# Diseases and Treatments: A Reflection from Medieval Assam

#### Arifa Begum

CAS Dept of History, AMU, Aligarh, E mail: arifabegum373@gmail.com

**Mohd Parwez** CAS Dept of History, AMU, Aligarh, E mail: parwezamu@gmail.com

### Abstract

Like the political, environmental, and socio-economic history, the history of medicine has always occupied a special place in Indian history through the ages. Its significance, especially from a sociocultural perspective cannot be ignored. No separate work deals with the diseases that the people had been suffering in Medieval Assam. The contemporary sources of *Buranjis* (chronicles of Ahoms), Persian and other traveler's accounts highlighted a number of diseases suffered by the indigenous people and the invading armies. Hence, we get valuable information from their accounts regarding the infections, diseases, and health of the people of Medieval Assam. The present paper, therefore, tries to explore the various types of diseases that occurred in Medieval Assam. The paper also attempts to provide a detailed account of the methods of treatment of various illnesses and its connection with the superstitious belief.

Keywords: Diseases, Health, Treatments, Superstition, Mantras

So far as the soul stays in the body, the diseases also remain with it. The occurrence of the disease is not a new thing. Like other regions, the people of medieval Assam also suffered from various diseases. However, the question arises why various diseases had been occurring severely in Medieval Assam. The contemporary sources inform us that the environment, excessive rain and flood, heavy forest, and the dangerous insects whose home was in that forest were mainly responsible for the suffering of the people from various diseases. The Mughal

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

chroniclers, in their account, severely complained about the environment of the region. For them, this region was not suitable for living and prone to disease. Mir Jumla's chronicler Shihabuddin Talish in his *Tarikh-i-Aasham* recorded that the weather was very uncomfortable due to the excessive forests and surrounding hills. He also pointed out that the air and water were prone to disease, injurious and poisonous to the natives and the strangers as well.<sup>1</sup> Mirza Nathan, in his account mentions how owing to the peculiar climate of that place, the soldiers suffered from a sort of sore, and everyone of them suffered for four to five months.<sup>2</sup> Shaista Khan, governor of Bengal, warned Ram Singh on his Assam expedition in 1667 about the noxious airs, poisonous waters, and dense and impenetrable forests. He further describes, "The air that blows infected with poison and for this reason, our men die there in numbers."<sup>3</sup> Jean Baptiste Chevalier, who visited Assam in 1755, presumed that the air and water were insalubrious.<sup>4</sup> He notices that during the rainy season, which started in April and ended only in September, the inhabitants were prone to a wasting disease that wore them down slowly and from which they died.<sup>5</sup>

On the other hand, Hunter, Robinson, and Macleod pointed out that the ignorance and unhygienic conditions of the people were mainly responsible for the occurrence of diseases. They mention, "The prevalence of various diseases and the great mortality occasioned by them were in a great measure due to the use of deficient and unwholesome food, insufficient clothing, indigestible fruits and vegetables, bad water procured from the stagnant pools in the vicinity of their dwellings, sleeping on damp floors, want of the accustomed stimulus of opium and the frequent practice of keeping on wet clothing."<sup>6</sup> Therefore, it can be assumed that the region's environment, dense forests and insects, along with the ignorance

<sup>&</sup>lt;sup>1</sup> Shihabuddin Talish, *Tarikh-i-Assam*, tr. Mazhar Asif, DHAS & Roushanara Education Foundation, Guwahati, 2009, pp.49, 110

Shihabuddin Talish says, "One who inhales the air of this region would die certainly, and whosoever would consume water of this region would wash his hand off his life."

<sup>&</sup>lt;sup>2</sup> Mirza Nathan, Baharishtan-i-Ghaybi, Vol. II, tr. M.I. Borah, Guwahati, 1936, p.686

<sup>&</sup>lt;sup>3</sup> S.K. Bhuyan, Annals of the Delhi Badshahte being a translation of the old Assamese chronicle Padshah-Buranji, DHAS, Guwahati, 1947, pp.163-64. Also see S.K. Bhuyan, Lachit Barphukan and His Times, Publication Board of Assam, Guwahati, 2010, p.25

<sup>&</sup>lt;sup>4</sup> Adventure of Jean-Baptiste Chevalier in Eastern India (1752-1765): Historical Memoir and Journal of Travels in Assam, Bengal and Tibet, tr. Caroline Dutta Barua & Jean Deloche, LBS Publication, Guwahati, 2008, pp.140, 146

<sup>&</sup>lt;sup>5</sup> Ibid, p.134

<sup>&</sup>lt;sup>6</sup> W.W. Hunter, A Statistical Account of Assam, Vol. I, Trubner & Co., London, 1879, pp.95, 283; William Robinson, A Descriptive Account of Assam, Sanskaran Prakashak, Delhi, 1841, p.23; D.A Macleod, A Sketch of the Medical Topography of Bishnath and Its Immediate Neighborhood: with an Account of the Diseases Generally Prevailing in Assam, G.H. Huttmann, Bengal Military Orphan Press, Calcutta, 1837, p.29

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

of the masses and unhygienic habits, were mainly responsible for the suffering of the people.

