

BOOK REVIEW

A strong counter hegemonic perspective on indigenous medicine in early 20th century Kerala

POOJA SAGAR

Girija KP, *Mapping the History of Ayurveda: Culture, Hegemony and the Rhetoric of Diversity*, Routledge, 2021, 196 pgs, Rs 4895 (paperback), Rs 2752.38(Kindle), ISBN-10- 0367272237, ISBN-13-978-0367272234

Mapping the History of Ayurveda: Culture, Hegemony and the Rhetoric of Diversity authored by Girija KP is a milestone in the new critical scholarship on the history of medicine in India. The book foregrounds the heterogeneous planes of knowledge interaction between Ayurveda and other knowledge systems and traces the evolution of Ayurveda as a classical tradition along with the parallel growth of *nattuvaidyam*, its indigenous counterpart. *Nattuvaidyam* (as known in Malayalam) is a set of indigenous healing practices clubbed together as a miscellaneous category.

Girija demonstrates how Ayurveda was consolidated into a classical tradition to be differentiated from miscellaneous indigenous practices. Despite Ayurveda incorporating elements from *nattuvaidyam*, its separation as a distinct modernised field of knowledge and practice was a 20th century event. Girija delves into the institutionalisation of Ayurveda as a classical tradition in its current form, steering away from the use of a Gramscian framework and other predominant anthropological approaches which present Ayurveda as a normative category existing since pre-Vedic periods. Instead, she undertakes a fresh examination of what constitutes Ayurveda by relocating its field of practice as well as the discourses found in archival materials, *vaidya* magazines, interviews and more. She undertakes a comprehensive examination of vernacular practice of and

education in Ayurveda, as well as its oral and literary components. No other book published in recent times considers the role of regional specificities in the shaping of Ayurveda, the nature of their sharing and shaping of medical practices with such integrity.

A reader solely interested in the route map of the transformation of Ayurveda can head directly to Chapter three, *Construction of a classical tradition: Refashioning Ayurveda*. Here, Girija identifies the historical conditions that led to the separation of Ayurveda from other local healing practices. Ayurveda's potential as a "way of knowing" and its capacity for dialogue with other forms of medical knowledge are explored in this chapter. Her argument foregrounds the ontologies of literacy in the 19th century. During this period, literacy became the new concept that was used to test an individual's ability to access and rationalise knowledge in particular ways. By following processes of internal scrutiny and rationalisation, towards the end of the 19th century, a *literate* body of indigenous practices was shaped, and was differentiated as the classical *vaidyam*. This body comprised codified practices and practitioners knowledgeable in Sanskrit. On the other hand, non-literate practitioners who referred to their memory and hand skills, who could not articulate a theoretical basis using Sanskrit became the assemblage that constituted *nattuvaidyam*. Subsequently, Girija also presents a counter history of indigenous practices and their rationales for resisting this division of practices based on literacy.

The book's refreshing new offering in the field of history of medicine lies in the way archival sources are used to reveal that the theorisation of caste is not sustained in the case of *vaidyam*. Caste is not treated as a given, instead Girija examines the operations of caste in medicine to argue that the restructuring of Ayurveda in the early twentieth century was made possible by the exchange of knowledge across various fields, including literary and anthropological writings, as well as cultural and literary activities around temples. A larger confluence of progressive cultural forces incorporated medicine into its discourse. She demonstrates how medicine was able to bring together social and cultural alliances with lower caste medical practitioners. The sharing of knowledge between various specialisations helped bring more nuance to the knowledge of medicine. In Kerala, there was a notable social acceptance of the expertise of the lower castes in medicine. Thus, the book is not a mere reproduction of existing currents in scholarship, but offers a

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strong counter-cultural, counter-hegemonic perspective, critically examining indigenous medicine in operation.

What else does the book offer? It provides a comprehensive analysis of the debates between western biomedicine and indigenous medicine that unfolded in print journals during the early twentieth century. The shift in the tone of the debates in *Dhanwantari* — the first *vaidya* magazine published from British Malabar for 23 years from 1903 — and subsequent chapters detailing rationalisation strategies and the reinvention of medical education, contribute to a comprehensive understanding of Ayurveda's transformation into classical practice. Modern medical practitioners, Ayurveda and *nattuvaidyam* practitioners started writing in *Dhanwantari* magazine on several health issues and diseases, as well as on technology and methods. Girija presents the significant processes of naturalisation of Ayurveda as a classical tradition of Kerala with its knowledge form shaped and rendered more visible through the print media. The author explores the ways through which print media empowered the *vaidyas*, disrupted the caste hierarchy, and produced new forms of power relations and hierarchies within the realm of indigenous practices. She points out that in the space provided by *Dhanwantari*, both biomedicine and *nattuvaidyam* did not approach each other with hostility, especially in the initial years. Yet Ayurveda attempts to bring out its "truth claims", expose the superstitions within allopathic medical practice, while simultaneously accepting the superiority of the surgical facility in biomedicine (pp 48–49).

Articles in *Dhanwantari* provided common symbolic knowledge to many indigenous medical practitioners, attempted to incorporate non-textual and rare medicines and treatments from lower-caste practitioners in folk medicine, and helped transmit them to the public realm, while simultaneously enriching the classical tradition of Ayurveda through heterogeneous folk wisdom and experience. Contrary to this initial enthusiasm, Girija notes a shift in the tone of debates in *Dhanwantari* after more than ten years of its publication. The discussions shifted towards bifurcating the interdependence between scholarly texts and vernacular texts, between people who could read sastras and Sanskrit texts, versus subaltern *vaidyas* who were efficient in practice, similar to what was seen in the process of creating dichotomies in colonial modernity. A need for distancing

was further accelerated by the establishment of educational institutions that taught *vaidyam*. In subsequent chapters, she elaborates on the rationalisation strategies used to standardise the notion of body appearing in different scholarships and thereafter, the reinvention of medical education which subsumed the notion of *vaidya* in different indigenous knowledge practices.

The book demonstrates Ayurveda's pivotal shift from "Arya Vaidyam" to "Ayurvedam" in the nineteenth century and the reconfiguration of social structures around medical knowledge to achieve the special status of a classical practice. In effect, the book offers a close look at the evolution of modern Ayurveda, and highlights what happened to indigenous medical practice and its knowledge in the creation of Ayurveda. It is a seminal work of critical thought in South Asian scholarship, useful for scholars in the field of history of medicine, Ayurvedic practitioners, doctors and informed readers interested in understanding Indian medical thought and practice. Amidst the scholarship that exists in this field, Girija comes closest to capturing the rhetoric of diversity prevalent in cultures of medicine, and therefore reminds us of its relevance against all the other mainstreaming and homogenising tendencies currently seen.

While the book offers a comprehensive and insightful exploration, it is essential to acknowledge a few potential weaknesses. The book could benefit from a more explicit engagement with alternative perspectives from the assorted healing traditions to foster a more balanced discussion. While the field work, comprised of extensive interviews with practitioners of alternative practices and observation of practices, informs the analysis, we are only let into the nuances of these observations occasionally. Additionally, an exploration of the practical implications of Ayurveda's evolution on contemporary healthcare practices might have added a practical dimension to the scholarly analysis. Despite these considerations, the book remains a valuable contribution to the field of history of medicine in India.

Conflict of interest: *The author of the book is personally known to the reviewer. However, they have not been involved in soliciting or reading the review before publication. No financial conflict of interest.*