THE AYURVEDIC SYSTEM OF MEDICINE
ITS FATE IN MEDIEVAL INDIA

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ABSTRACT

An attempt has been made here to gauge the veracity of the argument that Ayurveda waned and perhaps, became stagnant in medieval and British periods, following the introduction of Unani and Western medical systems, respectively. Specifically, the focus shall be on the Muslim rule in India to judge how far State or political patronage did good for the recuperation and, more interestingly, for the recrudescence of Ayurveda during the period.

Lot of ink has been spilled in writings on the calumny of Indian State for its inability to provide patronage to the Ayurvedic system of medicine. It has often been contended that Muslim rulers of India throttled Ayurveda in order to patronise Unani and that with the introduction of Greco-Arab (Unani) medicine, ancient medicine receded into the background. As a matter of fact, several arguments have been pertinaciously adduced for the decline and stagnation of Ayurveda and the most prominent of them focus on the neglect of Ayurveda by the Muslims¹ and then the British². But the problem is that the State would not expunge a technology which is eminently practical and which meets human felt-needs. This paper shall throw light on the flourishing of Ayurveda and Unani medical traditions under the aegis and political support of the medieval Indian rulers.

The medieval period, as we know, was the period during which there was extensive contact and interaction between the two systems of medicine namely, Ayurveda and Unani. Since the two were co-existent, it is possible for us to find out the attitude of the rulers to Ayurveda too.

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2. R. C. Majumdar, “Medicine” in D. M. Bose(ed): A Concise History of science in India, New Delhi, INSA, p. 262. See also D. Banerji, “Medical Technology and the People of India” (A paper prepared for the National Seminar on Social perspectives of Development of Science and Technology in India)
The medieval period is often regarded as the ‘Golden Age of India’ for its cultural, social and medical achievements. As for the latter, it is often contended that during this period of Indian history, Ayurveda and Unani were widely studied and in-depth investigations conducted into the qualities and properties of drugs and medicines.

Amongst those who came to India during the period, there was a considerable sprinkling of physicians too. Also, the Muslim rulers are known to have attracted several reputed vaids and hakims from different parts of India and often conferred upon them high salaries probably to encourage them to improve the healing art. But the Muslim royalty, in the early period of its rule, is said to have recognized its hakims from Persia - also evidenced by the large number of physicians attached to the rulers, a majority of whom was comprised of Persians and Muslims, with very few Ayurvedic scientists. This may have led to a “temporary” languish of Ayurveda for want of State support but it continued for a short period until the accession of Firoz Tughlaq to the throne when the rulers, realizing the importance of Ayurveda, began to take steps to patronise Ayurveda too.

An important, rather a peculiar, feature of medicine in medieval India was the increasing number of medical compendia brought out by the practitioners of Unani and Ayurvedic medical traditions. The stress on compilation and redaction work was so strong and fervently advocated that certain emperors are even known to have established a Bureau for Translation and Compilation of Medical Treatises, which, no doubt, lured several scholars into India. The first translation brought out with the support of the Muslim rulers was grandiosely named after the king and was called Tibbe Firoz Shahi. Several such translations and compilations then followed the ‘master-piece’ of the time.

Besides, the medieval Indian State is known to have established hospitals where practitioners of Ayurveda could work in collaboration with those of Unani. State support and encouragement to Muslim physicians to translate Ayurvedic works along with those of Unani does indicate that due consideration was given to Indian medicine in the period.

4. N. H. Keswani, Medical Education in India since Ancient Times (A talk presented at the International Symposium held at California) 1968, p. 58.
Let us see how the indigenous medical traditions were able to thrive under the political patronage of the various medieval Indian rulers.

To begin with, the economic prosperity and political stability during the reign of Khilji nobles was largely responsible for attracting eminent physicians into India. So also the task of compiling and renovating medical compendia continued incessantly.

An interesting point is that the physicians attached to the royal courts were almost pre-occupied with gathering their life-long experiences, including the methods of curing ailments and effects of various medicaments on different disease conditions in book form to present to the reigning personages. Added to this was the fact that most of them presented their compilations in a competitive manner to surpass others. It should not then sound incredible if one were to say that the physicians of the period earned a reputation not because of their discoveries in the field of medicine but because of their compilations and compositions which won them a world acclaim and celebrity.

To continue, it was during Muhammad Tughlaq's rule that an important treatise, Majumai-i-Zia-e, was compiled by one of his courtiers; the text gives an elaborate and vivid account of the knowledge and practice of medicine in that period, followed by a description of the humours, various diseases and surgical procedures. It is perhaps interesting to note that the treatise was based on the Arabic and Ayurvedic medical works.

Following Mohammad Tughlaq, Firoz Tughlaq too showed interest in patronising indigenous medicine. He is believed to have attended to patients in a hospital founded by him. As for the provincial Muslim kings, they also encouraged their court physicians to compose medical works and thus to cultivate Unani medicine in India.

The successive rulers continued to support the two medical traditions. Babur, being a benign and enlightened ruler, cared more for the health and provision of adequate medical relief to his subjects. Hakim Yusuf bin Muhammad, a physician during his reign, produced a commendable work on medicine which offered an invaluable combination of the relevant aspects pertaining to hygiene, diagnosis and treatment of disease from Indian

9. Records reveal the existence of 70 hospitals in Delhi alone, and 1200 physicians in the employment of Mohammad Tughlaq. Later, Lodi dynasty continued the tradition. See M. A. Aziz, "Hospitals and Medical Aid in the Muslim Period". Studies in History of Medicine, 1977, 1, 2, p. 112.
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medicine and of Unani medicine. Also, an important encyclopaedic work on twelve different subjects, inclusive of medicine, was compiled by Maulana Muhammad Fazl—a celebrated philosopher at Humayun’s court.

