Dr. Koman's Report and Responses of Native Physicians: A Discourse on Indigenous Systems of Medicine

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Abstract

The colonial government constituted a committee under Dr. Koman to direct the research and investigation of the pharmacological action of Indian drugs in 1918. The committee had dual purpose that, on the one hand, to find valuable and efficacious indigenous drugs to be incorporated into western medicine and on the other, to act as an agency to marginalise the indigenous systems. While the report was used as a 'tool' by colonial government to establish hegemonic supremacy of western medicine, it was considered as a spoiler of indigenous systems of medicine by the native physicians. It created a stir in the medical sphere. Understanding its threat as a hegemonic tool, native physicians prepared a repartee in the form of counter reports and published rebuttals in print media. The present work attempts to find that though the members of Legislative Councils of Madras Presidency and the indigenous physicians were praying for investigation for more than a decade, why such a committee was formed at that particular time. Further, it situates Dr. Koman's report and responses to it, in the hegemonic and counter-hegemonic paradigm and critically portrays the discourses of both the sides. The study projects that colonial hegemony failed to establish its authority over the mass completely because of counter-hegemonic struggle of indigenous physicians.

Key words: Dr. Koman, Discourses and Colonial South India, Indigenous Medicines, Report of Investigation of Indigenous Drugs.

1 Introduction

At the end of the second and the dawn of the third decades of the twentieth century, there was a upsurge in the medical sphere of Colonial South India. Like in political sphere such as Jallianwala Bagh and Non-cooperation movement, cultural sphere also witnessed vibrant movements against the colonisation of the culture. Indigenous physicians contested against the marginalisation of their medicines by colonial government as well as the practitioners of western medicine. Physicians of indigenous medicines and native newspapers continuously published rebuttals to a report which negatively portrayed the indigenous systems of medicine. If a single episode could reflect the complete milieu of medical sphere in Colonial South India that is none other than the report of Dr. Koman and responses it received. Even though, the report and responses made a great imprint in the revitalisation movement of indigenous medicines in Colonial South India, it did not attract much scholarly attention except some studies (Hausman 1996 and Weiss 2009). But, the present study attempts to trace the event critically and analyse the responses of indigenous physicians in detail.

Colonial State was a semi-authoritarian and semi-

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hegemonic which controlled the subjects through domination and authority (Chandra et al 2016 and Bhattacharya 2016). Its essential motive was to delegitimise pre-colonial institutions, practices and authority in order to establish their power (Bhattacharya 2016). When two different cultures encounter, the dominant group tries to project the superiority of their culture and hegemony over the other group and simultaneously, marginalise the socio-economic and cultural aspects of other. At the same time, colonial state attempted to exploit resources of colony which might be economically or epistemologically valuable of which indigenous drugs was a prominent one. Colonial state was very keen to incorporate indigenous drugs into their pharmacopeia but not their systems. As Rachel Berger and Nandini Bhattacharya pointed out, Indigenous Drug Committees, instituted by the colonial state, privileged a few useful Indian drugs but not the knowledge system of Ayurvedic medicine (Berger 2008 and Bhattacharya 2016). This dual attitude of colonial state–recognising economically valuable product and marginalising indigenous systems is reflected in Koman report which is worth studying.

According to Raymond Williams, cultural hegemony is powerful in that it does allow the effective self-identification of the dominated. In the process, other subordinate meanings and practices are neglected, excluded, dismissed or demeaned (Williams 1977 & 1980 and Kachuk 1994). Western medicine was introduced as a tool of the empire and one that was part of the hegemonic process (Bala 1991 and Arnold, 1993). Public health regulations came to mean control over the body of the natives. Along with colonizing the body, colonial government attempted to colonise the minds of natives through constructing the superiority of western medicine and dismantling the authority of indigenous medicines in the public sphere with the help of the administrative and institutional infrastructures (Bala 2009). Roy Macleod (1989) argued that "western medicine – a cultural force," acted both as a cultural agency in itself and as an agency of western expansion. Colonial government and practitioners of western medicine strived to establish its hegemony through hospitals, dispensaries, educational and research institutions (Bala 2009 and Kanagarathinam 2018). Besides, they attempted to delegitimise indigenous medicines through negative rhetoric with the help of print media such as publishing the reports of the committees and writings of practitioners of western medicine. Indigenous physicians raised their voices against the dominant discourse which favoured the large scale intrusion of western medicine. They stoutly defended their knowledge system and did not believe that their tradition was confined under the veils of unscientific or irrational thoughts (Kumar & Basu 2013). As scholars rightly pointed out, cultural hegemony is always vulnerable because it leaves room for resistance or counter-hegemony to develop. Marginalised meanings and practices were effectively recoverable and could be used by subordinated groups to challenge the effective dominant culture (Kachuk 1994). Report of Koman was an epitome of dual attitude of colonial government and responses were a part of the indigenous challenge to the colonial cultural hegemony. Before analysing the responses, the attitude of the colonial state and milieu for the formation of the committee should be discerned.

2 Attitude of the colonial state

Attitude of the colonial state towards indigenous systems of medicine was not uniform throughout the period. They rejected episteme of indigenous systems of medicine as spurious and unscientific while they incorporated those indigenous drugs into British Pharmacopeia. Their attitude towards the indigenous systems moved from appreciation to scepticism. Colonial policy on indigenous systems should be analysed based on the matrix of contemporary political, economic and socio-cultural vicissitudes. Until the end of the second decade of the nineteenth century, the medical policy of the colonial government was not having prejudices against indigenous medicines and was even more open to local medical knowledge. This openness was reflected in the establishment of the Native Medical Institution in 1822 in Calcutta where indigenous as well as western medical sciences were taught side by side. Likewise, western medicine was taught along with indigenous medicines in Sanskrit College and Calcutta Madrasa (Bala 1991 and Alavi 2008). But, these sort of remarkable attempts faced stiff resistance from the Court of Directors. Regarding the educational method of the colonial government, it observed, "With respect to the sciences, it is worse than a waste of time to employ persons either to teach or to learn them in the state in which they are found in the oriental books" (Trevelyan 1838, p. 75).

