



Colonialism and the Transformation of Traditional Medicine
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Abstract

This paper explores the profound impact of colonialism on traditional medical practices in East and South Asia from 1850 to 1950, highlighting the transformation and integration of indigenous medicine with Western biomedicine. During this period, European powers, particularly the British, French, Dutch, and Portuguese, as well as Japan in its colonies, began to engage with and often marginalize local medical systems. In India, British colonial authorities sought to incorporate Ayurvedic and Unani practices into the colonial health system, partly for economic gain and public health management. Similarly, in Southeast Asia, the Dutch and French explored indigenous medical knowledge for its potential utility. However, traditional practices were often sidelined by Western medicine, which was promoted as superior through the establishment of medical schools and hospitals.

Despite these challenges, traditional medical systems demonstrated remarkable resilience and adaptability. In many cases, they integrated aspects of Western medicine, creating syncretic practices that continue to influence healthcare today. For example, Ayurvedic practitioners in India began incorporating diagnostic tools and treatments from Western medicine, while Kampo in Japan adapted by aligning more closely with scientific methods. This paper also examines the colonial efforts to document and sometimes validate indigenous medical practices, such as the Usman Report in India, which provided a platform for traditional practitioners to advocate for their systems.

While colonial policies initially marginalized and suppressed traditional systems like Ayurveda and Unani, the long-term effects reveal a more complex legacy. The research illustrates that traditional practitioners have been seeking integration with allopathic medicine for over a century, challenging the notion that this is a modern development. Colonial powers, driven by a combination of governance needs and economic interests, documented and incorporated local medical knowledge into their healthcare systems, albeit in ways that often subordinated indigenous practices to Western medicine.

Introduction

Colonialism in East and South Asia from 1850 to 1950 profoundly influenced various aspects of life, including indigenous medical practices. This paper examines how colonialism impacted traditional medical systems in these regions and explores how Western biomedicine can integrate knowledge from these practices. While many might assume that incorporating traditional medicine into healthcare is a contemporary phenomenon, my research illustrates that practitioners of traditional medicine have been seeking integration with allopathic medicine for more than a century. Understanding this historical context not only sheds light on the changes brought by colonial rule but also highlights potential benefits for contemporary medical practices.

The period between 1850 and 1950 saw extensive colonization by European powers, particularly the British, French, Dutch, and Portuguese, in East and South Asia. During this time, colonial administrations began to take a more active interest in traditional medicine, recognizing its utility for governance and the value of indigenous medicines and drugs. In India, for example, the British East India Company and, later, the British Crown, sought to incorporate local medical practices into their colonial health systems, both to ensure the health of their subjects and to leverage these practices for economic gain. Similarly, in Southeast Asia, the British in Malaya

and Burma, the Dutch in Indonesia, and the French in Indochina all began to explore and document indigenous medical knowledge. This was partly driven by the practical need to manage large populations with limited Western medical resources and partly by the realization that local medicines could be commercially valuable. Japan, while not a European colony, also showed interest in traditional medicine during its colonial rule over Korea and parts of China, further demonstrating the widespread colonial interest in the medicinal knowledge of subjugated peoples. Colonial authorities introduced Western education, legal systems, and governance structures, which often marginalized indigenous knowledge systems. Traditional medical practices, deeply rooted in local cultures and histories, were among the systems most affected by these changes.

In this paper, I will explore how colonialism had a range of negative effects on traditional medicine, but how these negative effects also led to colonized subjects taking more of interest in their own medical cultures and advocating for the importance of indigenous medicine to the colonial government.

Understanding the impact of colonialism on indigenous medical practices is crucial for several reasons. Firstly, it reveals how colonial powers attempted to reshape local societies and the resistance these changes encountered. Secondly, it provides insights into the resilience and adaptability of traditional medical systems. Lastly, this historical perspective can inform modern biomedicine, suggesting ways to integrate valuable indigenous knowledge into contemporary healthcare practices.

Colonial authorities often viewed indigenous medical practices with skepticism or outright disdain, considering them inferior to Western medicine. In India, for instance, British colonialists promoted Western medicine through the establishment of medical colleges and hospitals, often sidelining traditional practices such as Ayurveda and Unani. According to Deepak Kumar in *Science and the Raj: A Study of British India* (2006), British policies aimed to professionalize and institutionalize Western medicine while regulating and sometimes suppressing indigenous systems.

