

# Understanding colonial masculinity and native bodies: Rereading the discourse of homoeopathy as a feminist form of medicine

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## Abstract

A body can also be read as a site for the production and maintenance of social power. In colonial India, western biomedicine often acted to reinforce the reason/nature split and made manifestations in dualistic divisions between mind/body, and men/women. With the advent of the 'masculine' western biomedicine, the indigenous population lost the authority and autonomy over their self-knowledge and social power of their bodies. Thus, Homoeopathy found a space in the spiritual discourse of Indian nationalism as a 'feminine' element. This paper is an attempt to analyse how the rhetoric on homoeopathy was effectively employed to redress the grievances of masculinity in health care unleashed by the British state. The study lays stress on power imbalance within the practitioner/patient relationship, the exclusion of social concerns from the biomedical model, and the trivialisation of knowledge within the clinical encounters.

**Keywords:** Colonial power, masculine body, medical encounters.

## Introduction

The process of 'modernisation' of the world in general, and that of India in particular, is deeply entangled with the process of colonisation. Any attempt to understand and analyse the identity, scope and meanings produced by 'body' as separate from the socio-cultural and political processes of colonisation cannot yield 'real' meanings. Colonialism has redefined the methodology through which the culture sought to understand or 'frame' a disease. The Indian experience of British intrusion remains a testimony to the fact that colonial intervention was intensely regulated by medicine.

## The Colonial Experience

The advent of colonialism reconstituted not only the market system and political boundaries but also led to the significant alteration of medical geographies. This became a pathway for attributing a superior character to the Eurocentric notions of health, hygiene and body. 'Modern India' shaped primarily by the motives of colonisers and through the agendas of the 'western educated middle class' exhibited a great deal of concern about health and identity (Mills & Sen, 2004). Colonial India, therefore, has left behind numerous testimonials to how the ideas about disease were inseparably linked to the formation of indigenous social groups and their "significant others". Such interactions of the coloniser and colonised became rooted in the complex discourse of identity that was reshaped and redefined through the descriptions of the self for both the 'natives' and the 'colonisers'. Edward Said rightly pointed out that the " 'body' was placed as a

central trope of colonial discourse that constructed difference between the 'west' and the 'non-west' whereof non-western bodies were identified as weak, barbarous, unclean, diseased or infantile in comparison with the idealised bodies of the west which were the opposite, i.e. strong, ordered, hygienic, healthy and mature" (Quoted in Mills & Sen, 2004). This superior inscription of the self by the British which had deeper repercussions on the socio-political dynamics of the Indian subcontinent may be termed as Colonial masculinity. This attitude played out through the uneven and contradictory intersections of various axes of power during the period (Sinha, 1995).

The structures of acceptable 'bodies' were rigidly framed during the colonial era. It is argued that the British colonial expansion itself was conceived by 'real' bodies inflowing and producing "newly found spaces" (Bewell, 1999). The highlighted body was highly masculine and ableist. All 'other' bodies were considered as potential resources to meet the needs of the ableist body. In this context, the concept of identity often worked as a "cultural commodity". Such identities were carefully curated by the beneficiaries of the system as may be seen in the case of colonial doctors whose typical definitions and depictions of the native population involved dirty, ignorant, and superstitious beings. (Lal, 2003). The creation of such mythical identities played out as a cohesive force institutionalising in masculinising power, the discourse of medicine was no exception.

"Western" medicine – or its various historical antecedents – arrived in India as part of more general historical processes of political expansion, trade, labour migration, cultural diffusion, and the extension of major religious traditions, and in this sense was no different from other medical and healing traditions which have spread via such means throughout history. Indians engaged with these Western medical traditions in numerous ways (Sutphen & Andrews, 2003). However, as a knowledge system which increasingly claimed unique access to the 'truth' about the body, health, and disease and the patronage of the powerful colonial state helped western biomedicine to operate as a potent discursive and instrumental means by which Indian and other colonized populations were represented and defined (Lal, 2003). Modern biomedicine in the age of the empire became a tool for the establishment of the 'white masculine' dominance against the 'feminised browns.' The bodies that appeared within the colonised environment were thus compelled to be anxious about their 'own' bodies (Bewell, 1999). The British 'mission' thus turned out to be an exercise of establishing the superior idol of 'British masculine'. As opined by David Arnold, it was "not merely a matter of scientific interest but a matter integral to colonialism's political concerns, economic intents, and its cultural preoccupation" (Arnold, 1993).

