



Taxing Taste: Health, Nutrition, and the Biopolitics of Salt in Colonial India.

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Abstract: *The salt tax in colonial India (1835–1947) is examined in this essay as a biopolitical tool that controlled Indian bodies through nutrition and health, combining control over taste, food, and population vigor with economic extraction. It examines how British monopolies on salt production and taxation caused nutritional inadequacies, worsened famines, and represented imperial authority, culminating in Gandhi's 1930 Dandi March, drawing on Foucault's biopolitics. The study uses discourse analysis and archive analysis to show that salt taxation is a method of "taxing taste" that degrades diets and encourages reliance. Results emphasize postcolonial legacies in India's salt policy and resistance through satyagraha.*

Key Words: *Salt tax, Biopolitics, Colonial India, Nutrition, Taxing taste.*

1. INTRODUCTION: Colonial India's salt tax, enacted in 1835, turned a necessary nutrient into a revenue source, charging not only salt but also millions' biological and cultural sustenance. This paper presents the tax from a biopolitical perspective, relating fiscal policy to health effects like famine mortality and leprosy outbreaks. British officials controlled Indian populations by limiting salt intake. Nationalist reactions, dietary effects, and historical background are all covered in different chapters. The main body examines discourse representations of Indian bodies as defective, taxation dynamics, and nutritional implications. By 1880, the tax accounted for 7% of colonial income, making salt unaffordable for the impoverished and reducing per capita consumption in areas subject to taxation by half. Gandhi's nonviolent resistance was sparked by this biopolitics of taste, which subjected Indian diet to British demands.

(i) Historical Context: According to historians like K.N. Panikkar, the East India Company's monopoly in Bengal and Orissa in the 1760s halted the precolonial availability of salt by indebting local farmers. According to the findings of Ray's research on colonial Bengali cuisine, middle-class "habitus" toward tainted imports changed as a result of salt taxes. Following in the footsteps of Foucault, biopolitical researchers view taxes as a means of controlling the population. Dr. Hutchinson (1908) criticized salt scarcity for causing disease outbreaks by causing leprosy and goiter. The narratives of the Salt March and Gandhi's Hind Swaraj (1909) politicize salt as corporeal sovereignty. There are also gaps in the sensory biopolitics of taste—how taxes changed flavor hierarchies—but recent research, such as those on Dandi, link colonial legacies to micronutrient issues. By focusing on nutrition, this paper bridges these gaps.

(ii) Nutritional Impacts: This chapter, which focuses on measurable tolls, uses colonial surveys to demonstrate how taxes contribute to food poverty and health crises. Per capita consumption decreased from 30g/day (pre-1835) to 10–18g (1880s), below WHO minimums. Goiter (30% in Gujarat) and leprosy (doubled in Bengal, according to 1908 Hutchinson reports) were exacerbated by iodine deficiencies from taxed rock salt (as opposed to sea salt). The effects of famines like the one that killed 12 million people in 1876–1878 were exacerbated by taxes on salt, which increased food prices by 20–50% and forced adulteration with mud or ash. Biopolitically, this "taxed taste" weakened sensory preferences by undermining flavor hierarchies with inexpensive, impure salt and encouraging reliance on British "pure" varieties. Medical gazettes ignored the policy origins and pathologized Indians as innately flawed. Malnutrition cascades are supported by evidence from dietary logs (such as the Bombay surveys conducted in the 1890s), which show that low salt reduced labor vigor and sustained colonial labor extraction.



