

# Brahmanizing Ayurveda: Caste and Class Dimensions of Late Colonial Ayurvedic Movement in Upper India

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The emergence of cultural and political nationalism in the late nineteenth and early twentieth century India along with the racial discrimination and imperialist motifs inherent in Western medicine triggered medical revivalist/reformist movement around the same time. At the forefront of this medical revivalist movement was the organized efforts to make Ayurveda as a 'true' representative of 'time-tested' 'authentic' 'indigenous' healing culture of India thereby posing it as the 'rightful' claimant of the 'national healing system'. Nevertheless, this late colonial Ayurvedic movement was fraught with caste, class, community and gender oriented biases and predilections. The purpose of the present paper is to bring out the caste and class dimensions of late colonial Ayurvedic movement that unfolded in the Hindi heartland particularly the United Provinces (present day Uttar Pradesh).

In the late nineteenth and early twentieth century India, an entire movement had come up to revive 'indigenous' healing systems, including Ayurveda, against the growing hegemony of Western medicine. However, it is noticeable that the attempt to revive Ayurveda as 'indigenous' healing system was not just about health and healing but also concerned itself with the emerging nation, society, community and religion at large. In this regard, what we see is the apparent 'brahmanization' of the mainstream Ayurvedic movement which attempted to purge low caste/class influences from within its fold. It was believed that over time, many 'lowly' practices had entered the field of Ayurveda through people who did not possess the 'required wisdom'. Thus, the movement for a rejuvenated Ayurveda striving for the restoration of its 'pristine' glory not only purged these supposedly 'incapable' low caste healers but also accused lower castes and classes for spreading many diseases. This paper tends to capture

these moments of caste/class assaults as manifested in the late colonial Ayurvedic discourse through a scrutiny of contemporaneous Ayurvedic journals, tracts, proceedings of the All India Vaidya Sammelan as well as advertisements of Ayurvedic products/drugs. In so doing, the present paper emphatically argues that the late colonial Ayurvedic movement and the associated health discourse was not an isolated discourse on science and medicine but deeply anchored in certain socio-political concerns.

## Medical Revivalism and Creation of Caste/Class Hegemony

As K.N. Panikkar aptly remarks, '[T]he quest to revitalise indigenous medicine reflected a multi-pronged struggle for cultural hegemony, not only between the coloniser and the colonised, but also between the classes within the colonised society.'<sup>1</sup> In other words, the entire project to recast 'indigenous' medicine which was going on in the late nineteenth and early twentieth century cannot be studied by ignoring the paradigms of both caste and class. If we look closely, the Ayurvedic discourse of the time (c. 1890-1950) was highly casteist and reflected upper class biases. Lower castes and class and their 'unclean habits' were often held responsible for the spread of many diseases in contemporaneous Ayurvedic notions. For example, one of the texts entitled *Dadru Chikitsa* (devoted to the cure of dermatophytosis or ringworm), while acknowledging the scientific basis of dermatophytosis, went on to blame the dirty habits of the barber, washer man, etc. for its spread.<sup>2</sup> In fact, barbers were specifically attacked in this text and held responsible for the spread of not only ringworm, but also leprosy. This text also cites *Atharvaveda* to illustrate linkages between the barber and spread of skin diseases.

It should be noted that during this time, middle-class oriented health notions suspected servants and other lower classes of deliberately spreading skin diseases to their patrons. These were notions emulated by the Indian

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middle class from their colonial counterparts, who often articulated racial interpretations for the spread of disease.<sup>3</sup> The Indian middle class simply replaced racial interpretation by one that emphasized caste and class.<sup>4</sup> In the middle class/upper caste imagination, out of several other essentialized characterization of a particular caste, poor sanitary sense became one of the means to identify particular castes. Incidentally, lower castes and classes were indifferently seen as having unclean, insanitary, infectious and dirty habits. Ayurvedic discourses often reflected these middle class and upper caste notions.