This endeavour led to the integration of India into the 'global market of pathogens'. Thus, the subcontinent apart from being a medical laboratory and medical market served two significant purposes for the British. 'Her' diseases became instrumental in the construction of British biomedical identity (Bewell, 1999) and it was against her feminine identity that they constructed the dominant "healthy masculine". This discourse, however, did not remain undebated and this deliberation may be identified in "the dynamics between colonialism and nationalism, on the one hand, and between colonial Indian and metropolitan British society, on the other." (Sinha, 1995) In the colonial scenario, an important part of daily life for 'colonial subjects' was coming to terms with the identity labels that colonists tagged to the native 'selves' (Sutphen & Andrews, 2003).

The rapid marketisation and westernisation of bodily affairs through medical encounters deprived the indigenous population of their traditional ways of healthcare and termed it 'uncivilised'. The subordination of prevalent medical practices thus became a precursor to the reproduction of medical practice as a severely gendered power yielding affair.

### **The native response**

An enquiry into the pre-colonial heritage of the subcontinent reveals that 'the art and science of healing' were often considered to be divine and spiritual and was rarely practised as an income-generating profession and notions of profit rarely seemed to enter their vocabulary. There are numerous lore, traditions and family records that substantiate this argument. As Sudhir Kakar pointed out, "the astonishing variety of these traditions can make one feel that healing, in its manifold aspects, is a central individual and cultural preoccupation in India" (Kakar, 2012). However, the close-knitted nature of power and healing traditions even in the pre-British era cannot be undermined. The introduction of western bio-medicine to this soil, therefore, may be understood as a catalyst as causing a paradigm shift in the existing power dynamics. In a world fashioned by imperialism, the ideological intervention which was essentially patriarchal witnessed the 'marketisation of care' along with 'masculinisation of doctoring'.

With the 'modernisation' and institutionalisation of 'medical service' through structures such as clinics, hospitals and dispensaries, the process of caring was further dragged towards the masculine end of the gender spectrum. It is important to note that this also led to the devaluation of the cultural concept of women's health. Review of discussions and discourses of women's health in the colonial era often brings one to the conclusion that women's health was interpreted often in terms of the patriarchal demands of the state and the society. The establishment of Lock hospitals itself may be viewed as a protective measure to safeguard the masculine. Other general concerns and discussions upon women's health were mostly centred around ovaro-utrenian conditions, in tune to the patriarchal emphasis on procreation. This period also saw women losing their agency on health care practices. Tagging of grandma medicine as inauthentic and the heated arguments on the risk involved in the practice of traditional midwives etc may also be read along here. It is also significant to note that the Indian middle class too were weighty participants in bringing forth this change. Agenda of change, for them, was primarily based on Westernisation and selective rejection of the present (Panikkar, 2007). With the induced feeling of inferiority, the 'western-educated elites' looked down upon the pre-colonial systems of healing. Such confusions and debate prepared India under the colonial claws to be a fertile ground for medical explorations and experiments.

As a consequence, in the nineteenth and twentieth century, one may witness, across the Indian society, a plethora of cultural practices proliferating in the name of homoeopathy, which had endured itself as a credible genre of 'scientific medicine' without the disturbances of any direct prohibitory forces. These 'cultural practices' included "consumption of infinitely diluted sweet potions, debating theories of vitalism, translating and reading key German texts, ingesting and experimenting with local vegetation in the hope of preparing home-made drug, and observing ritualistic code of moral regimentation in daily life" (Das, 2019). Unlike the British-imposed, dominant medical practice or the western biomedicine, no evidence suggests that homoeopathy enjoyed any kind of straightforward legislative patronage or economic support from the colonial state. Such an attitude may be partially attributed to the fact that its initial practitioners were missionaries and officials from the western nations and also maybe because British must have never found homoeopathy possessing enough strengths to challenge the privileges of colonial medicine.