# **Infectious diseases**

The contemporary chroniclers identified several infectious diseases. Shihabuddin Talish mentions that deadly diseases like jaundice were more hostile to the foreigners than the natives. According to him, the people of this land generally did not suffer from fatal diseases like leprosy, white leprosy, elephantiasis, varicose veins, pharyngitis, or other contagious and chronic diseases of the skin that were common in Bengal.<sup>7</sup>

The prevailing diseases of the country mainly were intermittent and remittent fevers complicated with affections of the spleen, bowel complaints, diarrhoea, dysentery, cholera, smallpox, germanous diseases, scurvy, ulcers, venereal and coetaneous complaints, rheumatism, enlargements of the spleen, goitres, dropsy, elephantiasis, leprosy, chest affections, pulmonary complaints, hydrocele etc.<sup>8</sup> These were the basic disease identified by Hunter and Macloed. However, certain other rare diseases must have prevailed, which could not be identified.

The disease smallpox used to commit great devastates. When it occurred, people with a dire panic refrained from visiting the houses of their friends, relatives, and neighbours. Many of them immediately deserted those affected by their fate and did not return until all cause for alarm had passed. Macloed, a physician of British, informed us that during that time, the patient was judiciously kept in the coolest place, and great care was taken that he saw no one dressed in any colours, everything must be white.<sup>9</sup> *Buranjis* also recorded the fatalness of this disease. In 1574, there was a virulent epidemic of smallpox in the course of which many people died.<sup>10</sup> We find that Jayantiya Raja Ram Singh died due to smallpox.<sup>11</sup> The Parvatiya queen of Ahom King Laksmi Singha (1769-80) as well as their daughter, had attacks of smallpox. Both were kept at the Devighar (temple-house), where they died.<sup>12</sup> The chronicles also noted an epidemic of smallpox that occurred in Jorhat and the neighbouring villages in 1810-11. This epidemic also infected the

<sup>&</sup>lt;sup>7</sup> Shihabuddin Talish, *Tarikh-i-Aasham*, p.49

<sup>&</sup>lt;sup>8</sup> See D.A. Macleod, A Sketch of the Medical Topography of Bishnath and Its Immediate Neighborhood, p.26; Hunter, A Statistical Account of Assam, Vol. I, pp.95, 282 & Vol. II, p.103; Robinson, A Descriptive Account of Assam, pp.20, 22

<sup>&</sup>lt;sup>9</sup> D.A. Macleod, A Sketch of the Medical Topography of Bishnath and Its Immediate Neighborhood, pp.40-41

<sup>&</sup>lt;sup>10</sup> Edward Gait, A History of Assam, EBH Publishers, Guwahati, Reprint 2013, p.104

<sup>&</sup>lt;sup>11</sup> Deodhai Buranji, ed. S.K. Bhuyan, DHAS, Guwahati, 4<sup>th</sup> Edition 2001, pp.102-103

<sup>&</sup>lt;sup>12</sup> Tungkhungia Buranji, tr. & ed. S.K. Bhuyan, DHAS, Guwahati, 1<sup>st</sup> Impression 1933, 4<sup>th</sup> Edition 2012, p.88

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

Ahom King Kamaleswar Singha (1795-1810), who died of smallpox when he was only sixteen years old.<sup>13</sup>

Fevers and dysentery were exceedingly common among the natives. The disease dysentery proved fatal in a large number of cases among the poorer classes. We also came to know that a few cases of sporadic cholera occurred every year during the months of April and May.<sup>14</sup> Robinson mentioned the disease dysentery under which the natives of the country chiefly suffered, and it carried off more victims than almost all other diseases put together. He further informs us that it attacked those who suffered from a broken-down constitution, the sequence of protracted fevers and dissipation. When accompanied by a scorbutic diathesis, it usually proves fatal, especially so about the commencement of the cold weather.<sup>15</sup> When cholera outbreaks, it infected village after village, many died due to lack of treatment and unhygienic conditions. Several references were found in *Buranjis* regarding the suffering of fever and dysentery. Mention may be made of Ahom King Laksmi Singha (1769-80) and King Gaurinath Singha (1780-95) died due to the attack of fever and dysentery.<sup>16</sup>