Another Ayurvedic tract entitled as *Plague Darpan* (1916), based on the speech of Rai Pooran Chand delivered at the All India Vaidya Sammelan in Kanpur,<sup>5</sup> came out with a very unique theory related to the spread of plague. According to Rai Pooran Chand, plague was caused by a kind of poison termed by him as '*pad sangharshan vish*'. As articulated, this 'poison' was generated due to the friction between the 'bare feet' and the ground and entered the earth. When this 'poison' accumulated excessively inside the earth, the plague epidemics broke out. The point to be noted here is that this 'poison' was generated because of the friction between the 'bare feet' and the ground. In contemporary society, Brahmins and upper caste people mostly used either wooden sandals (called *kharaun*) or leather shoes while walking, whereas the lower castes/class and women usually walked bare foot. Consequently, the indirect assumption was that these sections generated the plague specific 'poison', although Rai Pooran Chand did not refer to them directly.<sup>6</sup>

Even some of the Ayurvedic tracts on child care published during this period clearly reflected caste, class and gender predilections in their conceptualization of an ideal progeny. For example, one of the tracts entitled as *Su-Santati Shastra* stated the need to encourage couples to give birth to '*deshodharak veer, sudharma pracharak mahant ya sadhu, vidvan Brahman, veer Kshatriya, dani Vaishya, sevabhawi Shudra, ek patni vrat- dhari purush aur patiorata striyan*' ('Liberator of the nation, disseminator of the religion, scholarly Brahmin, brave Kshatriya, generous Vaishya, duty bound/attending Shudra, monogamous men and chaste/faithful women').<sup>7</sup>

In fact, similar caste concerns in these child care tracts can be located if one examines the Ayurvedic discourse related to *dai* (wet mother). One of the texts entitled *Santati Shastra* clearly stated that the wet mother or *dai* should always be of one's own caste and should never be from 'menial' castes. According to it, a Brahmin family should always have a Brahmin, a Kshatriya family a Kshatriya, Vaishya family a Vaishya, and a Shudra family should have a Shudra woman as wet mothers.<sup>8</sup> In other words, it was believed that caste characteristics could be transferred through breastfeeding.<sup>9</sup>

Furthermore, even some of the advertisements of Ayurvedic medicines exhibited caste prejudices. For example, one of the advertisements of *Ayurvedokt Aushadhalaya*, Allahabad claimed that 'All kinds of medicines in this pharmacy are made *either by Brahmins or other superior castes* and instead of ordinary water we use nectar like water of the Ganges.'<sup>10</sup> It was an outright manifestation of the adoption of notions of purity/pollution underlying caste hierarchy by the aforesaid Ayurvedic pharmacy.<sup>11</sup>

### Universalizing Tendencies and Purging of Subaltern Healers

Print, organization and mobilization were the three crucial factors which shaped an upper caste/middle class revivalist Ayurvedic discourse in the late nineteenth and early twentieth century. Ayurveda and its utility were debated and discussed on public forums and attempts were made to obtain for it the 'due' place and the necessary patronage that it 'rightfully deserved.' Simultaneously, this drive also sought to 'standardize' and 'universalize' the Ayurvedic healing system by doing away with the extant difference of opinions over treatment methods, training and approach towards the subject. In this regard, desperate efforts were made to give all the practising *vaid*s a 'corporate' 'unified' identity having uniformity of thought, opinions and ideals. Publication of several Ayurvedic journals and tracts, establishment of the All India Vaidya Sammelan and the United Provinces Vaidya Sammelan, institutionalization of *Dhanvantari Mahotsava*, etc. were part and parcel of this pursuit of creating an Ayurvedic discourse having universalising tendencies. All India Vaidya Sammelan and its provincial units were at the helm of this project to universalize and streamline Ayurveda. Established in 1907, the All India Vaidya Sammelan strived to cater support for Ayurvedic revivalism both from the government and the common public.