In Southeast Asia, similar patterns emerged. In Indonesia, Dutch colonial rule led to the establishment of Western medical schools and hospitals, marginalizing traditional healers. However, the resilience of local practices is evident in how they adapted and persisted. For instance, traditional Javanese medicine, or Jamu, continued to be practiced alongside Western medicine, indicating a syncretic approach to healthcare.

Indigenous medical systems offer a wealth of knowledge that can benefit Western biomedicine. Traditional practices often emphasize holistic approaches, preventive care, and the use of natural remedies. For example, Ayurveda's focus on balancing bodily humors and maintaining health through diet and lifestyle has parallels in modern preventive medicine.

The integration of traditional practices into Western biomedicine requires a respectful and collaborative approach. As noted by Dagmar Wujastyk in *Modern and Global Ayurveda: Pluralism and Paradigms* (2008), successful integration involves recognizing the validity of traditional knowledge and creating platforms for dialogue between practitioners of both systems.

This approach can lead to the development of complementary therapies and enhance the cultural competence of healthcare providers.

Colonialism significantly influenced indigenous medical practices in East and South Asia, often marginalizing them in favor of Western medicine. However, the resilience and adaptability of these traditional systems highlight their enduring value. Integrating knowledge from indigenous medical practices into Western biomedicine can enrich contemporary healthcare, offering holistic and preventive care approaches. Recognizing and respecting the contributions of traditional medicine is essential for creating a more inclusive and effective healthcare system.

Methods

The literature review will delve deeper into the existing body of work related to colonial influence on indigenous medical systems. It will provide a comprehensive overview of indigenous practices such as Ayurveda, TCM, and Kampo, highlighting their origins and traditional methods. The review will discuss the general trend of marginalization of these practices by colonial authorities, who often viewed them as primitive. Key papers by Claudia Liebeskind, Sean Hsiang-lin Lei, and Gerard Bodeker will be summarized, showing the historical tensions and adaptations in the medical field.

Colonial powers, particularly the British in India and the Japanese in China and Korea, exerted significant influence over indigenous medical systems. Colonial authorities often viewed these systems through a lens of Western superiority, which led to their systematic marginalization. In India, British colonial policies heavily favored Western biomedicine, relegating practices like Ayurveda and Unani to the periphery. The establishment of Western medical schools and hospitals was part of a broader strategy to modernize and civilize the colonies, often disregarding the efficacy and cultural significance of indigenous practices (Arnold, 1993). In China, the situation was similar but also involved a complex interplay between Chinese nationalism and Western imperialism. The introduction of Western medical practices was seen both as an imposition and as a modernizing force, leading to a hybridization of traditional Chinese medical practices (Lei, 2014). In Japan, Kampo, the Japanese adaptation of Chinese medicine, faced marginalization under the Meiji government, which promoted Western biomedicine as part of its modernization agenda. However, Kampo practitioners adapted by integrating scientific methods and terminologies to align more closely with Western practices (Lock, 1980).

Ayurveda, with its origins in the Vedic traditions of India, is a holistic system that emphasizes balance among the body, mind, and spirit. It comes from the Sanskrit words *ayur* (life) and *veda* (science or knowledge). Its methodologies include herbal treatments, dietary regulations, and spiritual practices. Despite its historical richness, Ayurveda was often sidelined during British colonial rule, which prioritized Western medical practices. TCM, rooted in ancient Chinese philosophy, encompasses various practices such as acupuncture, herbal medicine, and qigong. The colonial and post-colonial periods saw significant changes in TCM, especially during the Republican era when efforts were made to integrate it with Western medical science (Scheid, 2002). Kampo medicine in Japan is derived from TCM and focuses on the use of herbal formulas. During the Meiji Restoration, Western medical practices were promoted at the

expense of Kampo. However, Kampo managed to survive through adaptation and integration into the modern medical framework of Japan (Otsuka, 2010).

Indigenous medical systems did not merely succumb to colonial pressures but often adapted by incorporating aspects of Western medicine. This hybridization allowed them to survive and, in some cases, even thrive under colonial rule.

In India, Ayurvedic practitioners began to adopt diagnostic tools and treatments from Western medicine. For instance, Claudia Liebeskind's work highlights how Unani practitioners in India integrated biomedical concepts and techniques, thereby creating a syncretic medical practice that retained traditional elements while embracing modernity (Liebeskind, 2002). The article *The Stethoscope and the Making of Modern Ayurveda, Bengal, c. 1894–1952*, Projit Bihari Mukharji explores how medical technology, particularly the stethoscope, gained new meaning in the context of traditional medicine in South Asia. Mukharji's analysis is part of a broader conversation on how Western medical technologies were not merely adopted in colonial settings but were often reinterpreted and integrated into local medical practices, reshaping both the technologies and the traditions themselves.

