



**Ayurvedic Health Practises and Conservation of Cultural Identity among Girmitiya Diaspora
across Mauritius, Fizi, South Africa, and the Caribbean**

Dr. Rishabh Kumar

Assistant Professor of History, G.D.Binani P.G. College Mirzapur, Affiliated to Maa Vindhyavasini
University Mirzapur, Email – Rishabhbhu97@gmail.com

DOI : <https://doi.org/10.5281/zenodo.19581394>

ARTICLE DETAILS

Research Paper

Accepted: 29-03-2026

Published: 10-04-2026

Keywords:

*Girmitiya; Ayurveda;
Cultural identity and
Conservation; medical
pluralism; ethnobotany;
medicinal plants; women;
healing landscapes;
diaspora memory;
traditional medicine*

ABSTRACT

Health is the basic need of all humans, whether they are free or colonised. To make humans healthy and free from the ailments of human life, Indians developed a systematic, scientific, and holistic system of medicine known as Ayurveda, which encompassed all aspects of life in ancient India. Ayurveda is embedded in Indian culture and the daily life of Indians. When indentured labourers went abroad, they also took their culture. In this context, the role of Ayurveda in preserving the cultural identity of Girmitiya labourers in plantation colonies such as Fiji, Mauritius, and the Caribbean is significant. Indentured labourers carried their rituals, food habits, daily lifestyle, and culture, along with various seeds and dried herbs, embodying medical knowledge as cultural baggage. These resources were very useful for their cultural and religious activities as well as for keeping them healthy under harsh plantation regimes. The research article argues that Ayurvedic concepts and practices functioned as biocultural capital. Through these activities, Girmitiyas reinscribe Indianness on their bodies and their living areas. Popular Indian plants like neem, tulsi, turmeric, and ginger were transplanted into new ecologies that later became central to home-based treatment, ritual purity, and everyday life ceremonies. By weaving healing into everyday life, these communities were not just treating illness—they were keeping their Indian identity alive. Research from



Fiji, Mauritius, and Indo-Caribbean societies shows how women's daily routines—mixing remedies in the kitchen, preserving household pharmacopoeia, and performing ritual healing—became a means of carrying memory across generations. Ayurveda, in this sense, was more than a medical system; it was a quiet act of cultural preservation and symbolic resistance. Through these practices, a distinct Bhartiya identity was nurtured and strengthened. Even today, this tradition continues to resonate, serving as a bridge in India's cultural diplomacy and enhancing its soft power worldwide.

Introduction

Indentured labourers were largely from rural backgrounds. They carried their foodways, rituals, religion, society and health practises in the form of collected memories in daily life. Girmitiyas were exploited and oppressed by the British regimes not only for labour but also to control their bodies, languages and culture. In an alien social and ecological environment, these migrants were bound to face severe health crises like infectious diseases, malnutrition, and maternal and infant mortality within overpopulated depots and sugar estates. Due to extreme hard work, new environment, new water, they faced various health burdens like skin ailments, diarrhoeal diseases, injuries, respiratory infections, etc. Indentured labourers also faced the psychological trauma of displacement and cultural dislocation. They felt lost in the new place. If we analyse the contemporary situation at that time, in mainland India, we can see that the identity crisis was very common there as well. The British government were trying to make Indians mentally enslaved people to rule them for a long time. In their motherland, the Indians faced a crisis of cultural identity. You can imagine that Girmitiyas who were far from their motherland in a new place, a new environment, a new weather, and new rulers faced a greater crisis of identity and cultural sustainability. The questions of Girmitiya's work, flora and fauna, caste, gender, religion, and nationalism have been widely documented by various scholars working on Girmitiya's history. Still, their everyday lifestyle practices, which are an important part of Ayurvedic culture through which they preserved a sense of Indianness and cultural continuity, remain relatively less explored.

Ayurveda, the most established of the indigenous Indian medical traditions, practised for over 5000 years, is deeply intertwined with Sanskrit learning, ritual practice, and vernacular cultures. Ayurveda has been a core component of the Bhartiya civilizational identity throughout India's history. Classical literature and modern historiography alike show that Ayurveda does more than treat illness: it focuses on



an integrative and holistic vision of not only health but also of life, in which the healthy body is simultaneously a moral, social, and cosmological body, embedded in ideas of ritual purity, food ethics, and right conduct. This intimate linkage between health, morality, and culture made Ayurvedic ideas and practices uniquely suited to serve as carriers of cultural identity when Indians crossed the *ocean* into colonial plantations. To keep humankind healthy, Ayurveda emphasises daily, seasonal, and nightly routines, as well as food habits and behaviour that vary with time, space, and environment. This is clear proof of Ayurveda as a lifestyle, which falls under the purview of society's culture.