Several other instances show the Ahom commanders and armies also affected by fever and dysentery. For instance, Lachit Barphukan, the commander of the battle of Saraighat (1671), was in high fever when he led an attack against the Mughals and died after the battle.<sup>17</sup> When King Rudra Singha (r. 1696-1714) sent a force to subdue the Kachari Raja Tamradhvaj, the soldiers were decimated by fever and dysentery.<sup>18</sup> We find references to one officer of Ahom King Rajeswar Singha (r. 1751-69), who fell ill and had an attack of diarrhea.<sup>19</sup> *Buranjis* also informs us about the Ahom armies, who suffered from high fever and blood dysentery, when they inroad to invade the Manipuris in 1768. Most of the armies died, while others died from the bite of snakes and spiders.<sup>20</sup> When the Ahom King Laksmi Singha (1769-80) dispatched his armies to suppress the Moamariya revolt, fever and

<sup>&</sup>lt;sup>13</sup> Satsari Buranji, ed. S.K. Bhuyan, Gauhati University, Guwahati, 6<sup>th</sup> Printing 2018, pp.161-162; Harakanta Barua Sadar-Amin, Assam Buranji, ed. S.K. Bhuyan, DHAS, Guwahati, 4<sup>th</sup> Edition 2010, p.84; Major Adam White, A Memoir of the Late David Scott, DHAS, Guwahati, 3<sup>rd</sup> Edition 2015, p.134; Tungkhungia Buranji, pp.200-201; Gait, p.228

<sup>&</sup>lt;sup>14</sup> Hunter, A Statistical Account of Assam, Vol. I, p.283; D.A Macleod, A Sketch of the Medical Topography of Bishnath and Its Immediate Neighborhood, p.28

<sup>&</sup>lt;sup>15</sup> Robinson, A Descriptive Account of Assam, p.23

<sup>&</sup>lt;sup>16</sup> Tungkhungia Buranji, pp.89, 139

<sup>&</sup>lt;sup>17</sup> S.K. Bhuyan, Lachit Barphukan and His Times, p.61

<sup>&</sup>lt;sup>18</sup> Gait, p.307

<sup>&</sup>lt;sup>19</sup> Tungkhungia Buranji, p.56

<sup>&</sup>lt;sup>20</sup> Ibid, p.59

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

dysentery out broke vehemently among the armies.<sup>21</sup> It is also found that one thousand of the Moamariyas, who raised the revolt against King Kamaleswar Singha (r. 1795-1810), died of fever, dysentery, and scarcity of food.<sup>22</sup>

Even the invading Mughal armies could not be free from these fatal diseases. During their campaign, the diseases that afflicted the Mughals were- epidemic cholera, fever, dropsy, stomach ache and dysentery. Shihabuddin Talish records that many armies were attacked by high fever with shivering of the body, while many suffered from stomach ache. Even the fever created havoc that in the bed of a patient were kept a copy of his last will, his coffin, medicine, contaminated food, and syrup for demise waiting to test death.<sup>23</sup> Even Mir Jumla was also attacked by many acute diseases of fever, asthma, and cough, and ultimately, he died on his way to Bengal.<sup>24</sup> When Ram Singh invaded Assam, he too faced the same fate that the armies of Mir Jumla experienced during their invasion. Fever also attacked Chevalier and his troops during their visit to Assam. Chevalier records, "Every day, seven to eight of my people, both blacks and Europeans, were attacked by a fever so violent that by the second bout, they lost their strength even to move."<sup>25</sup>

We also find references to the occurrence of plague in Medieval Assam. During the invasion of Mir Joomla, the epidemic, which outbroke among the armies and indigenous people, created great havoc. Shahabuddin Talish informs us that most of the Mughal commanders died due to the epidemic. Most of the inhabitants became the victim of the epidemic and migrated to other places and around two lakh and thirty thousand Assamese people died due to the widespread epidemic.<sup>26</sup> Moreover, famine and shortage of food crossed its limit. If anybody saved himself from the plague, then he was caught by starvation. Many people died due to the intensity of hunger and deficiency of energy.<sup>27</sup>

<sup>&</sup>lt;sup>21</sup> Ibid, p.63

<sup>&</sup>lt;sup>22</sup> Ibid, p.179

<sup>&</sup>lt;sup>23</sup> Shihabuddin Talish, *Tarikh-i-Aasham*, pp.110, 116, 117