Incidentally, in its efforts to streamline the Ayurvedic discourse, not only were the practitioners of the 'other' systems targeted by the Sammelan, but the Sammelan also tried to purge a number of folk healers and lay practitioners ('subaltern *vaid*s') from within its fold. It was believed that in due course of time many people had entered the field of Ayurveda who did not possess the 'required' wisdom for this Vedic knowledge. They were more interested in reaping pecuniary benefits by offering some panacea or through patenting any useful Ayurvedic drug. Lamenting on this trend, Pandit Shaligram Shastri of Lucknow argued, "Now-a-days majority of people learn Ayurveda from the viewpoint of pecuniary benefits and many people have entered the profession who are

unable to understand the classical texts of Ayurveda in their entirety. These people neither comprehend the secrets of Ayurveda nor do they have enough wisdom to accomplish that. Right from the beginning, they remain in hunt of some useful 'nuskha' (formula) like that of *Amritdhara* and *Sudhanidhi*, so that they can patent it and become an abbot of some Ayurvedic establishment. These are self-proclaimed *kavirajs* or *vaidis* who bring utter disrepute to Ayurveda."<sup>12</sup>

According to the established *vaidis*, although such lay practitioners/subaltern *vaidis* did help in making Ayurveda popular, eventually they were unable to understand the 'profound secrets' of Ayurveda and their 'uncontrolled' presence would harm the prospects of Ayurveda in long run. In fact, Dr K.S. Mhaskar, in his article "Ayurveda ki Sadyah Sthiti" ("Contemporary State of Ayurveda"), went on to group these lay practitioners of Ayurveda with *mali* (gardener), *chamar* (leather worker), *nai* (barber), *dhobi* (washerwoman) and *burhi vidhwa* (old widows) as 'practitioners of Kali age'.<sup>13</sup> According to Mhaskar, these lay practitioners by flipping through some of the Ayurvedic texts and through advertisements had brought themselves and Ayurveda into limelight. In the opinion of Mhaskar, although they had made Ayurveda popular and accessible to common mass, they were actually 'enemies' created by the Ayurvedic movement itself. They had been referred by Mhaskar as '*teesra dal*' or 'third party' which was very vocal in the Ayurvedic movement.<sup>14</sup>

The two significant ways to control the growth of these lay practitioners/subaltern *vaidis* were standardization or institutionalization of Ayurvedic training/education and the registration of *vaidis*. The Sammelan and its presidents constantly emphasized on the aforesaid two things. With an aim to standardize Ayurvedic training/education throughout India, the Sammelan, during its third annual session at Allahabad (1911), established an 'Ayurvedic Vidyapith' to promote Ayurvedic education and to prescribe the syllabus for the same. Incidentally, for the Sammelan, which was overtly dominated by the 'new' *vaidis*,<sup>15</sup> standardized and systematic institutional training was also an essential pre-requisite to bolster its claim for the launch of the scheme of registration of *vaidis* and other 'indigenous' practitioners on the similar line of registration of the allopathic practitioners by the government.

However, to what extent such efforts of the Sammelan to wean out the lay practitioners were successful is debatable. The medical market continued to have such 'subaltern *vaidis*' in large number. In a letter sent to the editor of *Vaidya Sammelan Patrika*, Krishna Dutt Gupt lamented that there were many members from places like Aligarh, Ajmer, etc. in the Katni branch of the

Central Provinces Ayurveda Mandal<sup>16</sup> who by funding the organization and by passing the designated exams got the high sounding titles of *Vaidya Bhushan*, *Vaidya Visharad*, *Bhisagacharya*, *Vaidya Shastri*, *Vaidyaratna*, *Chikitsa Chakravarti*, so on and so forth. Some of them, in fact, had received even honorary titles by giving fund of two rupees to the organization. According to Gupt, many of these *Vaidyaratnas* were originally grocery merchants, and some of them were engaged in grinding mills till recently.<sup>17</sup>

### Brahmanization of Folk Healing Practices/Subaltern Therapeutics

Thus, the late nineteenth and early twentieth century Ayurvedic discourse clearly reflected the caste and class biases. In fact, during this time, we see the Hinduization or brahmanization of Ayurvedic treatment as well. It was a complex process which saw, on the one hand, upper caste *vaidis* condemning the tribal and low caste methods of treatment, and on the other hand, they were appropriating some of these methods by Hinduizing or brahmanizing it. Here one needs to keep in mind that the caste and class leanings of the Ayurvedic discourse were part and parcel of this broader process of Hinduization or brahmanization of the Ayurvedic treatment. One cannot look at the Hinduisation of Ayurveda and its biases in isolation. The debate was not just over which healing system was worthiest for the claim of 'indigenous' healing system, but it was also over what were the practices which constituted that particular 'system of healing'. An integral part of this process was either deliberate silencing or ritual hijacking of the healing skills practised by people belonging to lower castes/class such as that of *dais* (midwives), *bhagats* (those healing snake-bites) and potters (practising rhinoplasty).