Rural migrants as indentured labourers carried their cultural baggage through the compression of vernacular knowledge of foodways, rituals, religion, daily lifestyle, medical practices, kitchen things, etc., into memories, seeds of herbs & plants, and daily habits. In a harsh and totally anti-environmental context, their key to living and sustaining their cultural identity as *Bhartiya* was their culture, in the form of daily lifestyle and food habits, which consisted of many ingredients of the Ayurvedic pharmacopoeia and Ayurvedic practises.

Recent research on “Indian plants in indentured diaspora countries” and on Indian ethnobotany in the Caribbean and Pacific underlines how *Girmitiyas* transported not only seeds and saplings of familiar medicinal and ritual plants, but also embodied knowledge of their uses in cooking, worship and cure. Neem, turmeric, ginger and other herbs were replanted around barracks and village yards, forming what scholars describe as diasporic “healing landscapes” in which flora, religion and cure converged to sustain community life. In these spaces, home-based remedies, fasting practices, massage, oil applications, and ritual healing sessions functioned as quiet practices of cultural conservation, asserting continuity with ancestral ways even as *Girmitiyas* adapted to new ecologies and interacted with African, Indigenous, and European medical traditions. One thing we should keep in mind is that in plantation colonies, the practise of Ayurveda was not purely scholastic, textual commentary, or medical treatises. They were using vernacular Ayurveda in the form of dietetics, fomentation, massage, seasonal routines, kitchen pharmacy, and *Materia medica*. Their practise consisted of core Ayurvedic ideas of digestive fire, preventive health, balance, and daily routine.

Historical Context: Indenture, Health and Colonial Medicine

The Indian indenture system, operational between the 1830s and 1920s, transported more than 1.5 million men, women and children from British India to plantation colonies across the Indian and Atlantic Oceans as a labour force in Mauritius, Fiji, Trinidad, Guyana, Jamaica, and South Africa. This process began in 1834. Although this process was officially described and narrated as free migration, this recruitment



often involved deception. Historians have characterised life on sugar estates as a new form of slavery (Tinker, 1974). Overcrowded depots, long sea voyages, and harsh plantation conditions resulted in high mortality and chronic morbidity, even on sea boards as well as in plantation colonies.

Health concerns accompanied indentured labourers at each stage of their journey. Several works indicate that in Trinidad, Jamaica and Guianese estates, migrants were exposed to malaria, hookworm, respiratory infections, dysentery and skin diseases, compounded by poor housing and sanitation. In Trinidad, official inquiries repeatedly criticised inadequate estate hospitals, low doctor–patient ratios and insufficient medicines. Similar critiques appear in reports on Mauritius and Fiji, where crowded lines, lack of clean water and rudimentary drainage structured everyday illness and high infant mortality. In the indentured colonies, children were expected to work from an early age, further entangling the life-cycle with risk of injury and disease. Apart from this, there were severe injuries from labour, diarrheal diseases, respiratory infections, skin ailments, common cold and new environment-related health ailments existed among indentured labourers.

In this context, the colonial medical regime was not just about the well-being and welfare of labourers. Colonial medicine follows the Western allopathic system. Conflict between colonial and indigenous medicine was common in the colonies. There was distrust of non-European healers, and the focus was only on labour productivity by plantation owners. Simultaneously, the conflict between colonial and indigenous medicine in India also indirectly influenced the Girmitya world. In India, the British regime declared Ayurveda as unscientific and backward while gradually establishing Western biomedicine as the official standard, even though they selectively used indigenous knowledge for public health and pharmacological purposes. In response to this, Ayurvedic practitioners in India have undertaken various institutional reforms, published Ayurvedic treatises, and formed alliances with ongoing nationalist movements. This process was termed “Ayurvedic modernity” by some scholars, who combined classical ontologies with new forms of professionalisation and standardisation.

Though Girmitya labourers departed largely from pre-reform rural areas, they carried their indigenous health practices, which were shaped by long histories of medical pluralism in India. The presence of traditional vaidyas, hakims, folk healers, and temple-based ritual specialists coexisted with new colonial hospitals and dispensaries. This pluralism persisted in new ways in plantation colonies. Estate and government facilities relied heavily on imperial biomedicine. At the same time, Indian home remedies, ritual healing, and consultations with local Indigenous or African healers formed a parallel system of care and health conservation.