<sup>&</sup>lt;sup>24</sup> Regarding the diseases suffered by Mir Jumla, physicians had different viewpoints. As mentioned by Talish, Hakim Zahir was of the opinion that it was the hectic fever resulting in tuberculosis. Hakim Mirza Mohammad believed that the Nawab was suffering from dropsy and hemoptysis (spitting of blood), affecting his lungs badly. While on the other hand, it was also opined that the Raja had cast a spell on him. See Shihabuddin Talish, *Tarikh-i-Aasham*, pp.141-43

<sup>&</sup>lt;sup>25</sup> Adventures of Jean-Baptiste Chevalier, p.146

<sup>&</sup>lt;sup>26</sup> See Shihabuddin Talish, Tarikh-i-Aasham, pp.110-11

Talish also writes that the grave diggers were so busy in digging graves that they did not find time to face their own death. A washer of dead bodies washed his hand off his life before he could wash the bodies of other dead people.

<sup>&</sup>lt;sup>27</sup> Shihabuddin Talish, *Tarikh-i-Aasham*, p.113. Also see Gait, p.156

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

We also find in *Brandis* about the sufferings of Ahom monarchs due to certain other diseases. For instance, the Ahom King Sutinah (r. 1644-48) had indifferent health and suffered from curvature of the spine, known as Nariya Raja (sick king), and was nicknamed Kemora (crooked).<sup>28</sup> King Jayadhwaj Singha (r. 1648-63) died of eye disease.<sup>29</sup> King Gadadhar Singha (r. 1681-96) was attacked by fever and had an abscess on the neck, which gave him excruciating pain, and he died of this pain in 1696.<sup>30</sup> Queen Ambika of King Lakhsmi Singha (r. 1714-44) died of griping pain in the stomach.<sup>31</sup> References of the suffering of disease dropsy have also been found. For instance, King Chakradhar Singha (1663-69) died of dropsy in 1669.<sup>32</sup> King Ramadhan (1673-75) also suffered from dropsy, and his illness took a severe turn.<sup>33</sup>

Macleod recorded that the sympathetic buboes in the groin and armpits were also common. He found it difficult to account for their great frequency, as they were often met with among the young and vigorous as with those bearing marks of a scrofulous habit. Venereal complaints and gonorrhoea were prevalent. It is said that it became common after the Burmese invasion in 1818, and the disease was known locally as *mangeao*.<sup>34</sup>

Dropsical effusion, either in the form of anasarca, ascites or merely a swelling of the hands and feet, was attendant on many cases of bowel complaints. Asthma was common, and it attacked all ages alike. Catarrh was prevalent about the end of January and usually terminated in bronchitis. Robinson referred to the disease scorbutus, frequently seen among the lower classes, arising both from deficiency of nutritious food and exposure to wet and cold. If it is associated with diarrhoea, then it proves fatal. He also mentioned that scurvy, cutaneous diseases, sympathetic buboes in the groin and armpits were extremely common. Elephantiasis of the leg was seldom seen during that time. *Bhatgoti*, a disease closely resembling the aphthae anginosae, attacked all classes and all ages. This disease appears all over the tongue, mouth, and faces, surrounded by a morbid red inflammation,

<sup>&</sup>lt;sup>28</sup> Gait, p.125-126

<sup>&</sup>lt;sup>29</sup> Assam Buranji by Harakanta Barua, p.48

<sup>&</sup>lt;sup>30</sup> Tungkhungia Buranji, p.29

<sup>&</sup>lt;sup>31</sup> Ibid, p.41

<sup>&</sup>lt;sup>32</sup> Ibid, p.3

<sup>&</sup>lt;sup>33</sup> Ibid, p.4; S.K. Bhuyan, *Atan Buragohain and His Times*, Lawyer's Book, Guwahati, 2<sup>nd</sup> edition, 1992, p.92

<sup>&</sup>lt;sup>34</sup> D.A. Macloed, *Medical Topography of Bishnath and Its Immediate Neighborhood*, p.p.37-38; Robinson, *A Descriptive Account of Assam*, p.25

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

accompanied by great dyspnoea or hardness of breathing and pain on pressure over the neck and attended with fever and expectoration.<sup>35</sup>