As for instance, while rhinoplastic operations had been mentioned in *Sushruta Samhita* (Sutra Sthana, Chapter XVI),<sup>18</sup> evidences show that it was actually practised by potters. It is hard to ascertain that whether it was due to later demotion of the social status of those performing surgical operations or it was there right from the beginning;<sup>19</sup> however, this was certainly the case with eighteenth century. *The Gentleman's Magazine* in October 1794 reported an instance of Cowasjee, a Maratha bullock cart driver employed in the English army in the Mysore war of 1792, who was captured by the soldiers of Tipu Sultan who cut off his nose and one of his hands. However, after remaining without a nose for twelve months, the *Magazine* reported, a new nose was put on his face by a man of 'Brickmaker caste' near Pune. The *Magazine* further claimed that such operation was not uncommon in India and had been practised from time immemorial.

It then went on to describe how the whole operation was performed as witnessed by Mr. Thomas Cruso and Mr. James Trindlay, two medical gentlemen from Bombay presidency.<sup>20</sup> Interestingly, the Ayurvedic tracts of the late nineteenth and early twentieth century while boasting of the Ayurvedic knowledge of rhinoplasty as delineated in *Sushruta Samhita*, nowhere acknowledged the expertise that potters had over such operations.

Similar was the case with the treatment of snake-bites and midwifery. *Bhagats* and *dais* hardly figured in respectable terms in these tracts. So, while the Ayurvedic tracts made tall and often exaggerated claims of theoretical expertise in these areas of healing, the dominant practitioners of such areas were neglected, marginalized and often purged by ritually hijacking their healing skills. This ritual hijacking by adding Sanskrit chants to already extant practice was very much evident in the case of treatment of snake-bite. The treatment of snake-bite was largely the domain of low caste healers. This was largely because while treating snake bites one had to touch the body or even the feet of the patient (who could be even from a low caste), which was 'insulting' for the upper caste healers. However, over the late nineteenth and early twentieth century we see medical tracts coming up which not only urged the Brahmins to take up this job, but also provided the treatment of snake-bite with a 'ritualized brahmanical slant.'<sup>21</sup>

## Conclusion

Thus, the Ayurvedic discourse of the period under discussion nowhere betrayed the social values/biases of the time; rather, it helped in consolidating them in many ways by providing scientific sanctity to such caste/class predilections. In fact, access to health care services was a luxury in colonial times and it was mostly the upper caste/class people who could avail proper treatment whether at the hands of western medical practitioners, or the *vaidis* or *hakims*. In such conditions, healing systems were bound to acquire caste/class characteristics and hierarchies in order to protect the social sensibilities of their clientele/patrons. Consequently, the entire movement to revive 'indigenous' medicine was loaded with caste and class biases as reflected in contemporaneous Ayurvedic discourse.

It also nuances our understanding of ways in which caste and class hierarchy manifests itself in subtle forms through various discourses. Incidentally, as argued in the very beginning, not only caste and class, the late colonial Ayurvedic discourse equally carried the gender<sup>22</sup> and communal<sup>23</sup> predilections/biases. That is why, the contemporaneous mainstream Ayurvedic discourse was not just about plague, malaria, or any other disease;

rather, it was also about *purdah*, *brahmacharya*, language, caste, class, community, nation, and colonialism. The Ayurvedic practitioners of the time were actively involved not just in the 'reconstruction of a tradition' but also in reconstructing the society and the nation as a whole along specific lines.