But the Government of India rejected their plea and projected the practical utility of the institution. During the third decade of the nineteenth century, the education policy of the government was influenced by idea of Anglicists which pressurised the government to abolish the Calcutta Native Medical Institution in 1835 (Jaggi 1980, p. 10). Hereafter, the colonial government had given importance to western medical education and English language. On the other hand, after the abolition of the Native Medical Institution, indigenous medicines and indigenous medical education awaited nearly 90 years for the promotion and rejuvenation by the state.

Colonial government rejected the proposal of grants for the advancement of indigenous medical institutions established by practitioners of indigenous medicines and criticised their systems as well. The Government of Madras condemned every attempt of promoting indigenous medical education and reported negatively to the central government. For instance, in 1911, Seshagiri Aiyar requested the government to enquire about the condition of schools and colleges of indigenous medicines with the intent of supporting those institutions and employing the graduates of those institutions to practice in the villages of the Madras Presidency. Surgeon-General W. G. Bannerman condemned that no support would be given to Ayurvedic medical schools on the ground that they taught nothing as to the diagnosis of disease nor did they teach the anatomy of the body (G. O. No. 90). Further, H. A. Stuart, the Chief Secretary to government added that "It would be hardly justified in devoting public money to train young men in a system which, whatever its merits as an empirical system, was undoubtedly less scientific and comprehensive than the modern European system. They felt that they are bound to devote the whole limited funds at their disposal to the assistance of the more modern method of medical education" (G. O. No. 90). When the Government of India requested the Government of Madras to investigate the educational pattern and practice of Ayurveda and Unani, in light of the resolution passed in the Imperial Legislative Council regarding the investigation and placing of the ancient systems on a scientific basis in February 1916, the Government of Madras stated in its report that the teaching method of the indigenous medicines in the Madras Presidency was poor due to the absence of scientific and systematic training in the hereditary methods. Further, the report added that no essential support would be given for furthering the spread of the indigenous system that was unscientific and archaic in character (G. O. No. 475). Apart from these aspects, the Government of Madras rejected the proposal of local bodies to assist the maintenance of indigenous medical schools (G. O. No. 390). The state of medicines was portrayed accurately by *Andhra patrika*, a native newspaper from Madras that:

> The indifference with which the Government view the Ayurvedic system of medicine is well-known. They had not only refrained from giving any grants to Ayurvedic and Unani medical institutions themselves, but had also prevented the local bodies from making any such grants. The Surgeon-General, once before, said that the Ayurvedic system of medicine was not scientific and Sir Alexander Cardew condemned it in the Legislative Council. The government opposed the resolution recently moved in the Delhi Council by Mr. Lala Shuka Vira Singh with regard to the native system of medicine, and had it defeated. Under these circumstances, there is no good in these Ayurvedic doctors depending upon the help of the Government. It is also equally useless to expect the co-operation of the Allopathic doctors. They dislike not only the Indian system but the Homeopathic and Kuhne's systems as well... they cannot possibly respect a system of medicine that is prevalent among the dependent nations (NNPR 1921).

On the other hand, the members of Central and Provincial Legislative Councils, native newspapers and practitioners continuously raised their voices for the development of indigenous medicines for betterment of health of the indigenous population. From 1913 onwards, members of Madras Legislative Council strived hard to pass the resolution to investigate and research on Ayurvedic system of medicine with a view to improve and encourage the 'systems' (G. O. No. 1339). Narasimha Ayyar (1913 and 1916) and A. S. Krishna Rao Pantulu (1914 & 1915) moved the resolution for the investigation and encouragement of the Ayurvedic system of medicine. In response, the government replied that it would consider the request sympathetically and when funds would forthcoming, steps would be taken in that direction. But none of that direction were initiated. Ultimately, all these resolu-

tions were withdrawn due to insufficient support from the respective government (G. O. No. 90, 98 & 285).

The following episode explains perfectly the attitude of the government and the members of practitioners of western medicine towards the promotion of indigenous medicines. Krishna Rao moved the resolution in 1915 for the improvement of the Ayurvedic medicine stating – "This Council recommends that the Governor in Council be pleased to direct a research and investigation of the Ayurvedic system of medicine, with a view to improve and encourage that system". In this context, he requested the government that some competent persons should be placed on special duty to study the indigenous system of medicine and suggest improvements which would not cost a large sum. T. M. Nayar, practitioners of western medicine and member of council, resisted to apply the term 'system' to indigenous medicines instead he termed it as 'the therapeutics of particular drugs used in the system'. Further, he moved the amendment to omit the words 'Ayurvedic system of medicine, etc.' and to insert 'the pharmacological action of the indigenous Indian drugs'. A. G. Cardew responded on the behalf of the government that 'It would probably be necessary in order to make an examination which would carry weight in the scientific world and to secure chemists from Europe'. Further, he stated that due to the on-going war, to get chemists from Europe was not possible and also the government was facing financial crunch. When the government would get the money, it would consider it favourably. Apart from these responses, the public department reiterated that there were neither funds nor men competent to conduct such an enquiry now, and that such scientific researches should be properly encouraged by private funds. Besides, the government projected that the competent authority would be always physicians from Europe. Finally, the resolution was withdrawn (G. O. No. 98 and Proceedings of Council of the Governor 1915–1916). Apart from members of legislative council, practitioners of indigenous medicines also strived to draw the attention of the government. For example, T. R. Ethirajulu Naidu's book (1918), entitled, *The Ayurvedic System*, was written with the objective to request the colonial government which as follows:

> We propose to draw the attention of the Government to view the question with somewhat more foresight and at least with some amount of sympathy as they are the inheritors of the great Roman and Tuetonic civilization whose motto was to follow truth wherever found. The time has now approached for the Government to take a definite attitude and we impress on them that, as the race of lovers of arts and sciences, they should extend their hand of support to the resuscitation, growth and usefulness of the ancient system of medicine to the suffering humanity.