The integration of Western diagnostic tools and treatments into traditional Indian medical practices was not merely a process of adoption but one of significant reinterpretation and transformation. Ayurvedic and Unani practitioners selectively incorporated aspects of biomedicine that they found compatible with their existing frameworks. This coalescence was not a simple fusion but rather a dynamic process where traditional medical knowledge systems were redefined in light of new tools and concepts. For instance, the stethoscope, as discussed in Projit Bihari Mukharji's article, *The Stethoscope and the Making of Modern Ayurveda, Bengal, c. 1894–1952*, became more than just a diagnostic tool; it symbolized the modernization of Ayurveda. The stethoscope was recontextualized within Ayurvedic practice, representing a bridge between ancient wisdom and modern science. This allowed Ayurvedic practitioners to retain the core philosophies of their tradition while demonstrating the efficacy and relevance of their practice in a rapidly changing world.

Furthermore, the adoption of Western medical technologies like the stethoscope also reflected broader socio-political dynamics within colonial India. The use of such tools by Ayurvedic and Unani practitioners can be seen as a form of resistance against the colonial state's attempts to marginalize indigenous knowledge systems. By mastering and reinterpreting Western technologies, these practitioners not only enhanced the legitimacy of their own practices but also challenged the dominance of colonial medicine. Mukharji's work shows how the stethoscope, once an emblem of Western medical authority, was appropriated and imbued with new meanings that reinforced the resilience and adaptability of indigenous medical traditions. This process of syncretism thus highlights the complex interplay between tradition and modernity, where traditional Indian medicine was not simply a passive recipient of Western influence but an active participant in the creation of a uniquely Indian modernity.

Sources such as The Usman Report were commissioned by the British colonial government to evaluate and document the indigenous medical systems, with the primary objective of understanding these traditional practices, assessing their efficacy, and exploring their potential integration with Western medical practices. The report aimed to provide a

comprehensive overview of these systems to inform colonial healthcare policies and potentially improve public health by incorporating beneficial traditional practices.

The article, *Introduction to The Usman Report (1923): Translations of Regional Submissions*, by Christèle Barois, Suzanne Newcombe, and Dagmar Wujastyk, examines the 1923 Usman Report, which documented indigenous medical practices in India. The report allowed practitioners of Ayurveda, Unani, and Siddha to present their cases for state support in their native languages, providing a rare insight into early 20th-century traditional medicine. Efforts to investigate and validate indigenous medicine faced resistance, with many colonial officials dismissing it as unscientific. This publication offers the first English translations of these testimonies, showcasing the diversity and significance of indigenous medical knowledge.

The Usman Report's emergence during a time of rising nationalist sentiment in India was significant, as it represented more than just a compilation of indigenous medical knowledge. It was part of a broader movement toward the decolonization of knowledge and the assertion of Indian cultural and intellectual autonomy. The Indian independence movements were not only about political sovereignty but also about reclaiming and validating the country's rich heritage, including its medical systems. The Usman Report played a critical role in this process by providing a platform where traditional practices such as Ayurveda, Unani, and Siddha could be formally presented and evaluated, thereby challenging the colonial narrative that deemed these practices as inferior or unscientific.

In the context of state policy, the Usman Report catalyzed a shift in the colonial government's approach toward indigenous medical systems. The report highlighted the diversity and efficacy of traditional medicine, leading to increased advocacy for state support. As the report put traditional and Western medical systems on the same playing field, it allowed for a direct comparison that often revealed the shortcomings of Western medicine, particularly in addressing the needs of the Indian population. According to the introduction of *The Usman Report, 1923: Translations of Regional Submissions*, this period marked a significant "turning point where the colonial government was forced to recognize the validity and value of indigenous medical knowledge systems" (Barois, Newcombe, and Wujastyk, 2021). The report further notes that this recognition was not merely symbolic but had tangible policy implications, as it "led to the inclusion of these systems in discussions about public health and medical education" (Barois et al., 2021).