We also find that addiction to opium or *Kani* devastated many people and further deteriorated their health. In this regard, Macleod remarks, "opium-eating has a most pernicious effect upon the heath of the people, those addicted to this practice being much more liable to succumb to disease than others, and a much larger proportion of them die. The truth is that, in order to procure the drug, they often sell everything they possess and poverty alone, from its depressing influence over both mind and body, renders them liable to all diseases arising from debility."<sup>36</sup> As mentioned by Mills, it was consumed by all high and low, rich and poor, old and young, converting the Assamese, once a hardy, industrious and enterprising race, into an effeminate, weak, indolent and degenerated people.<sup>37</sup> The Ahom King Gaurinath Singha (r. 1780-95) was an opium-eater, and his long-continued excesses in the consumption of this drug had induced such a condition of physical lethargy and mental torpor that he could hardly persuade to leave Guwahati to suppress the Moamariya rebellion.<sup>38</sup> Davis Scott, the Agents of Governor-General, noticed the Ahom King Chandrakant Singha (1810-18), who was constantly under the influence of inebriation from opium, which has impaired an intellect, never a strong one.39

Besides, we also find that many cattle died due to plague, famine, and other diseases. It is found that during the reign of Suhungmnung Dihingiya Raja, in 1534, a great number of cattle died because of a severe outbreak of cattle disease.<sup>40</sup>

## **Cure and Methods of Treatment**

Many *baidyas*, *kabiraj* and *Bejbarua* professed to practice medicine to cure diseases like the Mughals Hakim. The Ahom monarchs appointed Bez Barua, who made medicine and was responsible for remedying the King and other officers of the state.<sup>41</sup> According to *Deodhai Buranji*, the treatment and nursing of the King in his last illness were conducted very guardedly. His old physicians were allowed to doctor him alone, while the duties of nursing and attendance were confined to his

<sup>&</sup>lt;sup>35</sup> Robinson, A Descriptive Account of Assam, pp.24-27

<sup>&</sup>lt;sup>36</sup> D.A. Macloed, Medical Topography of Bishnath and Its Immediate Neighborhood, p.29. Also see Hunter, A Statistical Account of Assam, Vol. I, p.95; Robinson, A Descriptive Account of Assam, pp.23-24

<sup>&</sup>lt;sup>37</sup> Mills observations, quoted from H.K. Barpujari (ed.), *The Comprehensive History of Assam*, Vol. V, p.204

<sup>&</sup>lt;sup>38</sup> Gait, p.213

<sup>&</sup>lt;sup>39</sup> Major Adam White, A Memoir of the Late David Scott, p.147

<sup>&</sup>lt;sup>40</sup> Gait, p.97

<sup>&</sup>lt;sup>41</sup> Assam Buranji by Harakanta Barua, p.126

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

usual female attendants.<sup>42</sup> The Ahom monarch appointed Dorob-dhora Barua, whose main duty was to check the medicine provided by Bez Barua before it was given to King.<sup>43</sup> We also find references to sending a physician by the Ahom King Rudra Singha (r. 1696-1714) to the Kachari Raja Tamradhvaj when he fell seriously ill.<sup>44</sup>

The Hindu system of medicine was professionally studied by numerous Assamese families of distinction.<sup>45</sup> Nagarjuna, Cakradatta, Madhavakara and Sarngadhara were the foremost authorities upon which the Assamese Ayurvedic physicians mostly relied.<sup>46</sup> Moreover, indigenous methods were used by the physicians. Macleod noticed a few native physicians who were so perfectly satisfied with their own proficiency that they never sought European assistance under any circumstances.<sup>47</sup> Hunter found their pharmacopoeia was defective, and the nostrums they administered were extremely complex.

The medicines used by the native physicians were- they took the shape of large pills or boluses, containing many ingredients possessing different and sometimes antagonistic properties. The most important indigenous medicines were- Croton tiglium (*jamalgota*); Calotropis gigantean (*madar*); Jatropha curcas (*bag bharenda*); Terminalia chebula (*hara*); Gynocardia odorata (*chaulmugra*); Cassia fistula (*sondal*); Coptis teeta (*mishmi tita*); Papaver somniferum (*afim*); Caesalpina guilandina (*kat karanja*); Aconitum napellus (*kat bis*) and Aegle marmelos (*bel*).<sup>48</sup>

The principal indigenous vegetable medicines used by the native practitioners were *Danthi* (an aperient), *Patal* (an aperient), *Haritaki* (an aperient), *Surjyakant* (a cathartic), *Sij* (a cathartic), *Mahtte Khadhiri* (an astringent), *Mohinimuni* (an astringent), *Muta* (an astringent), *Punar-naba* (a diuretic), *Kachu* (a diuretic), *Palas phul dana* (an anthelmintic), *Tamul* (betel) root, *Indrajeb* seed, *Baitai-tita* and *Haroharaz.*<sup>49</sup> Robinson gives the following list of medicinal plants used by the