The impact of World War I influenced the attitude of the government and its priorities. World War indicated the problems in the external dependency for drugs. The severe shortages for medical services and drugs were felt in the medical sphere. Western medical civil hospitals and charitable institutions faced an acute shortage of drugs in the latter years of the war (Bhattacharya 2016 a&b and Visvanathan 1985). Indian nationalists, native newspapers and practitioners were joined by a huge scarcity of drugs. They continuously attacked the attitude of the government and demanded the government to come forward for the development of indigenous medicines. For instance, A. Lakshmipathi (1917) demanded the local boards and corporations to support indigenous medicines due to the inadequacy of practitioners of western medicine and due to the fact that still ninety percent of Indian population depended on indigenous medicines. The *Hindu Nesan* wrote, "there were only four medical schools in South India which was quite inadequate to meet the demands of the people," and urged the "desirability of starting schools for imparting instruction, in the vernaculars, on the eastern system of medicine, as the majority of the people had recourse only to this system" (NNPR, 1918). The *Lokopakāri* pointed out that the government's attitude of not encouraging the Unani and Ayurveda in the situation of inadequacy of western hospitals and doctors should be understood as the malfunctioning of the administration (NNPR, 1918). The *Dravidan* projected the above concern of inadequacy of practitioners of western medicine and suggested the government to adopt indigenous systems at a time when the prices of foreign articles were increasing (NNPR 1918).

Colonial state also took an initiative to mitigate the undesirable condition created by War. It tried to get more Indian substitutes of western drugs and encouraged deeper exploration of indigenous drugs. It was not a new phenomenon that indigenous drugs were tested scientifi-

cally and incorporated into British Pharmacopeia but War raised intensity of the process. From the advent of the Europeans into India, persons like Garcia da Orta, Sir William Jones, John Fleming, William Roxburgh, and Whitelaw Ainslie were interested in the Indian medicinal plants. The English East India Company sponsored the investigation of indigenous drugs to lessen its reliance on imported drugs. Some important works on Indian pharmacopoeia were– Whitelaw Ainslie's *Materia Medica of Hindoostan* (1813) and *Materia Indica* (1826); George Playfair's *Talifi-Sharifi*, entitled, *Indian Materia Medica* (1833) and W.B. O'Shaughnessy's Bengal *Pharmacopeia* (1844) (Harrison 2001). English East India Company and the colonial government allocated funds to prepare pharmacopoeia of indigenous drugs. During the second half of the eighteenth century, several civil medical officers and Indian medical officers published pharmacopoeia of indigenous drugs continuously. Likewise, Indian version of pharmacopeia, entitled, *The Pharmacopeia of India* (1868) was prepared under the aegis of the colonial government (Arnold 2002). The state directed medical departments to prefer indigenous medicines due to low cost and easy availability. For instance, A. P. Howell, Under Secretary to the Government of India (1866) instructed the medical department that:

> Supply of European medicines be limited strictly to those medicines for which no native drugs could efficaciously be substituted. The government would then pay for such European medicines only and the local funds would be charged with the cost of the native drugs that could be used in substitution (Arnold, 2002, p. 66).

Even though a drug committee under the aegis of Dr. Chopra (1930) was constituted in 1930 after World War I to research properties of indigenous drugs at Calcutta School of Tropical Medicine, the episode of Koman could not be taken lightly. After the War, Colonial state strived to enhance their power through both means i.e. authority and hegemony. Draconian laws (Rowlatt Act) to detain individuals from the movement and marginalise pre-colonial institutions (indigenous systems) and to hegemonies the masses were vigorously followed by the state. Acute drug shortage due to war and feeling to strengthen the colonial power led to the formation of Koman Committee. The significance of Koman Report lies in the fact that on the one hand, it would find valuable and efficacious indigenous drugs to be incorporated into western medicine and on the other hand, act as an agency to marginalise indigenous systems. It is to be noted that earlier reports did not attack indigenous systems of medicine as Koman did. The Report of Koman is to be analysed from dual attitude of the colonial state which encompasses the matrix of economic importance and cultural hegemony.

3 Report of Koman

Due to juxtaposition of events viz. scarcity of drugs, rise of nationalism and the continuous efforts of practitioners of indigenous medicines and members of Governor in Council, the colonial government appointed a committee to direct the research and investigation of the pharmacological action of Indian drugs (G. O. No. 833). Dr. Srinivasamurthi was selected initially to conduct research but transferred to military duty later on (G. O. No. 496). Dr. Koman was appointed on 12th July 1918 to conduct the investigation in his place (Koman 1921). He was a western medical practitioner and an honorary physician of General Hospital in Madras. He used a number of well-known books to get the foundational knowledge of indigenous drugs such as *Pharmacographia Indica* by Dymock, Warden and Hooper (three volumes), *The Vegetable Materia Medica of Western India* by Dymock, *The Materia Medica of India and their Therapeutics* by Khory and Katrack, Ainslie's *Materia Indica*, the *Taleef Shereef* translated by Playfair, *Materia Medica of the Hindus* by Udoy Chand Dutt, *Indigenous Drugs of India* by Kanny Lal Dey, Waring's *On Bazaar Medicines* and *Pharmacopeia of India*, Mohideen Sheriff's *Supplement to the Pharmacopeia of India* and *Materia Medica*, *Suśruta Saṃhitā* translated by Kaviraj Kunjan Lal, *Caraka Saṃhitā* (Malayalam translation), Vāgabhaṭa's *Aṣṭāṅga Hṛdayam* (Malayalam translation), *Ayurvedic System of Medicine* in three volumes by Kaviraj N. N. Sen Gupta, *Mādhava Nidāna* (in Malayalam) and several other works on Ayurveda written by reputed Malayali physicians, and also several treatises on medicine in Tamil (Koman, 1921). He personally visited the local Ayurvedic dispensaries, observed the practices of indigenous physicians and collected the information about the preparation of drugs and their compounds. Indigenous drugs were tested on the patients of the general

hospital as standard stated by western medicine to find out their efficacy. In particular, he avoided to treat very serious cases with the Ayurvedic drugs in order to not disrepute the method of treatment (Koman, 1921).