The broader implications of this were profound. The report was instrumental in pushing the colonial administration toward a more pluralistic approach to healthcare, one that acknowledged and incorporated indigenous medical systems alongside Western biomedicine. This shift was part of a larger trend during the independence movements, where various sectors, including education, law, and governance, began to reflect a more Indian-centric perspective. The Usman Report, by documenting and advocating for the legitimacy of traditional medicine, contributed to the gradual elevation of these practices within both the public and official spheres, setting the stage for their continued relevance in post-colonial India.

In China, Sean Hsiang-lin Lei describes how Chinese medicine practitioners navigated the tumultuous political landscape by advocating for the integration of TCM with Western biomedicine. This resulted in a dynamic medical landscape where traditional and modern

practices coexisted and influenced each other (Lei, 2014). In Japan, Kampo medicine underwent a process of scientific validation and integration into the national healthcare system. This adaptation was crucial for its survival and resurgence in the modern era (Lock, 1980).

Discussion

Ayurveda, a traditional system of medicine originating in India, has a history spanning thousands of years. This paper explores the evolution of Ayurveda from pre-colonial times through the colonial period to its contemporary relevance. By examining case studies and historical sources, I aim to understand the transformation of Ayurvedic practices and their integration into modern healthcare systems.

During British rule, Ayurveda faced significant challenges. British authorities often viewed Ayurvedic practices as unscientific, favoring Western medicine as superior. This perception led to policies that marginalized traditional practices and promoted Western medical education and institutions. The British established Western-style medical schools and hospitals, which contributed to the decline of Ayurvedic practices. Policies and laws were enacted to regulate and suppress traditional medicine, further marginalizing Ayurveda. The establishment of the Indian Medical Service and Western medical institutions overshadowed traditional healthcare systems.

The challenges faced by Ayurveda during British rule, as detailed earlier, are further illustrated in Gita Krishnankutty's *A Life of Healing*, particularly in Chapters 9 and 11, where the case of P.S. Varier is highlighted. Varier, who founded the Arya Vaidya Sala between 1902 and 1906, struggled to gain governmental support for Ayurveda amidst colonial policies favoring Western medicine. His efforts to secure recognition and funding underscore the broader difficulties faced by traditional practitioners in an era dominated by Western medical institutions.

The British colonial administration in India undertook significant efforts to establish Western-style medical schools and hospitals, which played a crucial role in the decline of Ayurvedic practices. These Western institutions not only provided formal education and training in allopathic medicine but also enforced policies and laws that regulated and suppressed traditional medical systems like Ayurveda. This marginalization was part of a broader colonial agenda to reshape Indian society in line with Western values and practices.

One of the most impactful actions in this regard was the publication of Thomas Babington Macaulay's *Minute on Indian Education* in 1835. Macaulay's work argued for the promotion of English education and the exclusion of Indian knowledge systems from government-funded institutions. This policy effectively ended the teaching of Indian sciences, including Ayurveda, in government institutions for nearly a century. The Native Medical Institution in Calcutta serves as a poignant example of this shift. Established in the early 19th century, the institution initially taught Indian medicine alongside English medicine, reflecting a hybrid approach that recognized the value of indigenous knowledge. However, following Macaulay's *Minute*, this practice was discontinued, and the focus shifted exclusively to Western medical education.

The IMS, staffed by British-trained doctors, was instrumental in implementing public health policies and providing medical care across the subcontinent. The presence of the IMS

and the proliferation of Western medical institutions not only overshadowed traditional healthcare systems but also positioned Western medicine as the superior and legitimate form of medical practice. As a result, Ayurvedic practitioners found themselves increasingly marginalized, with their practices relegated to the fringes of the medical landscape. The decline of Ayurveda was not merely a byproduct of the introduction of Western medicine but a deliberate outcome of colonial policies designed to undermine and displace indigenous knowledge systems.

In addition, economic constraints and societal pressures during the colonial period also played a role in the decline of Ayurvedic practices. The introduction of Western medicine and its associated economic benefits led many to favor Western medical treatments over traditional ones.