<sup>&</sup>lt;sup>42</sup> Deodhai Buranji, pp. xxii, 113

 <sup>&</sup>lt;sup>43</sup> Assam Buranji by Harakanta Barua, p.126; S.K. Bhuyan, Swargadeo Rajeswar Singha, Publication Board Assam, Guwahati, 3<sup>rd</sup> Edition 2014, p.265

<sup>&</sup>lt;sup>44</sup> Gait, p.308

<sup>&</sup>lt;sup>45</sup> G.A. Grierson (comp. & ed.), *Linguistic Survey of India*, Vol. I, Motilal Banarsidas, Delhi, Reprint 1973, Introductory, p.157

<sup>&</sup>lt;sup>46</sup> P.C. Choudhury, *History of the Civilization of Assam*, p.381; cited in S.N. Sarma, A Socio-Economic & Cultural History of Medieval Assam, 1200 AD-1800 A.D., Bina Library, Guwahati, 2001, p.171

<sup>&</sup>lt;sup>47</sup> D.A Macleod, A Sketch of the Medical Topography of Bishnath and Its Immediate Neighborhood, p.39

<sup>&</sup>lt;sup>48</sup> Hunter, A Statistical Account of Assam, Vol. I, pp.284-85

<sup>&</sup>lt;sup>49</sup> Ibid, pp.221-222

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

native practitioners- Croton tiglium (*jamalgata*) was used as a cathartic and to cure all venereal complaints. Calotropis gigantean (*madar*), the milky juice of the shrub was applied to a variety of medicinal purposes; the plant itself and preparations made from it were also used to cure all kinds of fits, epilepsy, hysteria and convulsions. Piper peepuloides, Jatropha curcas (*baghharenda*) and Abrus precatorius (*latalmari*) were used in medicine. Terminalia chebula, the fruit, is generally used as a mild cathartic. Hydrocarpus odoratus (*chaulmugra*), the seeds of this tree, were employed in the cure of cutaneous disorders; they were beaten up into a soft mass and, in this state, applied to the parts affected.<sup>50</sup>

The native *kabiraj* prescribed the following treatment- for fever; asafoetida, *mutha*, capsicum, borax, mace and *papal*; ground and mixed together with lime juice and of which one *rati* weight (about two grains) was given three times a day with the juice of green ginger. A similar preparation but mixed with goats' urine instead of lime juice is also prescribed in fever cases. For diarrhoea, nutmegs, borax, ambhora and dhutura seeds, opium was reduced to powder and then made into a pill mass with the juice of bhaboli lata, of which five rati weights were given twice daily. For dysentery, nutmeg, cloves, pupri and opium were powdered and mixed to the consistency of a pill mass with the juice of naghumala leaves and two rati weight given once a day. Another prescription in cases of dysentery was assafoetida, opium, capsicum, camphor, nutmeg, powdered and mixed up with water to the consistency of a pill mass; dose two rati weights once a day. For enlarged spleen; capsicum, sunth, pipuli root, agrihahita agurine, malugadari, *khor*, asafoetida, cloves, black salt, *sandaph* salt etc. powder and mixed into boluses and to be taken twice a day. For leprosy; Nim-tree bark, gurosi, haritaki, amlaki, somrofi, sunti, bamigo, pipuli, ajurine, asagandha, sandaph salt, nitre, haridra, mutha, agria, chita etc. powder and mixed twenty-two grains to be taken with *bel* fruit (Aegle marmelos) twice a day.<sup>51</sup> Robinson mentions that to cure the disease Aphthae, the natives used the nut of the Guilandina Bonduc Lina (in Assamese *latguti*) with a small quantity of pepper and an egg white.<sup>52</sup>

Besides the village *bej* who administered herbal medicine, veterinary science medicine also received attention in medieval times. *Hastividyarnava*, a treatise on elephants, deals with disease and treatment of elephants;<sup>53</sup> *Ghora-nidan*, a treatise on horses and *Senar Vyadhi*, a treatise and treatment of hawks, were compiled under the patronage of Ahom Kings.

<sup>&</sup>lt;sup>50</sup> Hunter, A Statistical Account of Assam, Vol. I, p.222

<sup>&</sup>lt;sup>51</sup> Ibid, pp.222-223

<sup>&</sup>lt;sup>52</sup> Robinson, A Descriptive Account of Assam, p.27

<sup>&</sup>lt;sup>53</sup> For more details see Sukumar Barkaithe, *Hastividyarnava*, ed. P.C. Choudhury, Publication Board Assam, Guwahati, 1976.