Koman report is to be cross-examined at two levels that are his result on indigenous drugs after investigation and his remarks on indigenous systems of medicine. His conclusion on first one was positive with some exceptions like comparing with western medicine while latter was negative. Koman submitted his preliminary report on the "Investigation of Indigenous Drugs" on 7th December 1918 which was conducted during the period between 12th July to 31st October 1918. Two more reports were also submitted. The first report comprised his remarks on the indigenous drugs and appended annexures which are: (1) Notes on drugs and compounds which have been investigated. (2) Summary of the notes on medicines investigated, found useful and recommended for further trial. (3) The composition and the methods of preparations of those mentioned in no. 1. (4) The composition and the methods of preparation of the drugs collected but not investigated. (5) Statement showing the diseases treated at the General Hospital with Ayurvedic medicines and results. (6) Chemical Examiner's report on analysis of drugs etc. (Koman 1921).

In his first report, single and compound drugs were investigated and properties, chemical actions and therapeutic uses of these drugs were noted. Drugs were mentioned by botanical name along with Sanskrit, Tamil and Malayalam. Forty seven single and compound drugs were investigated of which seventeen were single drugs and remaining were compounds. Twenty six drugs were found useful and recommended to further trial. Investigation pointed out that except some drugs, others were useful. Some drugs were noted for its slow actions like *Agnithuṇḍi vaṭī*, Holarrhena anti-dysenterica (*Veptalai Arisi*) and *Pūrṇachnandredhayam* while some were pointed as negative. Even he recommended some drugs as substitutes for western drugs. For instance, *Śivadavira* (Tamil) was recommended as substitute for Jalapin to treat constipation of fevers, chronic constipation, in ascites with cirrhosis of liver. Twenty-seven diseases of fifty-three patients were treated by indigenous drugs at Government General Hospital, Madras during the period between 12th July to 31st October, 1918 of which 35 patients got benefited.

The second report, submitted on the 31st December 1919, was considered as the chief report because he had given his appraisal on indigenous systems which would be discussed later. Like the first report, sixty four single drugs and ninety eight compound drugs were investigated. The classification of the drugs and summary of their result were given in two appendices. The report of chemical examiners, statement of disease treatment by Ayurvedic and Unani drugs and formulas of compounds were noted in the appendices. Essential part of the report is comparison between indigenous and western drugs and record of unique medical practices of Malabar and West Coast regions. He compared indigenous drugs such as expectorants, anti-periodics, anti-pyretics, tonics, purgatives and diuretics with western drugs and projected the superiority of latter though he also mentioned the former as beneficial. For example, Santonin was compared with indigenous drugs such as Butea Frondosa, *Chempullanhi, Kirmani*, Cleome Viscosa, Vernonia Anthelmintica and Chenopodium Ambrosioides for expelling worms from the alimentary tract and concluded that indigenous dugs were inferior to western drugs. Besides, in the case of diabetes, he pointed out that western drugs such as Codeia, Opium, Morphia, Arsenic and Salicylates were as good as any of the Ayurvedic medicines in giving relief to diabetic patients. Complete disappearance of sugar from the urine had been noticed in several cases which were treated with the drugs of the British Pharmacopoeia mentioned under proper hygienic and dietetic conditions. Likewise, regarding the mercurial compounds, he noted that some of the mercurial compounds of the vaidya's act very well as alternative and improved the health and tone of the body. But there is no drug in the Pharmacopoeia of indigenous systems of medicine which could be considered equal in its action to that of the iodides. Besides, unique medical practices of Malabar and the West Coast such as douching, massage with medicated oil and śirovasti were recorded in the report. In particular, forty indigenous drugs were recommended to include in the lectures on Materia Medica at the Madras Medical College.

The final report on the investigation of indigenous drugs was submitted to the Surgeon-General of Government of Madras by Dr. Koman on 2nd August 1920. Third report also like first and second comprised of 66 single and 96 compound investigated drugs, formulae of compound preparation and statement of disease treated. The essential part of the report is his remarks on treatment of

leprosy that *Hydnocarpus Inebrians* was a potent drug for ameliorating the loathsome complications of leprosy. Further, he explained how lepers were cured by drug. Most of his remarks on indigenous drugs are positive one though he complained about their slow action. Prime tool in the hands of colonial government to demean indigenous systems of medicine was Koman's remark on indigenous systems of medicine which was noted in his second report that would be discussed in next section.

4 Koman's remark and responses of indigenous physicians

The report of Dr. Koman attracted severe criticism from practitioners of indigenous medicines and native newspapers. For instance, the physicians of Dravida Vaidya Mandal and Madras Ayurveda Sabha[1] prepared a repartee to Koman report. A series of meeting of their joint board was held at the office of Dravida Vaidya Mandal, Mylapore, Madras between 17th and 23rd March 1921 to "protest against Dr. Koman's Report on Ayurveda and to discuss the System completely". The meeting concluded that the report was incorrect, incoherent, misguided and prejudiced in comprehending the indigenous systems of medicine both in its theoretical and practical aspects. Therefore, the said report was not worth the money spent on behalf of it and the government had grievously erred in appointing one single man without previous knowledge of indigenous systems of medicine for the task of investigation that too unassisted by any competent vaidya or hakim (Dravida Vaidya Mandal and Madras Ayurveda Sabha, DVMMAS 1921). The meeting resolved that a committee, consisting of Vaidyaviṣāradas K. G. Natesa Sastrigal, Bharata Sastrigal, K. A. Venkatachala Sastrigal, E. R. Srinivasa Raghavachariar and Vaidyabhupati S. Krishna Rao along with the general secretary of the Dravida Vaidya Mandal would prepare a repartee to the Koman report (DVMMAS 1921).

