



Tracing the phases of Medicine in Colonial India: Coexistence, Transition, and Hegemony

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Abstract: This paper classifies the history of medicine in colonial India, tracing the shift from early cooperation between European and indigenous practitioners to the dominance of Western biomedicine. What once began as mutual reliance on indigenous knowledge gave way, after the Industrial Revolution, to the commodification and institutionalization of biomedicine, which sidelined Ayurveda and Unani as “unscientific.” This analysis also considers the psychological dimension of colonial rule, where medicine became both a tool of healing and an instrument of control. While colonizers were very clear in their motive regarding biomedicine, Indian society responded in divided ways, where revivalists defended indigenous systems as markers of identity, while modernists embraced biomedicalization as progress. Thus, this article suggests that the medical system in colonial India had a hybrid legacy marked by scientific authority, cultural resistance, and the enduring presence of indigenous traditions in everyday health practices.

Keywords: Biomedicine, Ayurveda, Colonial Period, Transition phase

I. Introduction

The minds of the natives during the colonial era were profoundly influenced by imperial ideology, leading them to believe that they were inferior to their colonial rulers. The moral justification for imperialism was not only provided by the colonizers but also by the earliest nationalist leaders, who are regarded as the founders of modern India. The colonizers used the concept of ‘White man’s burden,’ which was wholeheartedly embraced by the colonized masses, as they believed the colonizers aimed to free them from tyranny or their barbaric practices. During colonial rule, the sense of superiority and philanthropy operated alongside each other. This ideological imposition left a long psychological impact on the native people, as suggested by the Freudian perspective, while the Adlerian perspective argues that the colonized natives’ perception of reality is influenced by their own will.

One notable and controversial experiment was conducted by the psychologist Philip G Zimbardo, known as the ‘Stanford prison experiment,’ in which participants were assigned different roles as guards or prisoners. Over time, the guards began to harass the prisoners, and the prisoners started submitting, while the guards increasingly enjoyed their positions.

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Zimbaro himself became absorbed in the role of jailer, and some prisoners suffered long lasting psychological trauma. Though ethically contentious, this experiment serves as a striking analogy for colonial power relations, where colonizers often perceived themselves as enforcers tasked with controlling the colonized, whom they regarded as savages. The colonial mindset was reinforced by prominent social reformers who adopted and internalized the colonizers' views. Ram Mohun Roy was one such individual who opposed the establishment of the Sanskrit college in Calcutta. S.C.G. Chakraborty adopted the Christian surname of his teacher before going to England for advanced studies. He also criticized the *Vaidyas* of that era, claiming that they are born practitioners, whereas Western medicine requires formal study. Such mindsets were profoundly shaped by the colonial education system, which positioned their Western knowledge as superior in the minds of natives.

Within this psychological and cultural context, Western medicine emerged in the Indian subcontinent around the 16th century and was initially known as “doctory.” Early Western medicine physicians relied on indigenous practitioners to comprehend tropical diseases, marking the **initial phase** of Western medicine characterized by cooperation and knowledge exchange. This period of mutual reliance gradually evolved into the **transition phase** following the Industrial Revolution, when Western medicine took a scientific stance and synchronized with mass industrial production. Finally, the trajectory culminated in the **hegemonial phase**, marked by the dominance of biomedicine over indigenous systems, reflecting not only scientific authority but also the deep entanglement of medicine with colonial power structures.

II. The initial phase, or the phase of cooperation and coexistence

This phase of biomedicine in the Indian subcontinent began with the establishment of European settlements across various parts of the subcontinent during the 16th century. The Europeans who arrived in the subcontinent faced numerous health challenges caused by tropical diseases, which were largely unknown to them or their physicians, as they were accustomed to cooler climates. Their own medical knowledge proved insufficient to counter the threat posed by tropical diseases, making the guidance of indigenous practitioners essential for survival. During this phase, there was sustained interaction between European physicians and indigenous practitioners, facilitating a mutual exchange of medical knowledge.

Notable examples include Garcia d'Orta, a Portuguese physician in Goa, who documented his interactions with Ayurvedic practitioners from Kerala, and Hendrik van Rheede's *Hortus Indicus Malabaricus*, which systematically recorded the medicinal uses of indigenous plants. This phase can thus be characterized as one of cooperation and coexistence between European and Indian medical systems.