Within this historical landscape of structural ill health, racialised biomedicine and persistent medical pluralism, Ayurveda—understood broadly—emerges as a crucial arena in which Girmityas negotiated both bodily survival and cultural identity. It is against this backdrop that the present study situates its analysis of Ayurvedic practices as technologies of cultural conservation in the indentured diaspora. In Trinidad and other colonies, indentured workers often avoided or quickly left estate hospitals. This was not just about poor treatment. It also showed that traditional, non-Western healing practices still held real value and trust among the working poor.

Sensing and Conserving Culture through transplanting Plants, Seeds and Practices

Now the question is how these rural migrants not only maintained their health but also survived and preserved their Bhartiya cultural identity. The migration of Indian indentured labourers did not only involve the movement of bodies and contracts. It also entailed the careful relocation of a vegetal, foodways, routines, and therapeutic world that was central to Ayurvedic practice and everyday religiosity. From the earliest voyages to Mauritius and later to Fiji, Trinidad, Guyana, and Suriname, Girmityas carried seeds, dried rhizomes, and plant cuttings—such as turmeric, neem, coriander, mustard, and various pulses—either formally listed in ship records or informally tucked into personal bundles. (Mahmood Ally, 2019) A study shows that indentured Indians grew at least 18 medicinal species, among the most prominent being turmeric, neem, and betel. Turmeric became the most popular medicinal spice in Mauritius, alongside garlic.

They used Ajwain, warm water, and ginger for gas and colic. They used castor oil or triphala for constipation, neem baths for scabies/eczema, turmeric paste for wounds and acne, and tulsi, ginger, and garlic for cold and cough. By practising these, they not only became healthy but also felt, smelled, and tasted Indianness daily.

Recent work on “Flora, religion, cure and identity” in indentured diaspora countries argues that Indian plants were deliberately introduced to meet both religious and medical needs. They became crucial anchors of cultural memory in plantation landscapes. Plants such as tulsi, neem, banana, mango, and sacred grasses are used in both temple rituals and everyday worship. At the same time, their leaves, bark, and fruits serve as home remedies and postpartum care. This overlap blurs the line between sacred plants and medicine, reflecting a broader Indian tradition in which plants are seen not only as healing resources but also as symbols of gods and moral values.



In Mauritius, an ethnopharmacological review of “medicinal plants brought by Indian indentured immigrants” (Mahmood ally, 2019) documents how a set of herbs and spices used in India—among them *Azadirachta indica* (neem), *Curcuma longa* (turmeric), *Cymbopogon citratus* (lemongrass) and *Ocimum* species—continue to be used for fevers, digestive disorders, skin conditions and women’s health. The study shows substantial overlap between pre-indenture uses in India and contemporary practices in Mauritius, suggesting a strong line of oral transmission of Ayurvedic and folk knowledge despite generational distance. These medicinal plants, which were cultivated in kitchen gardens and fields, thus served as living archives through which Girmitiya descendants could live their “Indianness” through everyday cooking, healing and rituals. They not only grew these plants, but they also grew their Indian identity in a foreign land.

In Fiji, studies of traditional medicine among Fijian Indians reveal many herbal remedies that use both Indian plants introduced and local Pacific species. People prepare rhizomes, leaves, and seeds into teas, poultices, fumes, or oils to treat problems such as coughs, stomach issues, body pain, and reproductive health (Singh, Y.N., 1986). The survey shows not only the variety of plants used by only trained healers, but also that ordinary people knew how to prepare, measure, and use them. This suggests that Ayurvedic ideas are becoming part of everyday family life. Here, Ayurveda is not about quoting old texts directly, but about a way of living that values plant-based care, careful eating, and staying in tune with the seasons.

Research on Caribbean ethnobotany shows that Indo-Caribbean communities actively shaped the wider bush medicine tradition, which blends Amerindian, African, European, and Indian influences. Remedies like lemongrass (‘fever grass’), bitters, and herbal baths or teas are widely shared. Still, Indo-Caribbean healers often keep Hindi/Bhojpuri plant names and connect certain species to Hindu rituals, fasting, and life-cycle ceremonies (Quinlan & Flores, 2019) Across these places, Ayurveda spread in three connected ways: by moving and growing Indian plants, by passing down recipes, rituals, and ways of diagnosing illness, and by adapting all this to new, mixed communities. Together, these practices helped Girmitiyas and their descendants rebuild familiar healing traditions in plantation colonies. Using plants, they kept a sense of connection to their ancestral homelands while also adjusting to the challenges and opportunities of colonial and postcolonial life.