Indigenous physicians looked at the formation of Koman committee in various ways. Some suspected the government intention to incorporate indigenous drugs into British Pharmacopeia rather than improving the indigenous systems while others felt that it was a plan to uproot indigenous systems in favour of western medicine. For instance, Bhiṣagratna Achanta Lakshmipathi (1918)[2] wrote an article in *Vaidya Kalanidhi* in 1918 entitled "Is Ayurveda to be Encouraged or the British Pharmacopoeia to be Enlarged?". In the article, he questioned the intention of the government and opposed the plundering of their medical knowledge. Likewise, the views of Pandit D. Gopalacharlu[3] published in *Andhra patrika* reflected the same sensitivity that "the appointment of Doctor Koman to make a research regarding these systems was not made with the object of improving them but incorporating in the English Pharmacopoeia the efficacious drugs which are in use therein" (NNPR 1918). Apart from indigenous physician, native newspaper *Swadeshamitran* also exposed the intention of the colonial government. It published an article, entitled, 'The Lot of Indigenous Medicine' which said that:

> The order of the Government on the report can give satisfaction only to Doctor Koman. It will not be consoling either to the Indian people or the native physicians. We already warned that the Government would utilise their knowledge of the efficacy of the indigenous medical drugs and the superiority of the indigenous systems of medicine in trying to improve their own system and this has in the end come to pass. The Government will, in future, begin to whittle down the merit of the Unani and Ayurvedic systems and assert that the western system is superior (NNPR 1921).

On the other hand, Pandit Duraiswami Aiyangar[4] observed the activity of the government and pointed out

[1] Dravida Vaidya Mandal and Madras Ayurveda Sabha were regional associations of indigenous medicines which were formed in Madras in 1918. Dravida Vaidya Mandal comprised Siddha and Ayurvedic physicians while Madras Ayurveda Sabha was exclusively for Ayurvedic physicians. Dravida Vaidya Mandal acted as a regional centre of All India Ayurveda Mahamandal.

[2] He was a prolific writer and publisher of Ayurveda. Even though, he studied Western medicine, he was a student and follower of Ayurveda. He acted as a lecturer and principal in the Madras Ayurveda College. He established Andhra Ayurveda Pharmaceutical Industry and Arokkiya Ashram to spread Ayurveda system.

[3] Pandit D. Gopalacharlu was a forerunner in the institutionalisation of Ayurveda. He instituted Madras Ayurvedic medical college and an Ayurvedic hospital. He established Ayurveda Printing Works to publish Ayurvedic texts and also instituted a journal to advance Ayurveda.

[4] Pandit Duraiswami Aiyangar joined as a chief physician of SKPD Trust's free Ayurvedic hospital at George Town in Madras after the resignation of D. Gopalacharlu. He established *Vaidya Kalanidhi Kāriyālayam* through which he started to publish medical texts such

that:

> The Government are adopting various tactics with the object of uprooting the Ayurvedic and Unani systems and firmly establishing the western system in their place, and furthering the trade in western medicines. The appointment of Doctor Koman to make an investigation into the indigenous systems of medicine is the principle one among such tactics. While Doctor Koman's report has, with the object of ruining the Ayurvedic system, been framed in such a manner that the trade in English medicines in this country may be advanced and that the western system of medicine may be deemed by our countrymen to be superior... (NNPR, 1921)

Similarly, Pandit Narayana Iyengar (1925)[5] questioned the government on appointment of Koman that:

> The Government should consider the knowledge of Dr. Koman on indigenous medicines before appointing him as an investigator. I ask the government that at least, does he know about the fundamentals of indigenous medicines such as *tridoṣa*, *tattva*, paňca *nidāna*, *svarubangala* (diagnostic symptoms), *sneha*, *sveda*, *śodhana*, *vasti* and *raktamokṣa* (bloodletting)?" Thus, it indicated that the government appointed him to destroy indigenous medicines to favour Western medicine.

K. G. Natesa Sastri[6] said that unless the theory of *tridoṣa* and *paňcakarma* of Ayurveda were clearly understood by western medical men, they had no claim to call their system a science (DVMMAS, 1921). Likewise, *Navasakti*, Native News Paper, pointed out the continuous neglect of the colonial government on advancement of indigenous medicines and finally, made the report to destroy them. It published as follows:

> After India came under the British rule, English system of medicine has come into vogue in some places. The Government have not given such encouragement to the indigenous system as they did to the other. The indigenous system has fallen down owing to the neglect of the rulers. When, during Lord Pentland's time, questions were put in the legislative council with regard to this system, the Surgeon-General and others spoke in derision thereof. The Legislative council during Lord Willingdon's days devoted some attention to the indigenous system and Doctor Koman's report is the outcome of it. The Government also have approved the report, though it contains a great many objectionable points. As medicine is a transferred subject, let us await the action of the minister in this matter. Some are bent upon destroying the Ayurvedic and Unani systems of medicine (NNPR 1921).

Thus, indigenous physicians and native newspapers criticised step-mother attitude of the government and exposed the prejudice on indigenous medicines.

First, the practitioners of indigenous medicines attacked the eligibility, texts and method of investigation of Dr. Koman. Pandit Narayana Iyengar (1925) interrogated his eligibility as an investigator that Doctor Koman was not familiar with prime languages of indigenous medicines such as Sanskrit and Tamil and depended on the translated works from which one could not expect the truth. Further, he attacked Koman's method of investigation. He raised question that even while well experienced Ayurvedic physicians were not able to judge the efficacy of indigenous drugs, how one could accept the report of Dr. Koman who did not have the basic knowledge of the system and just tested indigenous drugs on the patients of general hospitals in a few days keeping western drugs as a standard medicine. Pandit Duraiswami Aiyangar criticised Koman in his article, entitled, "The Report of Dr. Koman on Indigenous Systems of Medicine," pub-

as *Sāraṅgadhara Saṃhitā, Aṣṭāṅga Hṛdayam, Mādhava Nidānam* and *Rasaratna Samuccayam* and journal- *Vaidya Kalanidhi*.

