1874

SIDDHA SYSTEM OF MEDICINE: A SOCIOLOGICAL EXPLORATION

Dissertation submitted to the Jawaharlal Nehru University in partial fulfilment of the requirements for the award of the degree of

MASTER OF PHILOSOPHY

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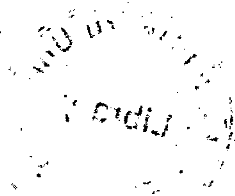

Dated: 20th July, 2001

This dissertation entitled **"SIDDHA SYSTEM OF MEDICINE: A SOCIOLOGICAL EXPLORATION"**, is submitted in partial fulfilment of six credits for the degree of Master of Philosophy of this University. This dissertation has not been submitted for any other degree of this University or any other University and is my original work.

(GANAPATHY M.)

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CONTENTS

Acknowledgements
List of Tables
Preface 1

Chapter I 5
Historical Background to the state of Indigenous Medicine from Ancient to Modern: Certain Explorations

Chapter II 21
Review of State Policy and Priorities Towards Indigenous System of Medicine

Chapter III 40
Exploring the History of Siddha Medicine

Chapter IV 62
Modernisation of Indian Health Services system: The Case of Siddha Medicine

Chapter V 86
Discussion and Conclusion

Bibliography 97

Appendix
Interview Schedule

ACKNOWLEDGEMENTS

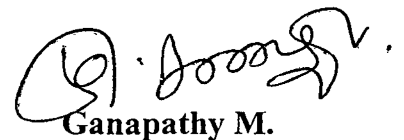
I wish to express my deep sense of gratitude to my supervisor, Dr. Rama V. Baru, for her encouragement and fruitful discussions, which enabled me to undertake the work and give shape to this dissertation. Without her critical comments and guidance, this work would have never been in the right academic path. I thank her once again for all the help she has done to me during the course of the work and for the academic insights I have happily learnt from her.

I am thankful to Dr. K.R. Nayar, Chairperson for providing me with a congenial atmosphere to carry on my work. I am also thankful to other faculty members for their academic support.

I am also very thankful to Dr. Harish Narayan Das, (Delhi School of Economics) for a preliminary discussion on the subjects related to the study.

I am grateful to all my informants and respondents who have enlightened and broadened my knowledge and who without hesitation helped me in data collection.

The good discussions I had with Pavananthi helped me structure my ideas. Alfred, Sarvesh, Mayil, John, Francis, Jasbeer, Ashok, Karthy and Lakshmanan: good friends, without whose help this work would have not met the deadline. Above all I like to thank my parents for giving me the necessary moral support during the course of my work.



Ganapathy M.

LIST OF TABLES

Table Page .no

Table 3.1..51
Table 4.1..71
Table 4.2..71
Table 4.3..72
Table 4.4..73
Table 4.5..74
Table 4.6..77
Table 4.7..78

PREFACE

If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities, and so weave a less arbitrary social fabric, one in which each diverse gift will find a fitting place.

--Margaret Mead

Across cultures people have evolved a variety of healing options in order to seek relief from pain and illness. These options present a picture of plurality ranging from home remedies, folk medicine, magico religious therapy to systematized indigenous medicines.[1] The indigenous systems of medicine are not isolated and they draw a lot from home remedies, folk medicine and other variants. This plurality and options add more complexity and variety within each medical system and in total in the health care system. Medical pluralism is now been accepted as a basic principle of health services system.

For the past two centuries, the international emergence and the growth of Western professional medical science has dominated the health care scenario all over the world. Although biomedicine has become a dominant

[1] There is no satisfactory term to refer to non-western, indigenous medical systems. The most often used term, 'traditional' invokes an inappropriate sense that such systems are unchanged and unchanging; neither of which are, of course, true. The terms 'indigenous' or 'native' often have ethnic and political connotations, and suggest that the medical system in question has been uninfluenced by non-indigenous elements. Left without an perfectly acceptable term for general reference, I use the above three terms interchangeably, believing that despite their semantic inappropriateness, they are at least widely understood to refer to what I intend them to refer to.

system of medicine and is patronised by States in both the developed and developing countries where indigenous systems of medicine have acquired at best, a secondary status. However, people still continue to use the latter, and in India where biomedicine has achieved enormous structural power and professional sovereignty, indigenous systems continue to attract substantial numbers of patients. This raises a complex question, what are the medical systems that exist in India? Where did they originate and how? What are the changes that had taken place and what is the present status? Finally how does such pluralism in medical culture answer the question of today's public health? While some studies have examined the utilization of indigenous system of medicine there are few studies that have examined the evolution of these systems.

