic benefits of traditional medicines. The Bhole Committee’s report criticised Ayurveda as being outdated and lacking key medical fields like obstetrics, gynaecology, and surgery. However, the RN Chopra Committee supported a unified system of healing for the country. Its report clearly stated that the committee did not believe in a multiplicity of systems of medicine.

Though folk healers like *Kohals* (folk eye surgeon), *Jarrahs* (bone setters) and *Dais* (midwives) were being registered with the Board of Indian Medicine initially, the Government stopped such a provision in 1950. The protests of these practitioners for recognition ended in failure, Rai notes.

The author cites the opinions of many historians, such as Charles Leslie, Rachel Berger, Foucault, Kavita Sivaramkrishnan, Madhuri Sharma, Charu Gupta, and others extensively, which gives credibility and richness to his findings. However, it is important to note that some readers may perceive certain conclusions of the author as biased. For instance, the inclusion of some creative

writings and fiction such as novels and short stories to justify his interpretation of caste-based discrimination could be seen as farfetched. Similarly, in his enthusiasm to search for supporting evidence that suits a caste-based narrative, Rai seems to have ignored some facts. For example, in the case of a book wherein barbers and washermen (who belonged to lower castes) were blamed for spreading certain fungal diseases, he ignores the scientific fact that *tinea barbae* (still known today as “Barber’s itch”), *tinea cruris* (Dhobi’s itch), and *tinea capitis* (ringworm) can indeed be spread through the hairdressing, barbering, and laundry industries. Similarly, there can be an argument that since gender bias prevailed across all sections of society during this period, it would be unfair to expect that Ayurveda remained insulated from its influence.

This book is based on Rai’s doctoral thesis. Since the thesis is already available online, the book appears to be overpriced. The book is full of intriguing information and is narrated in a highly readable style. Readers are advised to remain dispassionate to fully appreciate its value.

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To cite: Sharma S, Patwardhan K. Viewing the revivalist movement in Ayurveda from a socio-cultural perspective. *Indian J Med Ethics*. Published online first on March 1, 2025. DOI: 10.20529/IJME.2025.018

Manuscript Editor: Sanjay A Pai

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