[5]Pandit Narayana Iyengar was also one of the founding members of Dravida Vaidya Mandal, Madras Ayurveda Sabha and Madurai Swadesha Vaidya Sangam. He started a monthly Ayurvedic periodical – *Vaidya Chandrika* to disseminate previously inaccessible medical knowledge to the community of physicians. He published books such as *Ouṣadhāsaram*, *Shasrayogam*, *Kayakalpam* and *Tsayanoyum Chikitsaiyum*.

[6]Vaidya Viṣārada K. G. Natesa Sastri was a lecturer in Venkataramana Ayurveda College at Mylapore and one of the founding members of Dravida Vaidya Mandal and Madras Ayurveda Sabha. He wrote following Ayurvedic texts such as *Jevanuvatam*, *Kiranda Nirmanam*, *Kalyanavartikkam* and *Madukosha Makarandam* in Sanskrit. He played a pivotal role in preparing the repartee to Report of Dr. Koman. He was a supporter of suddha Ayurveda.

lished in the journals *Vaidya Kalanidhi* and *Swadesamitran*. He questioned the competency of Dr. Koman either to grant a certificate of merit to Ayurveda or to decry it (NNPR 1921). Duraiswami Aiyangar asserted that it would not have been possible for him to study the principles of Ayurveda and had no authority to assess the efficacy of Ayurvedic medicine. He was neither consulting with eminent experts and heads of Ayurvedic associations like All India Ayurveda Mahamandal, All India Ayurveda Vidyapeeth nor seeking assistance from learned Ayurvedic physicians for his report. Being a servant of the government, there was no surprise that his report was biased (NNPR 1921). *Andrapatrika*, native newspaper, also reflected the same sensitivity that:

> Doctor Koman has no previous experience of the Ayurvedic system. That was why he took the help of some translations of the works on the subject, and some Ayurvedic books in Malayalam. He also visited some Ayurvedic hospitals in the city. Though the Ayurvedic doctors in the city were prepared to help him, the Unani doctors, except one or two, were not willing to disclose the secrets of their profession. As he had no experience of the Ayurvedic system of treatment he had to seek patients to test the efficacy of the Ayurvedic medicines. One can see from this, what the value of this opinion on the subject can be. Before one seeks to examine any system one must have a certain amount of respect for that system. The Ayurvedic medicines were prescribed after the relation between the physical body and the life within had been determined. The Allopathic system does not notice the said relation (NNPR 1921).

Further, it noted the discrepancies in the method of investigation that:

> He travelled only in the Madras presidency, and he himself said that the Unani doctors did not cooperate with him. He ought to have travelled all over India and more especially in Bengal. Without a knowledge of Sanskrit and experience of the Ayurvedic system of medicine it could not be possible for him to find out the respective merits of the two (Allopathic and Ayurvedic) systems. The Government suggested the desirability of trying the medicines selected by Doctor Koman and referred the matter to the Surgeon-General. The very fact of such a suggestion is proof positive of the merit of those medicines... The statements of Doctor Koman cannot be gospel truth as the Surgeon-General himself acknowledge that Doctor Koman had not sufficient opportunity to properly test the Ayurvedic drugs and medicines and that unless several able doctors co-operate no useful result can be achieved (NNPR 1921).

While physicians questioned the competency of the Doctor Koman, the report of Dravida Vaidya Mandal and Madras Ayurveda Sabha derided the method of investigation. It says that:

> When a patient comes suffering from a particular disease, any physician practising any system will try to fit the medicines to the patient. What then does the learned doctor mean by saying that he had to fit patients to medicines, is rather hard to understand. A knowledge of the medicines and the corresponding diseases go together and hence we are led to think that the learned doctor simply indulges in quibbles without knowing what he means (DVMMAS, 1921).

Apart from his method of investigation, indigenous physicians noted his misinterpretations of terminologies and usages of indigenous drugs. For instance, Pandit Narayana Iyengar (1926a) said that Koman misunderstood *Sida cordifolia as Mayir Māṇikkam* in Tamil. But actually, *Mayir Māṇikkam was Sida reetusa* which was different from *Sida cordifolia*. Furthermore, *Iodoicea sey challarum* was named as *Kaṭalaraṅkam Paṭṭai* and *Kaṭal Tēṅkay* in Tamil and Malayalam respectively by Koman but properties and usages of *Kaṭal Tēṅkay* were different those of *Kaṭalaraṅkam Paṭṭai*. Moreover, he criticised Koman, for reporting negatively on the reaction of *Kaṭal Tēṅkay* after wrongly using the herb *Kaṭalaraṅkam Paṭṭai* instead of the aforementioned plant. In the case of *Aśvagandha*, indigenous physicians ridiculed his conclusion that the patient with chronic gastritis and marked loss of appetite could not get any benefit from using *Aśvagandha* and pointed out that:

> An illiterate physician would not, even in dream, commit such a fatal mistake as giving *Aśvagandha*

> and *Vridhadaraka* in "marked loss of appetite" and "chronic gastritis". How the learned doctor managed to get such misguided knowledge is rather beyond our comprehension? "*Aśvagandha*" is a tonic and a muscle builder and hence administered in general debility only after correcting the digestive system by proper specifics (DVMMAS 1921).

Similarly, they noted drugs such as *Alpinia chinensis* (*Alpina galanga*), *Asparagus racemosus* (Liliaceae) and others as well (DVMMAS 1921). Finally, indigenous physicians concluded that really the learned doctor had not got the necessary equipment to identify correctly the drugs. No wonder he hopelessly failed in the attempt because he did not have the sound knowledge of the terminology in which the properties of the drugs were clothed (DVMMAS 1921).