The Usman report drew upon a wide range of evidence, including historical texts, medical literature, colonial government records, and direct observations, to support its points. Specific examples of traditional treatments were cited, describing methodologies of indigenous practitioners and providing comparative analyses of traditional and Western medical practices. Historical texts like the Ayurvedic treatises "Charaka Samhita" and "Sushruta Samhita" were referenced to demonstrate the depth and sophistication of indigenous medical systems. For instance, the report quotes the "Charaka Samhita" on the importance of balancing bodily humors for maintaining health and includes observations from contemporary practitioners of Ayurveda, Siddha, and Unani, such as describing an Ayurvedic practitioner's use of herbal formulations to treat chronic ailments, highlighting the empirical knowledge embedded in these practices. Comparative analysis was used to compare diagnostic techniques, noting that while Western medicine relies heavily on laboratory tests, traditional systems often use observational methods and pulse diagnosis. Additionally, colonial government records, including health statistics and policy documents, provided context for the impact of colonial policies on indigenous medical practices. The Usman Report was significant for its time and place because it represented one of the first comprehensive efforts to systematically document and evaluate indigenous medical systems in the Madras Presidency. At a time when Western medicine was heavily promoted and traditional practices were often dismissed, the report acknowledged the value of indigenous knowledge, highlighting the resilience and adaptability of these systems despite colonial pressures. By documenting and analyzing traditional practices, the report provided a form of recognition and validation for these systems, preserving cultural heritage and ensuring the continuity of traditional knowledge.

The report aimed to influence healthcare policy by advocating for the integration of beneficial traditional practices into the colonial healthcare system, a forward-thinking approach that recognized the potential for a more holistic and effective healthcare system. During the early 20th century, there was a growing interest in the scientific validation of traditional knowledge worldwide. The Usman Report was part of this broader trend, seeking to systematically study and document indigenous medical practices in a way that would be recognized by the scientific community. By doing so, it aimed to bridge the gap between traditional and modern medicine, fostering a more integrated and mutually beneficial healthcare system. The report also had implications for educational reform, advocating for the inclusion of

traditional medical knowledge in the curriculum of medical schools to create a new generation of practitioners well-versed in both traditional and Western medical systems.

Despite the suppression, Ayurvedic practitioners began to incorporate Western diagnostic techniques and treatments into their practice. For example, the use of stethoscopes, microscopes, and Western pharmacology became more common among Ayurvedic practitioners, creating a hybrid medical practice. Educational reforms during the colonial period led to the establishment of Ayurvedic colleges that included Western medical subjects in their curriculum. This integration aimed to modernize Ayurvedic education and make it more scientifically rigorous.

In post-colonial India, there has been a resurgence of interest in Ayurveda. The Indian government has taken several initiatives to promote Ayurveda, including the establishment of the Ministry of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy). These policies aim to integrate traditional medicine into the modern healthcare system and promote its global acceptance. Today, Ayurveda enjoys growing popularity worldwide. Its holistic approach to health and wellness has contributed to global healthcare practices, influencing various fields such as integrative medicine and wellness tourism. The contemporary practice of Ayurveda reflects a blend of traditional knowledge and modern scientific advancements, a legacy of its colonial past.

Conclusion

In the Usman Report, a committee of traditional practitioners successfully made the case for state funding and recognition of indigenous medicine, arguing for its continued relevance and effectiveness. This was a pivotal moment as it provided traditional practitioners a platform to directly engage with colonial authorities, convincing them of the value of Ayurveda, Unani, and Siddha systems. Despite the systematic marginalization during British rule, the Usman Report played a critical role in securing governmental support, allowing traditional medicine to regain prominence and eventually integrate into India's healthcare system.

In the short term, British colonialism had profoundly negative effects on traditional medicine in India. The systematic marginalization and discrimination against practitioners like Usman, along with policies that excluded Ayurvedic knowledge from formal education and medical institutions, significantly weakened the status and prevalence of traditional healthcare systems. The establishment of Western medical schools and the Indian Medical Service further entrenched this marginalization, often pushing traditional practitioners out of the public health sphere.

However, in the long term, the very colonial policies that sought to suppress traditional medicine inadvertently contributed to its resurgence and modernization. The colonial government's failure to completely eradicate or ignore traditional medicine revealed the enduring value of these practices to local populations. As Western medicine struggled to meet the healthcare needs of the entire population, the effectiveness and accessibility of traditional medicine became increasingly evident.



This growing recognition led to a revival and centralization of traditional medicine post-independence. Over time, traditional medicine not only survived but also became more organized and institutionalized, leading to its integration into the modern healthcare system in India. The long-term effect of colonialism, therefore, was not just the temporary suppression of traditional medicine but also the eventual empowerment of the colonized to reclaim and elevate their own medical traditions. This resurgence has allowed traditional medicine to continue to thrive and evolve, becoming an integral part of India's national identity and healthcare landscape.

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