Gendered Dimensions of Cultural Conservation through Ayurveda among Girmitiyas

Women played a pivotal role in every era of history and every place in the world. The Girmitiya diaspora is also not an exception. The practice of popular Ayurvedic knowledge was profound among women in



the Girmitiya community, but they often had an underacknowledged role as healers, midwives, cooks, and ritual specialists. It was primarily women in the form of mothers, grandmothers, dais and others who did the daily life ailment treatment through plant-based remedies in the kitchen and backyard garden. They managed pregnancy, childbirth, and infant care through dietary regimens and a kitchen pharmacopoeia. They made the whole family feel the taste and smell of Indianess at home every day. They had never read classical texts, but they knew the medical knowledge of Ayurveda, which had been passed down to them by their ancestors.

Girmitiya women lived under multiple layers of control, watched by colonial authorities, restricted by plantation hierarchies, and bound by patriarchal expectations within their own communities. In this environment, their acts of care and healing were never just about health. They were also doing daily negotiations of power. Historians of Fiji's Girmitiya women note that colonial officials often dismissed them as immoral or careless, while ignoring the crucial role they played in holding families, kinship ties, and cultural traditions together under immense pressure. When we look at Ayurvedic and folk healing through a gender lens, it becomes clear that this was one of the few spaces where women's authority was acknowledged. They influenced matters like reproduction, food, and ritual purity—even though their freedom of movement and sexuality were tightly controlled. One of the key roles of Girmitiya women was the transmission of their acquired medical knowledge to the next generation. With kitchen cooking, backyard gardening, and herbal plants, they were creating a daily routine in line with Ayurvedic core ideas, doing a magnificent job of passing on the Indian knowledge tradition to their next generation.

Conclusion

This paper has sought to explore the role of Ayurveda in sustaining Bhartiya cultural identity among Girmitiyas in Fiji, Mauritius, and the Indo-Caribbean. It has been shown that migrants and their descendants did not take only seeds of herbs for care, diet, and rituals; they took the seeds of their cultural identity and transplanted them to recognise, sense, and conserve their culture. They were the seeds of Indian identity, which were not only grown but also sustained and passed on to the next generation. Through kitchen gardens, home remedies, childbirth practices, and temple rituals, these repertoires helped to recreate, reclaim, and conserve (Bhartiya)Indianness on the body and mind in a hostile, anti-landscape. They could live in their motherland daily with such vernacular Ayurvedic practises. These practices provide comfort and continuity amid the violence of indenture and its aftermath. They could taste and smell the Indianness daily through the use of turmeric, Ajwain, Tulsi, and Neem in their kitchen as well as in their medical practises. They felt the touch of Indian soil with



Tel-Malish (Oil massage). By following the Seasonal routine Ritucharya and the daily routine *Dincharya*, they lived their prolonged indigenous Ayurvedic knowledge. As plants grew, they also passed on their Indian identity to the next generation. Household healers and backyard gardens provided much-needed health care, helping Girmitiyas maintain their cultural identity. For indentured labourers, Ayurvedic practises in all forms became culture in action. They showed how a colonised community could use care and health practises to conserve and sustain the Bhartiya identity and culture across generations and oceans. Across Girmitiya sites, the gendered dimensions of Ayurvedic cultural conservation reveal that traditional medicine functioned as a key arena in which women sustained diasporic Indianness at the level of the body, household and religious activities. The indentured women not only kept Indian identity and culture alive through kitchen recipes and backyard gardens, but also passed them on to the next generation. Their Tulsi worship, use of Betel, preparation of various fasting dishes and food items related to childbirth, management of reproduction, infant care, diet, and minor illnesses through inherited plant-based and ritual practices; women transmitted not only therapeutic techniques but also the entire social-religious culture. Ayurvedic sensibilities thus became woven into gendered scripts of what it meant to be a “good” Girmitiya woman, mother or grandmother.

The knowledge and practise of Ayurvedic medicines and core theories of healthy living, in the form of daily lifestyle and culture, served as a fundamental natural connection to their motherland, Bharatmata, and played a vital role in recognising, preserving, feeling, and passing on to the next generation of Bhartiya culture in a new place.

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