

Health Care in Princely Tripura

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The study of health care in Princely Tripura owes its origin to age-old social customs and practices, which developed and occupied various magnitudes under varied kings of Tripura. We notice the emergence of chiefly four systems, which took the guarantee of the health care of the people from ancient to modern period when Tripura ceased to be a princely state after the Regent Maharani signed the Agreement of Merger of Tripura with the Indian Union on September 9, 1949.¹ The four systems of health care consisted of indigenous method based on folk medicine and mantras, homeopathy, Ayurvedic and Allopathic. Under social divide of urban and rural life, the importance of health care has been analytically studied in this paper and effort has also been made to find its impact on the social fabric of the state. The study is purely based on the available historical sources of *Rajmala* of Kailash Chandra Singha, *Awarnar jhuri*, a literary document of Nawaduip Thakur, Udaipur *Bibarani* (*Tripura Rajey Trish Batshar*) by Sri Brajendrachandra Dutta, Krishnamal of Maharaj Kumar Sahadev Bikromkishore Deb Barman and Jagdis Gan-choudhury, Tripura Administrative Reports, Gazetteers, Census *Bibarani* of 1931 of Somendra Chandra Barman and some interviews which also helped in the substantiation of literary and other records of Tripura.

Medicine has come from the latin word 'medicus' which means the science and art of diagnosing, treating and preventing disease and injury. Its goals are to help people live longer, happier, more active with less suffering and difficulty. Disease has been one of the greatest enemies of humanity. Only during the last 100 years has medicine procedures, new instruments, and understanding of sanitation and nutrition led a huge impact on human well being.

Our understanding of prehistoric medical practice is from the study of ancient pictographs that show medical procedures, as well as the surgical tools uncovered from anthropological sites of ancient societies. Serious diseases were of primary interest to early humans, although they were not able to treat them effectively. Many diseases were attributed to the influence of malevolent demons who were believed to project an alien spirit a stone, or a worm into the body of the unsuspecting patient. These diseases were warded off by incantations, dancing, magic and

talismans and various other measures. Surgical procedures practiced in ancient societies included cleaning and treating wounds by cautery (burning or searing tissues), poultices, and sutures, resetting dislocations and fractures, and using splints to support or immobilize broken bones. Additional therapy included laxatives and enemas to treat constipation and other digestive ills.

Several systems of medicines, based primarily on magic, folk medicines, and elementary surgery, existed in various diverse societies before the coming of the more advanced Greek medicines about the 6th century B.C. The practices of medicine during ancient times are found in the works of the two later physicians, Charkas (lived in about 2nd century A.D.) and Susruta (lived about 4th century A.D.) Susruta gave recognizable descriptions of malaria, tuberculosis and diabetes. He also wrote about Indian hemp or cannibals and henbanes for inducing anesthesia, and included specific antidotes and highly skilled treatments for bites of venomous snakes.

The people of hilly areas usually possessed good health as their settlements were located on elevated landscape and they took drinking water from cherras and fountains. Occasionally diseases like cholera, pox etc. broke out extensively and caused heavy tolls. Infections of these diseases occurred through water of rivers and cherras. In the event of an outbreak of such infections in a certain hamlet, they followed the tradition of keeping the infected hamlet in isolation - nobody could enter the hamlet from outside. There were also the preponderance of the lepers and insanes among the hilly tribes.² The indigenous people of Tripura used to carry out their medicinal practices from various plants, leaves, roots, and barks in order to cure the illness of men and animals. They basically adopted two methods to cure the illness, viz. folk medicine and magic.³ The folk medicines were based on natural and physical aspect while magical methods were based on supernatural beliefs. The 'Ochai' is generally the specialist in the art of magic. The *Ochai* had a special status in the village life, popularly known as village physician. After observing the diseased person, the *Ochai* came to know why and how that man has fallen ill. If any spirit be responsible for the illness, the *Ochai*, performs magical rites as a device of treatment to drive away the evil spirit that caused the illness. To drive away the spirit, the *Ochai* sometimes blows over the patient with utterances of *mantras*, which is said to be effective and curative for the ailment. Otherwise, for this purpose, the *Ochai* performs worship. In this worship he sacrificed fowls, pigeons, goat's etc. *mantras* to remove the spirit. These *mantras* are different for different illness and animals to be sacrificed in

the worship also. Besides, the *Ochai* also prescribes or applies folk medicine as a mode of treatment. When he ascertains that the illness is caused by disease and not by evil spirit then he depends upon the folk medicine. The village priests usually used to do this work. They also prescribed amulet prepared by themselves to cure the disease. They maintained the secrecy of their treatment.