III. The transition phase, or the phase of scientific achievements

Around the 1760s, rapid industrialization began in the West, leading to an increase in the economic importance of the colonies, which were transformed into crucial suppliers of resources and manpower to sustain industrial

production. While the colonies functioned as sources of raw materials, the metropolis emerged as the hub of industrial production. At the same time, colonial markets were opened to absorb the finished products.

This period thus represented a transitional phase, marking the shift from mercantilist practices to an increasingly capitalist economy. In this phase of transition, not only industrial growth and economic realignments occur, but medicine itself is reshaped within the colonial order. As colonies were turned into markets and sources of natural resources, medicine too was drawn into this cycle of commodification. What had once been introduced and promoted by Missionaries as a philanthropic pursuit was progressively reconfigured by colonial authorities into a profitable commodity. Despite its claims to scientific legitimacy, colonial medicine did not fully take root among natives. High prices, restricted accessibility, deep-seated mistrust, and the continuing strength of indigenous traditions meant that biomedicine remained limited in scope.

This moment of transition, therefore, reveals a deeper tension: while biomedicine was gaining authority through science and research, it had to constantly negotiate with existing cultural practices and lived realities of health in the colonies.

IV. The final phase, or the phase of Hegemony

This phase was marked by the complete scientific dominance of biomedicine over indigenous medicine. Western-educated Indian intellectuals, influenced by socio-religious reforms, increasingly endorsed biomedicine, prioritizing its institutionalization and professionalization.

The establishment of institutions like the Indian Medical Service (IMS) and Grant College in Calcutta exemplified the biomedicalization of the Indian Medical System. The indigenous practitioners were labelled as “quacks,” While the practitioners of biomedicine were revered for their scientific authority. The lack of Standardization, institutionalization, and Commercialization of indigenous medicine led to its further degradation. Even the Western-educated Indian middle-class doctors detested the indigenous medical systems, as in the case of S. C. G. Chakravarti, who condemned Vaidyas for the absence of formal teaching methods or a structured Gurukul system.

During this phase, Indian society was polarized between cultural and intellectual groups, particularly known as “revivalist” and “modernist,” respectively. Revivalists advocated for the preservation, reform, and promotion of the indigenous medical systems, viewing them as integral to national identity and cultural heritage. In contrast, modernists emphasized the biomedicalization of the indigenous medical system by the adoption of Western scientific knowledge and biomedical practices, as they view biomedicine as a pathway to progress and modernization. This clear division reflected broader strain between continuity and change, indigenous knowledge systems and colonial epistemologies. The confrontation between these two perspectives. Thus, the hegemonial phase solidified the dominance of biomedicine, relegating indigenous systems due to the neglect of colonial authorities and the alignment of Western-educated elites with biomedical paradigms.

V. Conclusion

The colonizers not only asserted control over the geographical territories of the colonized but also extended their influence in the realm of healthcare. While biomedicine was oriented around a “disease-centric” model, Ayurveda emphasized a “patient-centric” approach. Both systems could have coexisted and even flourished under colonial patronage; however, the colonizers actively promoted biomedicine while neglecting indigenous medical systems. What initially began as a phase of cooperation and mutual dependence between European physicians and indigenous practitioners gradually evolved into a hierarchical order, wherein biomedicine asserted dominance. The Industrial Revolution, accompanied by capitalist transformations, further commodified medicine, shifting it away from its earlier experimental and philanthropic character. By the hegemonial phase, indigenous medical systems faced systematic marginalization through institutional neglect, stigmatization as “unscientific,” and the expanding authority of colonial knowledge structures. However, this dominance was neither total nor uncontested. The revivalist–modernist divide in Indian society highlights the complexity of responses to colonial medicine. Revivalists sought to defend and reform Ayurveda and Unani, positioning them as emblems of cultural identity, whereas modernists embraced Western biomedicine as the route to progress and legitimacy within the colonial system. Their debates were not confined to medicine but reflected broader social anxieties about continuity and change, negotiating their positioning under imperial rule.

In sum, the history of medicine in colonial India cannot be reduced to a narrative of scientific advancement alone. It encompasses a complex interplay of psychological subjugation, intellectual contestation, and cultural resilience. While biomedicine attained institutional dominance, the indigenous medical system continued to shape the health experiences of millions. The colonial encounter, therefore, produced a hybrid legacy in which scientific authority, cultural memory, and political struggle were inextricably intertwined, collectively defining the contours of modern Indian medical history.

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