Practitioners of indigenous medicines were critical about the statement of Koman that "the science of Hindu medicine is still sunk in a state of empirical obscurity" (Koman 1921). Physicians of Dravida Vaidya Mandal and Madras Ayurveda Sabha answered that to him (Koman), the use of drugs of Ayurveda was a matter of accidence which the learned doctor was kind enough to say as 'empirical' (DVMMAS 1921). They stated that he meant two sorts:

> It is not Ayurveda which is still sunk in empirical obscurity. In truth it is the very reverse of it...Long ago, Ayurveda developed a system of its own and reached a point beyond which it had become practically impossible to proceed. And that is why it is even now accused of having become stagnant long ago...it is really the western system of medicine that is still in the experimental stage or empirical if the learned doctor would like to have such an expression. Day after day we learn both from the medical papers and newspapers that numerous experiments of various drugs and of vaccines invented by faddists who pose as scientific men, are being made on the lower and helpless animals and the results pronounced with but dubious or trifling virtues only to be refuted and hooted down by other faddists. And yet the learned doctor has the hardihood to pronounce Ayurveda to be "still sunk in a state of empirical obscurity" (DVMMAS 1921).

Koman (1921) stated about the nature of indigenous drugs that "The articles employed by the Hindus in medicines are extremely numerous. Many substances are daily prescribed with but dubious or trifling virtue if, indeed any virtue to be recommended". He further criticised the properties of the indigenous drugs and humoral theory as:

> The first embarrassment I had to encounter while attempting to study the properties of drugs was in connection with the hypothesis of the three humours, wind, bile, and phlegm which forms the basis of the aetiology, symptomatology, diagnosis, prognosis and treatment of diseases in Hindu medicine. All diseases are supposed to be caused by the derangement of one, two or all the three humours together. Different interpretations have been given to these humours by eminent kavirājas, pandits, and vaidyas. With no pretensions whatever to any critical study of this subject, I must confess that the more I have exerted to make a study of these humours the more have I got into deep mire.

Practitioners of indigenous medicines admonished that Ayurveda system emerged based on three humours. Ayurvedic anatomy, aetiology, symptomatology, properties of drugs, diagnosis and prognosis were understood on the basis of three humours which were fundamental in Ayurveda. Though it wouldn't be found in the physical body by naked eye, they play a very prominent role in body and diseases. One who fails to understand this, ultimately, his comprehension of the system would also fail (Iyengar 1925). Similarly, *Andhra patrika* also pointed out that "The Allopathic doctors have not been able till now to trace any scientific connection between quinine and fever. They need not therefore find fault with the Ayurvedic system for its dependence on 'experience'. Dr Koman also discredited the theory of the 'three humours' which has been accepted from time immemorial, simply because he was ignorant of it" (NNPR 1921). In particular, Dravida Vaidya Mandal and Madras Ayurveda Sabha (1921) quoted the explanation of Kavirāj Gananath Sen as a refutation to the critics of Koman that

> The theory of *vāyu*, *pitta* and *kapha* was also a great discovery which unfortunately had been much misunderstood by western scholars judging by the wrong mercenary translations rendering these terms as 'wind' 'bile' and 'phlegm'...the

> word *vāyu* does not imply wind in Ayurvedic literature, but comprehends all the phenomena which come under the functions of the Central and Sympathetic Nervous systems, that the word *pitta* does not essentially mean bile but signifies that functions of thermogenesis or heat production and metabolism comprehending in its scope the process of digestion, coloration of blood and formation of the various secretions and excretions which are either the means or the ends of tissue combustion. And that the word *kapha* does not mean phlegm but is used primarily to imply the function of thermotaxis or heat regulation and secondarily the formation of the various preservative fluids mucus, synovia etc. though the products of *pitta* and *kapha* have been sometimes called by these names.

In the context of drugs, Koman (1921) criticised the use of a single drug for numerous diseases:

> ...the properties and uses of individual drugs and particular combinations of medicines, the Sanskrit writers enter into minute details regarding their special influence on the humours on which they say the machinery of life depends and often indulge in very exaggerated statements: for example, a medicine prescribed for a particular disease is considered not only to cure that disease but also a host of other diseases. Take for instance the properties and uses of Chebulic myrabolans (ordinary *myrabolans*, Tamil, *Kadukkai*) as described in *Aṣṭāṅgahṛdayam*, *Sūtrasthānam*: Astringent, indifferently sweet, pungent, sour, bitter, possesses heating powers, promoted digestive powers, digests food lying undigested in the stomach, prolongs the period of youth, laxative, preserves and prolongs life, strengthens memory, increases vital powers, cures leprosy, discolouration of skin, loss of voice, chronic fevers, poisonous fevers, disease of brain, eye diseases, anaemia, heart diseases, jaundice and *grahani*, consumption, abdominal tumours, dropsy, dysentery, swooning, morbid secretion of urine, asthma, cough, excessive salivation, piles, enlarged spleen, flatulence, ascites, colic lumbago, loss of taste, and other diseases arising from the derangement of phlegm and wind humours.

Practitioners of indigenous medicines also retaliated that western medicine also had these sort of drugs. For instance, Narayana Iyengar (1925) pointed out that quinine sulphate was used for various sort of fevers, respiratory diseases, pertussis and eye infections etc. When this was the case of western medicine, criticising indigenous systems for the same cause reflected their vengeance against Ayurveda. Furthermore, indigenous physicians clarified about the Myrobalan that "there are eight varieties of *Haritaki* or Myrobalan and every one of them had properties differing from the others. Moreover, different properties are assigned to the various parts, such as rind, nut, interior parts etc., of a Myrobalan and it is therefore not improbable that they cure a host of other diseases" (DVMMAS 1921). Dr. Koman (1921) compared the reaction of indigenous and western drugs and concluded that the action of indigenous drugs was very slow. For instance, Koman investigated the action of *Pūrṇachnandredhayam* against syphilis and concluded that it is "very slow and does not compare favourably with that of salvarsan." Dravida Ayurveda Mandal and Madras Ayurveda Sabha (1921) responded to the criticism of Koman highlighting the positive aspects of indigenous drugs. They compared indigenous and western drugs and said that the treatment by salvarsan did not thoroughly eradicate the disease from the body (while *Pūrṇachnandredhayam* eradicate completely though slow). Numerous cases of syphilis given up as hopeless by the allopathic physicians had been tried by the *vaidyas* with good and satisfactory results. The learned doctor had yet to learn why the action of *pūrṇachnandredhayam*, though slow, was yet permanent while that of *salvarsan* was transitory. Furthermore, indigenous physicians clarified the causes for the slow reaction of the indigenous drugs that:

> The drugs vary in degree in their actions whether they be quick or slow, owing to their inherent properties of rasa, *vīrya*, *vipaka*, *prabhāva*. Had the learned doctor understood this terminology explained in Ayurveda he would have got a clue as to why a drug acts slowly and why another acts quickly. Even in drugs which are classified as 'quick in action' we discern that the degree of action varies in every one of them owing to the difference in its *rasa*, *vīrya*, *vipaka* and *prabhāva* properties (DVMMAS 1921).