Among the hill tribes if anybody was taken ill, it was considered as the fallout of the displeasure with their deities and evil spirits. So they took recourse to propitiate these agents with the sacrifice of swan, fowl, he-goat etc. Owing to their deep faith in these traditions, they were often said to have attained recovery. The exorcists declared the results of propitiation, whenever they performed one. During Radha Kishore Manikya Sri Aamonja *Ojhai* (the brother of Bhagirath Chaudhuri, the Reang Chieftain) was the recognized principal exorcist in Udaipur and similarly there were many exorcists in most of the hamlets.⁴ *Ojhas* were usually illiterate and used *mantras*.⁷ *Jal para*, (Throwing water) *pan para* (throwing betel leaves), *chal para* (throwing rice) were the methods used by *ojhas*. G.M. Faruqui was a zamindar of Commilla and was engaged in the work of *Ojhai* work.

According to *Rajmala* of Kailash Chandra Singha, Ratna Manikya (1279-1323 A.D.) while visiting Lakhanpati, met three persons of Bengal i.e. Khnandev Ghosh, Pandit Raj and Jay Narayan Sen who were popularly known as Ghosh, Raj and Sen generation of nobles in Tripura. Jay Narayan Sen belonged to the family of medicines⁵ and they contributed much in the administrative development of the state. The king adorned them with the title of 'Biswas'⁶ Later on the generation of Jay Narayan left their ancestral medical profession under princely Tripura and joined their hands in the administrative work. The medical men of Tishna Pargana, later contributed their services in the State of Tripura as "*Raj Chikitashak*" (Estate Doctor). Their services remained in vogue from Ratan Manikya to Krishna Manikya.

Kaviraj system of medical practices were prevalent in the State of Tripura, the references are found in the *Awarnajhuri* (writings of Nawadip Baghadur). Bipin Bihari Goswami used to give medicines to Maharaja Ishar Chandra Manikya. *Dyani* System, a system based on *mantras*, was prevalent during the period of Radha Kishore Manikya, the references of which are found in *Rajmala* of Kailash Chandra Singha wherein Rajmantri Dhannanjay Debbarma, while visiting the administrative surveillance at Udaipur, found this system very prevalent and he took drastic action against this evil practice. He punished many people. *Ochai* was supporting the *dyani* system which grappled the death of innocent villagers.

Bir Bikram Kishore Manikya founded Homeo College at Comilla and also founded the medical school. The narrations gathered from the family of Dasrath Deb, late Chief Minister of Tripura, states that when he went for hunting, he brought the animals, wrapped in leaves, which helped in joining the broken parts of the animals. *Tulsipata*, boiled water and *basar pata* were the prominent medicines for cough. *Pathar Kushir's patar rash* (juice of one of the plant' leaves) was used for stomach disturbance.

There was a system of *Databay Chikastalaya* (free of cost treatment) in Tripura.

The development of medical and public health activities in Tripura was rare because of ignorance, difficult communication system, age-old customs and prejudices in addition to the lack of proper incentive from the rulers in the society of Tripura. The people adopted and relied more on their own crude and unscientific mode of treatment of ailments.

A hospital was opened at Agartala in May 1873 and the total number of outdoor patients treated in the hospital during the year 1873-74 was 3,034. There was also a dispensary at Kailasahar, for which subscriptions were raised locally, besides the monthly aid of Rs. 15/- extended by the ruler. A native doctor was in charge of the dispensary at a monthly salary of Rs.20/-. But nothing spectacular is heard about the practice of medical ethics and science of healing in the State of Tripura till the last century and a half when the modern scientific treatment got its way during the rule of Maharaja Bir Chandra Manikya.

During the rule of Bir Chandra Manikya, the capital was shifted to Old Agartala, five miles away from the present headquarters and a small allopathic dispensary was opened there under the charge of a native doctor. But the public in general did not get much benefit from its services. The administration of medical relief to the distant interior places had to be done either on elephants or on ponies, those being the only means of transport and conveyance in hilly parts of the State. The capital town of Agartala was then a hot-bed of malaria, epidemics of cholera and other diseases and the existing small indoor hospital with its out-door branch accommodated in a small hut, could not cope with the spread of these diseases as the population was also increasing. The capital was shifted to its present headquarters during the rule of Maharaja Radhakishore Manikya, who was very keen to alleviate the sufferings of his people in various ways.

With a view to creating suitable memorial to Queen Victoria, the Government of India, approached the native rulers for donations. Maharaja

Radhakishore rose to the occasion and in response to that appeal informed the Government of India that he would himself erect a grand memorial in his State in the name of the illustrious Queen. This hospital was named the Victoria Memorial Hospital by the Maharaja in commemoration of the rule of Queen Victoria and thus the only general hospital in the State came into being in the year 1904. This hospital is today known as Indira Gandhi Hospital.