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

Another means of treatment of disease was incantations (*mantra*). Several references show the connection of superstitious belief with the disease. Many such *mantras* applied to different types of diseases and others were used to remove evil spirits and evil effects of black magic and charms. The *mantra-puthis* contained nostrums, charms and conundrums on the art and practice of love-making or winning love, exciting passion in women, removing physical defects and beautifying women, and increasing virility.<sup>54</sup> In all the incantations, Kamakhya, Dhanvatari, Brahma, Mahadeva and other gods were invoked. Incantations were muttered by whipping the diseased part of the body with *vihlangani*, a kind of wild fern.<sup>55</sup>

The mantras were generally- Dharani mantra, Sapar-dharani-mantra, Sapekhowamantra, Sapar-dharani-mantra, Sarvadhak-mantra, Kamaratna-mantra etc. used in the treatment of snake bites. Vyaddhir mantra, Karati mantra used in diseases, was generally accompanied by pain and allied ailments and was used in other diseases. Bhutar-mantra, Khetra-mantra, Vyaddhir mantra, Sudarsan Chakramantra, Pakshiraj mantra, Jarjana-mantra and Burah-jara-mantra were used for curing fever and driving away the evil spirits known as 'Birah'. Sudarsan Chakramantra, Pakshiraj mantra, and Zarar mantra were used to counteract the effect of black art and to cure fever.<sup>56</sup>

To cure the disease, they used to worship Goddess *Sitala-Mai* (Goddess of smallpox), also called *Aai* (mother), to cure smallpox.<sup>57</sup> People also worshipped Goddess Apsara to remove the evil glance of the fairies from sickly children who become emaciated, thin and stunted in growth without apparent illness or disease.<sup>58</sup> The Goddess Manasa was worshipped with a view to allaying the fear of snake bites and pestilence and diseases. Even the Muslims of this region secretly recited

<sup>&</sup>lt;sup>54</sup> Gait, p.280

<sup>&</sup>lt;sup>55</sup> Ibid, p.172; H.K. Barpujari (ed.), *The Comprehensive History of Assam* Vol. III, Publication Board of Assam, Guwahati, 3rd Edition 2007, p.308

<sup>&</sup>lt;sup>56</sup> See for more details H.C. Goswami, *Descriptive Catalogue of Assamese Manuscripts*, University of Calcutta, Calcutta, 1930, pp.75-76, 119-20, 151-52, 181-63, 166-69, 170-71

<sup>&</sup>lt;sup>57</sup> Smallpox is called Bar Ai, chicken pox is *Maju Ai*, and measles is addressed as *Saru Ai*. When pox broke out, village women installed a seat for the Goddess, offered flowers and other articles, and appealed to Goddess to show grace and mercy upon them. Neither image of the deities nor their worship by a Brahmanical priest. See S.N. Sarma, *A Socio-Economic & Cultural History of Medieval Assam*, p.204

<sup>&</sup>lt;sup>58</sup> S.N. Sarma, A Socio-Economic & Cultural History of Medieval Assam, p.205

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

*mantras* when cholera or smallpox appeared in epidemic form and worshipped Sitala Devi by subscribing to funds for the purpose.<sup>59</sup>

Besides this, the Assamese people had firm faith in invoking the name of famous physicians. For instance, it is narrated in *Padshah Buranji* that during the construction of the Vaidyar-garh fort, poisonous insects and snakes used to kill the workers. A *vaidya* or physician exercised his virtues and said to utter *vaidya*, and thus by uttering *vaidya*, they escaped from death.<sup>60</sup> Shihabuddin Talish also referred to some people of this country who know talismanic cure which they blow over the water to be given to the victim to save his life.<sup>61</sup>

It can be mentioned that the fear among the Mughal commanders regarding the disease-prone area of Assam was mainly because the environment was different from northern India. The region's extreme humidity and excessive rains also irritated them. However, this fear of the Mughals became an advantage for the Ahoms to defeat the Mughals. Mention may be made of Mir Jumla and his armies, whose fatal disease proved to be the reason for returning from Ahom capital Garhgaon. During Ram Singha's invasion of Assam, Lachit Barphukan had waited for the exhaustion of the enemy's provisions and the reduction of their numbers by pestilential diseases.