The new Indian middle class anyhow found an active interest in the practice of Homoeopathy. In this newly circulating system of medical care, they identified the presence of western ideology of 'rationality' and wedded it to the imagination of 'glorious ancient past'. This attempt to alter the self of the medical practice of Homoeopathy may be viewed as an attempt to

establish identity with the colonised through the appropriation of indigenous cultural practices, which Panikkar identifies as a significant part of colonial engagement (Panikkar, 2007). It is noteworthy at this point that straightforward denunciations of Homoeopathic practice were not only absent in India but gained the support of the intellectuals at the same time when American and European physicians were reprimanded by medical organisations for even consulting with a Homoeopathic physician (Ullman, 2007).

With the rising spirit of nationalism, by the rise of Gandhian spirits of nation struggle state medicine was increasingly otherised and tagged foreign. The demand for a binary opposing force expanded the scope of Homoeopathic medical science. Several scholars have argued that the final phases of the independence movement of the nation possessed a feminist character in terms of popular participation. The collaboration of homoeopathy into the nationalist spirit should be understood as a feminist response to breakdown the masculine hegemony unleashed in the domains of medical practice. With the spread of swadeshi spirit, Homoeopathy gained wide support from national leaders. Rabindranath Tagore who was an advocate for peace had remarked that 'Homoeopathy was not merely a collection of a few medicines, but a real science with a rational philosophy as its base' (Ullman, 2007). He also seems to have called for more scientific interest and inquiries into the matter with special stress upon the Indian environments (Ghosh, 2012). Such kinds of support and patronage helped Homoeopathy which was earlier associated with the middle class to gradually penetrate to the commons.

The entry of Mohandas Karamchand Gandhi into the national struggle is widely argued as the incorporation of the key elements of feminine against the masculinist British imperial ideology (Menon, 2012). M K Gandhi used the widely underscored potential of the 'feminine' in medical discourse too. Gandhi, who was a strong opponent of westernism, opined that 'Homoeopathy was the latest and refined method of treating patients economically and nonviolently' (Ghosh, 2012). By the end of the twentieth century, one can isolate numerous references that ascertained Homoeopathy as an 'indigenous' form of medical practice and demanded support. Nationalism which is perceived as the product of a collective imagination (Spivak, 2015) succeeded in reconstituting homoeopathic medical practice as a vernacular form of medicine and gifted it with a 'national' character over time. It may be observed that facilitation of homoeopathy with an indigenous image and aided its existence as a feminist answer to the masculine medical discourse of the colonial era.

## **Conclusion**

The much read dichotomy between 'conqueror' and 'protector' is here destabilized and even explicitly critiqued. Some early researchers have widely focused on the process of construction, maintenance and communication of the dichotomy. The 'cultivated misunderstandings' developed a perspective which justified western discourses on health and medicine. Social scientists should be cautious not to collude with biomedical dominance in the reproduction of these binaries but to remain open and critical by being aware of the potential for symbolic violence. The concept of 'feminist gaze', has hardly been elaborated to explore medical history. While allopathic discourse safeguarded Victorian masculinity in agreement with colonial modernity Ayurveda safeguarded native masculine power. The institutionalisation of Ayurveda was a result of this movement. The Kottakkal movement under P S Warriar resulted in mounting an elite masculine appeal to the indigenous practices of health care. This newly acclaimed character of 'Brahmanical manliness' to the ayurvedic discourse of medicine may be referred to as 'native masculinity'. However, Homoeopathy entered and deviated the discourse through a transdisciplinary perspective. Though, academia has effectively elaborated discussions on

transmodernity while weighing 'colonial modernity' and 'native modernity'. A philosophical discourse in the medical domain remains underexplored. The Homoeopathic intervention to the national discourse of India utilised the feminine elements and moved further in building a feminist consciousness. The neat binaries implied in many discussions are problematic because definitions change over time, as do alliances. Homoeopathy developed very different identities and alliances in Colonial and post-colonial India.

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