The hospital was placed under the charge of an efficient Administrator and qualified staff. A Medical Institute was also opened in the year 1910-11 which was named the King Edward Medical Institute in commemoration of the king, which was abolished, with the close of the year 1914-15 in view of the prevailing Government rules. With the growth of divisional and sub-divisional towns, charitable out-door dispensaries were opened in each divisional headquarters, besides one attached to the V.M. Hospital. There were altogether ten charitable dispensaries and hospitals maintained by the State in the year 1905-06, of which two were in Sadar Division, two in Kailashahar Division and one at the headquarters of the other five Divisions. The increasing number of out-door patients and surgical operations performed during the same year indicate the increasing popularity of these medical institutions by and by. During the year 1905-06, Maharani Tulsibati Mahadevi generously added a wing to the V.M. Hospital at her own expense for the exclusive use of female patients. The new ward was provided with ten beds and arrangements had also been made for separate accommodation for the Hindus and the Muslims. The ward was named the Tulsibati Female Ward after her name.

Thus within a span of fifty years since the creation of new capital at Agartala as many as twenty-three dispensaries were opened. Of these, one ceased to function after some time. Besides the allopathic, arrangements were also made to develop Ayurvedic, Homeopathic and some other indigenous system of medicines. Homeopathic dispensaries were maintained by the State. The *Kaviraj* appointed by the State treated the public in the dispensaries owned by themselves. It is learnt that a Hakim was also practicing a Unani system of medicine in the court of Bir Chandra Manikya while the capital was at old Agartala. Among other indigenous systems, patronage of *Chandsi* may also be mentioned.

There were practically no public health activities in the State prior to its merger with the Indian Union. The public health activities consisted of only giving vaccinations against cholera and small pox by temporarily appointed season vaccinators and spraying of D.D.T. in some areas of the

capital headquarters. There were no antimalarial activities, notwithstanding the fact that malaria was endemic in many parts of the State. There was also no arrangement of water supplies, though there was acute shortage of drinking water in every part of the State. The facilities for hospitalization were also very limited. The Victoria Memorial Hospital had only thirty-eight regular beds twelve beds for infectious diseases in temporary huts, there was provision of one bed for every 12,780 of the population.

According to the report on the Administration of the Tripura State for the year 1928-29, the general health of the public within the municipality was good.⁹ There was no epidemic outbreak of any disease during this period. There were 17 dispensaries along with Victoria Memorial Hospital, which were maintained by the State. The following comparative statements for the year 1337 T.E. and 1338 T.E. shows the total number of new patients treated in the above hospital and dispensaries together with their daily averages.

	1337 T.E.			1338 T.E.		
	Outdoor	Indoor	Total	Outdoor	Indoor	Total
Patients	94.782	492	95.274	1,01,111	423	1,01,534
Daily Average	258.96	1.34	264.30	277.01	1.15	278.16

The above table of daily average of patients indicates the rising trend and inclusive of the last year's balance of 7, the total in-patients numbered 423 as against 492 in the previous year, 280 were discharged cured, 114 were relieved or otherwise discharged, 12 dead and 17 remained under treatment at the end of the year.¹⁰ This clearly shows that medical care was expanding though slowly but marks the 'improved' sign of good health care in the state of Tripura.

There was no arrangement for systematic maintenance of vital statistics in the past and figures enumerated were mainly collected in the general hospital.¹¹

Year	Population	Birth	Death
1911	2,29,613	1,259	1,332
1915-16	2,29,613	1,144	1,419
1925-26	3,04,437	2,361	2,274
1931	3,82,450	NA	NA
1941	5,13,010	NA	NA
1950	-	1,295	2,055

Source : Tripura District Gazetteers, 1975, p. 367

The above table indicates that the trend of the proportion of death has been more than the birth, the causes of which may be found in the prevailing system of medical care in the state wherein, the majority of rural population was found not aware of the modern system of treatment. The dominance of folk medical practices and beliefs in *mantras* and spirits, prevalence of "chai" culture, may be treated as one of the factors for the slow growth of tribal population of the state of Tripura during the princely days.

Notes and References

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4. Sri Kaushik Das *op. cit.*, P. 105.
5. Kailash Chandra Singha, *Rajmala*, p. 32.
6. *Ibid*, p. 33.
7. K.D. Menon, *Tripura District Gazetteers*, published by S. Banerjee, Educational Publications, Department of Education, Government of Tripura, Agartala, 1975, p. 348.
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9. Mahadev Chakraborty, (Ed.), *Administrative Reports of Tripura State since 1902*, Vol. III, (Gyan Publishing House, New Delhi), p. 1331.
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11. *Tripura District Gazetteers*, p. 367.