## Notes

1. K.N. Panikkar, *Culture, Hegemony, Ideology: Intellectuals and Social Consciousness in Colonial India*, New Delhi: Tulika, 1995, p. 175.
2. Pandit Ganesh Dutt Sharma, *Dadru-Chikitsa*, 1<sup>st</sup> ed, Benares, 1932, p 3.
3. For such kind of racial interpretation of diseases and sanitary habits by the colonial authorities and its effect on the Indian populace, on their lifestyle and on their dwelling places, especially in the aftermath of the 1857 uprisings, see Veena Oldenburg, *The Making of Colonial Lucknow: 1856-77* (Princeton: Princeton University Press, 1984). Tremendous stereotyping was carried out regarding the sanitary habits, cleanliness and dwelling places of the Indians in the post-1857 Lucknow which, in turn, paved the way for racial division of space as well.
4. It is noticeable that naturalization of caste hierarchy by superimposing it over racial differences was one of the characteristic features of colonial construction of caste as exhibited through the writings of H.H. Risley, the British census commissioner. Risley emphatically argued that caste distinctions had a racial basis. According to him, upper castes were basically from superior races, whereas lower castes were racially inferior. The Indian middle class that comprised primarily of people drawn from upper castes was quick to endorse this newly constructed racial interpretation of caste. In this regard, H.H. Risley's decision to arrange the castes in terms of their social precedence in the census of 1901 gave further fillip to racialized notions of caste and subsequent formation of caste groups competing with each other to pose themselves higher in the caste ladder and agitating for the same.
5. Rai Pooran Chand was member of the All India Vaidyak Vidyapith and a member of the Commission appointed by the All India Vaidya Sammelan to enquire into plague, cholera, malaria and other epidemic diseases of India and their remedies. Plague, in fact, attracted the fantasy of many of the Ayurvedic practitioners towards the end of the nineteenth and early twentieth century due to frequently occurring epidemics. The Ayurvedic practitioners, while acknowledging the utility of Dr Haffkine's serum in diminishing the incidence of plague attacks on the inoculated population, never considered this remedy absolute. In fact, in the world view of the Ayurvedic practitioners, there were several other factors creating congenial conditions for plague infection such as indigestion, over-feeding, fasting, irregular diet, lack of cleanliness, constipation, and even sleeping late hours at night and too much sleeping during the day. For some