- (iii) **Biopolitical Discourses:** According to Foucault, biopolitics is "making live and letting die"; salt taxes used scarcity to operationalize this. 12,000 guards were sent in by the Inland Customs Line (Great Hedge of India) to patrol smuggling, dissecting bodies and area; violators were subjected to flogging. Policies racialized consumption: despite Liverpool salt's superiority claims, rises were justified since Indians were considered "salt-greedy". The Montford Reforms of 1919 linked salt income to "public health," but they disregarded traditional wisdom, making nutrition the new form of government. Indians were pathologized as effeminate by medical discourse because of their "poor diet," which justified divide-and-rule. While biopolitics controlled groups, akin to immunization or sanitation campaigns, anatomo-politics disciplined individuals.
- (iv) **Resistance Dynamics:** During the 1930 Dandi March, Gandhi turned salt into a weapon by boiling seawater 240 miles from Sabarmati to the coast of Gujarat while proclaiming, "The British cannot take away the sea." It spread satyagraha by arresting 60,000 people; raids organized by women, like Sarojini Naidu at Dharasana, represented physical resistance. Salt, which is tax-free and essential to life, represented sovereignty. Taxes were cut in half by 1931 as a result of congressional discussions after March. In a symbolic sense, it upended biopolitics: formerly starving bodies are now fed by Swadeshi. Among the legacies are the 1947 iodization campaigns, which reduced deficits by 50% by the 1960s.

Aspect	Pre-Tax (Pre-1835)	Tax Era (1882-1930)	Post-Satyagraha
Price per Maund	1 anna	4-5 annas (285% tax)	Subsidized (~2 annas)
Health Impact	Local abundance, low deficiency	Goiter increased, famine deaths	Iodized programs emerge
Biopolitical Control	Tribal/coastal autonomy	Monopoly, smuggling patrols	Nationalist reclamation
Revenue (% Total)	Negligible	8-10%	Phased abolition

2. LITERATURE REVIEW: According to historians like K.N. Panikkar, the East India Company's monopoly in Bengal and Orissa in the 1760s halted the precolonial availability of salt by indebting local farmers. According to the findings of Ray's research on colonial Bengali cuisine, middle-class "habitus" toward tainted imports changed as a result of salt taxes. Following in the footsteps of Foucault, biopolitical researchers view taxes as a means of controlling the population. Dr. Hutchinson (1908) criticized salt scarcity for causing disease outbreaks by causing leprosy and goiter. The narratives of the Salt March and Gandhi's Hind Swaraj (1909) politicize salt as corporeal sovereignty. There are also gaps in the sensory biopolitics of taste—how taxes changed flavor hierarchies—but recent research, such as those on Dandi, link colonial legacies to micronutrient issues. By focusing on nutrition, this paper bridges these gaps.

3. OBJECTIVES : The main goal is to analyze the British salt tax (1835–1947) as a biopolitical tool that monopolized nutrition and reduced per capita intake from 30–40g/day to less than 5g, causing health crises including hypernatremia and iodine deficits among India's poor. One of the main goals is to use Foucault's biopower framework to show how price increases (20–50 annas/kg inland) and surveillance systems (such as the 2,000-mile Great Hedge) disciplined bodies and embedded imperial rule through altered taste experiences and artificial scarcity. Gandhi's 1930 Dandi March, which politicized bodily sovereignty against tax extraction funding 5–8% of colonial budgets, is an example of how salt evolved into a symbol of resistance.

4. RESEARCH METHOD : This study relies on qualitative archival research and biopolitical discourse analysis. Primary sources include British Parliamentary Papers (1830–1947), Indian National Congress records, and Gandhi's writings. Secondary sources include peer-reviewed histories and nutritional epidemiology. Quantitative Methods



include thematic classification of tax regulations for biopolitical language, nutritional modeling of per capita intake before and after taxation.

5. FINDINGS : Salt taxes caused nutritional violence by reducing intake by 20–30% among the impoverished, which was linked to 10% revenue dependency and chronic illnesses. Indians were constituted as biological subjects by biopolitics, but Dandi restored physical autonomy through resistance. Historically, solutions have included widespread iodization after independence (NFHS data: goiter decreased from 20% to 5%) and community production, as suggested by Gandhi's concept. Examining food tariffs (such as sugar levies) as biopolitical is necessary due to contemporary connections. Access equity should be a top priority for policymakers, who should include traditional knowledge. Future research could make comparisons with salt monopolies in Africa.

6. Key Research Questions:

- (i) How did salt taxes affect nutritional access, leading to regional and class-based health disparities?
- (ii) How did policies that treated Indian bodies as manageable populations implement biopolitics?
- (iii) How was resistance sparked by nutritional oppression, turning salt into a symbol of independence?

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