The study also highlights that the common diseases frequently occurred among the people and proved fatal to a great degree. The prevalence of various diseases and the procedure of curing disease through the native way indicated that the people of Medieval Assam had extensive knowledge of medicinal plants. Naturally extract medicine cured to some extent, but in many cases, several people died mainly due to improper treatment. *Mantras* as a method of curing diseases also exist in some parts of this region till now.

## References

- 1. Adventure of Jean-Baptiste Chevalier in Eastern India (1752-1765): Historical Memoir and Journal of Travels in Assam, Bengal and Tibet, tr. Caroline Dutta Barua & Jean Deloche, LBS Publication, Guwahati, 2008
- 2. Barkaithe, Sukumar, *Hastividyarnava*, ed. P.C. Choudhury, Pblication Board Assam, Guwahati, 1976.

<sup>&</sup>lt;sup>59</sup> B.C. Allen, District Gazetteer, 1905; cited in Medini Choudhury, *Luit Borak Aru Islam*, Rhino Books, Guwahati, 1982, p.56. Also see H.K. Barpujari (ed.), *The Comprehensive History of Assam* Vol. V, p.158

<sup>&</sup>lt;sup>60</sup> S.K. Bhuyan, Annals of the Delhi Badshahate, p.180

<sup>&</sup>lt;sup>61</sup> Shihabuddin Talish, *Tarikh-i-Aasham*, p.13

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02

- 3. Barpujari, H.K. (ed.), *The Comprehensive History of Assam* Vol. III & Vol. V, Publication Board of Assam, Guwahati, 3rd Edition 2007
- 4. Bhuyan, S.K., *Atan Buragohain and His Times*, Lawyer's Book, Guwahati, 2<sup>nd</sup> edition, 1992,
- 5. Bhuyan, S.K., *Lachit Barphukan and His Times*, Publication Board of Assam, Guwahati, 2010
- 6. Bhuyan, S.K., *Swargadeo Rajeswar Singha*, Publication Board Assam, Guwahati, 3<sup>rd</sup> Edition 2014
- 7. Choudhury, Medini, Luit Borak Aru Islam, Rhino Books, Guwahati, 1982.
- 8. Deodhai Buranji, ed. S.K. Bhuyan, DHAS, Guwahati, 4th Edition 2001
- 9. Gait, Edward, A History of Assam, EBH Publishers, Guwahati, Reprint 2013
- 10. Goswami, H.C., *Descriptive Catalogue of Assamese Manuscripts*, University of Calcutta, Calcutta, 1930,
- 11. Grierson, G.A. (comp. & ed.), *Linguistic Survey of India*, Vol. I, Motilal Banarsidas, Delhi, Reprint 1973
- 12. Hunter, W.W., A Statistical Account of Assam, Vol. I, Trubner & Co., London, 1879
- 13. Macleod, D.A., A Sketch of the Medical Topography of Bishnath and Its Immediate Neighborhood: with an Account of the Diseases Generally Prevailing in Assam, G.H. Huttmann, Bengal Military Orphan Press, Calcutta, 1837
- 14. Nathan, Mirza, Baharishtan-i-Ghaybi, Vol. II, tr. M.I. Borah, Guwahati, 1936
- 15. Robinson, William, A Descriptive Account of Assam, Sanskaran Prakashak, Delhi, 1841
- 16. S.K. Bhuyan, Annals of the Delhi Badshahte being a translation of the old Assamese chronicle Padshah-Buranji, DHAS, Guwahati, 1947
- 17. Sadar-Amin, Harakanta Barua, Assam Buranji, ed. S.K. Bhuyan, DHAS, Guwahati, 4<sup>th</sup> Edition 2010
- 18. Sarma, S.N., A Socio-Economic & Cultural History of Medieval Assam, 1200 AD-1800 A.D., Bina Library, Guwahati, 2001
- 19. Satsari Buranji, ed. S.K. Bhuyan, Gauhati University, Guwahati, 6<sup>th</sup> Printing 2018
- 20. Talish, Shihabuddin, *Tarikh-i-Assam*, tr. Mazhar Asif, DHAS & Roushanara Education Foundation, Guwahati, 2009
- 21. *Tungkhungia Buranji*, tr. & ed. S.K. Bhuyan, DHAS, Guwahati, 1<sup>st</sup> Impression 1933, 4<sup>th</sup> Edition 2012
- 22. White, Major Adam, *A Memoir of the Late David Scott*, DHAS, Guwahati, 3<sup>rd</sup> Edition 2015

<sup>© 2022</sup> Vidyasagar University Publication Division, Vidyasagar University, Midnapore DOI: http://dx.doi.org/10.62424/VUJH.2024.10.00.02