The reign of Akbar was unique in that it witnessed the spread of Unani medicine to every part of India and the migration of reputed scholars from Persia.

The aforementioned facts shall illustrate one point. The Ayurvedic system of medicine, it is now evident, was not discriminated against under the Mughal regime. Most of the physicians ran private clinics which were open to the people irrespective of their caste or creed. Besides, it is said that the Mughals granted funds for the establishment and maintenance of medical schools or what were popularly known as the madrasas (for training in the field of Unani medical science); even for Ayurvedic medical schools, we have no evidence testifying to the proscription of these by the rulers.

The following period—the reign of Jahangir witnessed the establishment of hospitals for the benefit of the sick. The task of adding adhoc accretions to the indigenous pharmacopoeia continued unabated in this period too. The healing art, as Jaggi contends, reached its pinnacle during the reign of Shah Jahan with whose persevered efforts, the entire country was equipped with hospitals. It was in this period that a treatise embodying the achievements of physicians of indigenous systems of medicine was brought out by one Nasih-uz-Zaman-Hakim Nur-ud-din Muhammad Abdullah. Inclusion of mercury in the indigenous pharmacopoeia was a prominent feature of medicine in medieval India.

The reign of Aurangzeb is noteworthy for the publication of most of the standard works on Unani medicine. In the words of Keswani, “it was a highly propitious time for Unani medicine to flourish.” Two important medical texts of the period were Tuhfat-ul-Atibba and Riyaz-e-Alamgiri. For Ayurveda too there is no evidence suggesting that Aurangzeb tried to throttle it. Had he done so, it would certainly have found a place in historical records, as till his accession, the two medical traditions were patronised conjointly.

11. O. P. Jaggi, Medicine in Medieval India, 1977, Delhi, Atma Ram.
12. Treatment by metals/minerals had been recognized as an independent branch of learning, and the therapy came to be known as Rasashastra and Rasachikta respectively. See Damodar Joshi, “Mercury in Indian Medicine”. Studies in History of Medicine, 1979 III, 4. p. 234.
Coming back to the question of State support to Ayurveda and Unani, it can be said that in spite of political patronage the two systems received from Mu-lim regime, not a single breakthrough characterised indigenous medical science. The two systems of medicine continued to flourish without any significant discovery or addition in the body of medical knowledge.

We have yet another evidence of support to Ayurveda. We had two classes of physicians in medieval India-one working at the royal courts and the other working with the middle classes or the mansabdars of medieval India. Those working with the latter did fairly well and their services for the health of the troopers were considered equally indispensable for the functioning of the imperial war machine. But the indigenous medical system suffered a decline when its patrons - the middle classes - vanished with the advent of British rule in India.

We must also note the close links between Ayurveda and Unani which led to a common patronage to the two medical traditions. Firstly, physicians in both were preoccupied with increasing the indigenous pharmacopoeia reflected in the vast number of medical compendia of the period. Secondly the two medical traditions were based on a similar governing assumption, namely, the humoral theory which formed the basis of diagnosis and therapeutics in Indian medicine. As a result, indigenous pharmacopoeia in one could be supplemented by the other and thus a wider territory could be covered for very practical purposes. Lastly the manner of dissemination of scientific knowledge in the two was quite similar in that it was passed on from teacher to pupil who invariably happened to be his son. This, of course, called for a highly personalized didactic atmosphere further aggravated by the lack of impersonal diagnostic instruments.

A few concluding remarks here:

That the State supported Ayurveda cannot be refuted, though common patronage to Ayurveda and Unani arose from the fact that the two bore several similarities so that one system did not threaten another and that no special efforts were made to support Ayurveda but to propagate Unani.

Secondly, in spite of State patronage, Ayurveda remained comatose. This would lead us to say that State patronage is not an absolutely essential factor for the progress of medical science - may be necessary for its flourishing alone. Also, indigenous practitioners working outside the royal courts did fairly well though not as those at the royal courts.

14. These were the holders of ranks or mansabs bestowed upon the jagirdars by their kings.
Thirdly, the fall of indigenous practitioners was because of the liquidation of its patrons at local levels which threw the practitioners in a state of chaos.

Finally, it is not so much the lack of State support but the lack of patrons/clients that is important for an understanding of the decay of indigenous medicine. The stagnation of indigenous medicine was perhaps made apparent with the introduction of western medicine and the great strides that medicine made in the West prompted a few practitioners of traditional medicine to question the basic assumptions of Greek and Indian medical systems too.

To conclude, one point in favour of regeneration of Ayurveda. Leave aside State patronage because State interference as we have seen, is not absolutely crucial for its progress. We know that for centuries indigenous physicians have compiled a pharmacopoeia which cannot be dismissed neither should it be. Our recommendation is that it is now incumbent upon western practitioners to assess the efficacy of the materia medica and place it on a sounder footing in keeping pace with the advance in western medicine.

राय

मध्य कालीन भारत में आयुर्वेद की स्थिति

पूनम बाला

इस लेख में इस बात का पता लगाया गया है कि क्या बास्तव में ब्रिटिश और मुसलिम काल में आयुर्वेद की उद्भवति रुक गई थी। अगर ऐसा हुआ तो क्या यह कहना सत्य होगा कि यह सब कुछ युनानी और पाश्चात्य वैद्य पद्धति के हमारे देश में आने की वजह से हुआ था। इस तरफ विशेष ध्यान दिया गया है कि सच में मुसलिम काल में आयुर्वेद की उद्भवति के लिये क्या किया गया।