Indigenous physicians emphasized the unique aspects of indigenous drugs that Ayurveda had recognised seven important poisonous sheaths covering mercury which were highly injurious to the body and to remove them it had prescribed seven processes of purification as *śodhana*, *jārana*, *utthāpana* etc. By these processes mercury was made absolutely harmless. British Pharmacopeia was quite a stranger to these methods and yet the learned doctor had the hardihood to declare that the administration of mercury and several of its compounds by the allopathic physicians 'is always conducted in such a careful and methodical manner as to prevent the occurrence of any injurious effects.'...West had yet to learn the innumerable methods of introducing mercury into the human body (DVMMAS 1921). While Koman failed to find marvellous properties in indigenous drugs, indigenous physicians explained superficial aspects of indigenous drugs that:

> There are drugs like *haritaki* or *kadukkai* in Tamil and *amalaka* or *nellikkai* in Tamil which have been described as being capable of increasing the longevity of a man for any number of years by being administered in a particular way called the *rasāyaṇa vidhi*. The famous *makaradhvaja* commonly known in these southern parts as *pūrṇacandrodaya* is described as being capable of making the body poison-proof if administered for one year in a particular way (DVMMAS 1921).

Besides, the native practitioners responded that properties of indigenous drugs could not be understood by Koman because he was unable to comprehend the peculiar terminology (DVMMAS 1921). Koman (1921) assessed the causation and classification of diseases in indigenous medicines and criticised them as:

> In *Mādhava Nidāna*, fever is described as separate entity or disease by itself. All fevers are said to be the result of the derangement of one, two or three humours, and there are several varieties of fevers described. When all the three humours are deranged badly, the fever is said to be *sannipatha* or typhoid. There are 13 varieties of typhoid fever alone described in this book each with symptoms peculiar to it... I am constrained to observe here that their hypothesis with reference to the classification and aetiology of diseases is entirely out of date and will not stand the test of the rational science of the present day.

Narayana Iyengar (1925) retorted that Ayurveda was constructed based on the fundamental theory of tridoṣa tattva. It varied from western medicine in disease causation and symptomology. Diseases and medicines of Ayurvedic system were not only understood on the basis of three humours but also differentiated on the basis of micro internal variations of that humours. While western medicine considered fever as a single disease, Ayurveda looked at a fever with micro variations and classified it on the basis of humoral derangements such as *vāta*, *pitta* and *kapha* fever prescribed medicines accordingly. Besides, instead of providing the same drugs to a particular disease to all affected patients like western medicine, Ayurveda prescribed the different medicines to different patients for a particular disease as per their body constitution (*prakrti*). Also the cost of treatment and drugs western system was too high while Ayurveda was the system of common man with greater claim for consideration by the municipalities than that of the allopathic dispensaries (DVMMAS 1921).

Final onslaught on indigenous medicines by Koman (1921) was that Ayurvedic texts evinced a firm conviction and belief in the intervention of evil spirits, and offered many curious and absurd rules for averting their machinations. Practitioners of indigenous medicines replied that authoritative Ayurvedic texts like *Caraka* did not possess the details about evil spirits. Even these aspects were absent in Tamil medical texts like *Agastiyar vaitya kāviyam* and *Tēraiyar ñāṇa veṭṭi* (Iyengar 1925). Pandit Narayana Iyengar (1926b) compared the both systems (western and indigenous) and noted that allopathy was a system of treatment in which remedies were given to counter the morbid condition present. The method was the one in ordinary use and was intended to produce in the body a condition contrary to that of disease without understanding the nature of disease. But, indigenous medical systems understood the nature of derangement of humours and prescribed the drugs to regularise the derangements which ultimately helped in curing diseases completely. Besides, they helped to improve the immunity of the body instead of creating side effects like western medicine (Kanagarathinam 2019). Similarly, K. G. Natesa Sastri responded to negative criticism on Ayurveda as non-progressive science stating:

> Ayurveda is not a progressive science because it has nothing to improve as it has propounded the theory of the three principles by which it has been able to generalise and bring into its fold the pathological developments of every disease ancient or modern so that it serves the purpose of the microscope for practical purposes. Similarly, it has propounded the theory of *pañcakarma* or the five methods of treatment which has enabled us to generalise the step by step procedure of treatment so that any and every disease ancient or modern may be successfully treated by it. It has understood these two principles so thoroughly that in spite of the twentieth century it cannot be destroyed. The real truth is that the Ayurveda begins where western system ends (DVMMAS, 1921).

5 Conclusion

Colonial government constituted Koman committee for economic usage and cultural hegemony. Circumstances like scarcity of drugs and emergence of nationalism necessitated the government to adopt a plan to mitigate both. Drug committee was an essential to find substitute drugs and to firm colonial hegemony which was prerequisite to legitimise colonial rule. This led to ideological subjugation of Indian culture which was fervently resisted by physicians of indigenous systems. Deepak Kumar (1997) mentioned that Indians accepted British laws without much fuss, but not their medicine. The resistance to colonial hegemony was demonstrated in innumerable ways like cultural assertions and intellectual dissent. Counter reports, writings and propagandas were circulated in the public sphere highlighting and criticising the shortcomings of Koman report. These writings played a pivotal role in the policies of the forthcoming governments. It is to be noted here that the hegemony of western medicine was not total and failed to establish its authority over the mass completely because of counter-hegemonic struggle of indigenous physicians.

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