- interesting insights on the Ayurvedic response to plague, see Natasha Sarkar, "Fleas, Faith and Politics: Anatomy of an Indian Epidemic, 1890-1925," PhD thesis, Department of History, National University of Singapore, 2011, pp 182-186.
6. Bimal Roy, in his cult movie, *Sujata* (1959) also portrayed an interesting corollary related to prevailing pseudo-scientific social notions regarding the linkage between the lower castes/untouchables and spread of disease or polluting substance. In this movie, a Brahmin Pundit has been shown advising one of the main characters that he should abandon the untouchable child (viz. Sujata) whom he had adopted as soon as possible as it was a 'proven scientific fact' that there comes out a kind of gas from the body of the untouchables which polluted the body, mind and soul of the 'noble' people.
  7. A.G.Vyas, *Su-Santati Shastra*, Mathura, 1929, p. 5.
  8. Ayodhya Prasad Bhargava, *Santati Shastra*, Benares City, 1923, pp. 252-54.
  9. Incidentally, by the late nineteenth and early twentieth century both colonial and 'indigenous' representations of child maternity and infant feeding fused with issues related to the health, strength and well-being of the caste, community and nation. For a recent intervention in this regard see Ranjana Saha, "Infant Feeding: Child marriage and 'Immature Maternity' in Colonial Bengal, 1890s-1920s," *Proceedings of the Indian History Congress*, 75<sup>th</sup> session, New Delhi, 2014, pp. 708-715. Saha has shown that how during the particular time span of 1890s-1920s, breastfeeding and artificial feeding of infants got entangled with broader discussions on the body, age of consent for sexual intercourse, conjugality, maternity, nutrition, midwifery, and high infant and maternal mortality rates in colonial Bengal.
  10. See page 16 of the pamphlet titled as "Bharat ki Unnati ka Vaidyak Pratham Anga Hai" in Pandit Jagannath Sharma, *Arogya Darpan*, Vol. III, Prayag, 1898 (emphasis added).
  11. One of the fundamental ideas underlying caste hierarchy is the notion of 'purity' and 'pollution'. The brahmanical idea of dualism suggests that everything in this world is either the manifestation of 'purity' or 'pollution'. Correspondingly, within caste hierarchy, Brahmins represent the 'purest' (and hence at the top of the hierarchy) and the untouchables or the outcastes represent the 'most polluted' beings. All other castes lie in between these two extremes in purity/pollution scale. For details on this theme, see Louis Dumont, *Homo Hierarchicus: The Caste System and Its Implications*, Mark Sanisbury, Louis Dumont and Basia Gulati (trans.), Chicago: University of Chicago Press, 1980.
  12. Pandit Shaligram Shastri, "Vedon me Tri-dhatuvad," *Vaidya Sammelan Patrika* 3, no. 8-9, (August-September) 1933, p. 156.
  13. Dr K.S. Mhaskar, "Ayurveda ki Sadyah Sthiti," *Vaidya Sammelan Patrika* 1, no. 12 (December), 1931, p. 284.
  14. Mhaskar, "Ayurveda ki Sadyah Sthiti": 279. The other two parties were the established *vaidis* and those practitioners of Western medicine who were recognising the merits of Ayurveda.
  15. The term 'new *vaidis*' refers to the newly emerged class of institutionally trained *vaidis* of the late nineteenth and early twentieth century who differed remarkably in their training and practice from the 'hereditary' *vaidis* of the preceding centuries. Earlier, *vaidis* used to learn their skills mostly through the institution of the family or through traditional *gurus*. At that time, 'khandani' (or hereditary) *vaidis* had more prestige in the society than those who had newly acquired their skills. However, under the hegemonic influence of Western medical system, 'new *vaidis*' of the late colonial period started privileging institutional training over the apprentice-based traditional study under a 'guru'. Not only this, these 'new *vaidis*' also dramatically reshaped and redefined the Ayurvedic system of healing through standardization, professional and pharmaceutical training. Consequently, 'hereditary' *vaidis* were gradually marginalized in structures of 'modern' Ayurveda.
  16. There were various provincial units of the All India Vaidya Sammelan each under the control of an Ayurveda Mandal of its own. Organizationally, all the Ayurveda Mandals used to function under the supervision of the Ayurveda Mahamandal which was a permanent standing committee and representative body of the All India Vaidya Sammelan. Ayurveda Mahamandal was founded during the third session of the Sammelan (Allahabad, 1911) to organize these annual gatherings, to formulate the norms of the profession and to keep an eye over Ayurvedic educational institutions.
  17. Krishna Dutt Gupt, "Bhartiya Vaidya Sangh Sadasya kaise hone chahiye," *Vaidya Sammelan Patrika* 5, no. 9 (September), 1935, p. 229.
  18. "Sutrasthana, Chapter XVI," *Sushruta Samhita*, Vol. I, Kaviraj Kunja Lal Bhisagratna (trans), Calcutta, 1907, pp. 152-154.
  19. Referring to such demotion of the social status of a medical practitioner from that of a royal surgeon to a barber and potter in the latter period, Susmita Basu Majumdar, on the basis of the study of epigraphs, argues that most of the physicians performing surgical operations had to look for alternative professions for subsistence and they mostly took the professions of barbers (as they already had surgical instruments which sufficed the requirements of the barbers' art) and potters (as besides making pottery the art of a potter also includes making clay models and the surgeons having a thorough knowledge of human anatomy could easily shape such models). See, Susmita Basu Majumdar, "Medical Practitioners and Medical Institutions: Gleanings from Epigraphs," *Proceedings of the Indian History Congress*, 69<sup>th</sup> session, Kannur (2008): 196-210.
  20. *The Gentleman's Magazine* LXIV, Part II (October 1794): 891-892.
  21. Biswamoy Pati, *Situating Social History: Orissa 1800-1997* (New Delhi: Orient Longman, 2001): 18.
  22. For gender biases/predilections of the mainstream Ayurvedic discourse of the period under discussion see Saurav Kumar Rai, "Gendering Late Colonial Ayurvedic

Discourse: United Provinces, c. 1890-1937," *History and Sociology of South Asia*, 10, no.1 (January), 2016, pp. 21-34.

23. For communal overtones of the late colonial Ayurvedic discourse, see Saurav Kumar Rai, "Invoking 'Hindu' Ayurveda: Communalisation of the Late Colonial Ayurvedic Discourse," *Indian Economic and Social History Review* 56, no. 3 (October-December) 2019.

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