Indigenous medical systems cannot be understood on the lines of Western epistemology. The indigenous medical resources are not to be restricted to simple therapeutic efficacy. They are perceived to be part of larger, 'meta medical' framework within which ethnicity, nationalism, rapid social change, and social conflict both resonate with and are expressed through patterns of illness behaviour. In order to understand such a complexity one needs to explain it, both as a fact of the history of science and the technology and also as a fact of economic social, political and cultural history.

This study is such an attempt and Siddha medicine has been taken as a case for sociological exploration. Siddha system of medicine coexists with other systems of medicine catering the health needs of the people in the Indian scenario. Two problems are to elucidate for understanding Siddha medicine in the age of medical pluralism and syncretism. They are the historical and sociological problem. The historical problem understands the origin of Siddha medicine in relation to the other indigenous medical systems in India. In addition, the sociological basis of Siddha medicine and its practice are elucidated in order to get an insight in to the regional, class, caste and gender dimensions. These become important for assessing the accessibility and availability of the services provided by this system to a given population, which are clearly bound to have implications for public health.

The study takes help from various secondary data that include histories, debates, Government reports, committee reports and ancient Tamil literature. The secondary data is further substantiated with the primary data that includes field work in Chennai and Tirunelveli, collecting oral histories, conducting interviews with key persons in the field and sending questionnaires to the heads of modern Siddha institutions. The scope of the study is limited to the available historical and sociological data.

The scheme of the study flows from a macro level to the micro level and finally concluding with its relevance to the modern needs of the society. Chapter I is the historical exploration that weaves a general picture of the status of the indigenous systems of medicine in India from ancient times upto the modern period. Chapter II focuses on the British role on indigenous medicine and also studies into the policy and priorities of Independent India.

While the above two chapters provide the background status for indigenous systems of medicine in India from past to present, Chapter III focuses towards construction of the history of Siddha Medicine. Chapter IV looks into the case of Siddha medicine in the whole process of modernization and the present status in the Indian Health Services system.

Chapter V is a discussion chapter, which draws together the various socio- economic factors that have shaped Siddha medicine and its practice.

CHAPTER - I

HISTORICAL BACKGROUND TO THE STATE OF INDIGENOUS MEDICINE FROM ANCIENT TO MODERN: CERTAIN EXPLORATIONS

Colonial rule by the British in India had brought about a lot of changes in the Indian society that were far reaching and still being reflected in the modern Indian nation state. It would be worth understanding the changes occurring due to the influence that was brought by western society, philosophy, science and culture. While most Indian historians well bring out the changes happening in Indian civilization due to the imperial hegemony, fail to notice the greater indirect impact on a whole by the West. In fact most of the changes that had occurred here would be mainly due to the second reason while the imperial rule had been incidental and not of course the only causative factor.

The case of indigenous medicine offers us an interesting introspection. Generally there are two conflicting viewpoints regarding the history of indigenous medicine. Usually the predominant viewpoint is of that, indigenous knowledge systems (in this case-medicinal) were Hindu

knowledge systems – quite often traced back to the Vedas. And these knowledge systems being neglected suppressed and stripped of state patronage by foreign invaders especially the Muslim rulers. These allegations while might help in rekindling the passion for the so-called "Hindu Science", does not at all find a fitting place in History itself.[1] Putting the onus on the alien invaders and evoking a glorious past do not really serve any purpose rather hinders any rational introspection on the declined status and the reasons for it. The case that appears before us, is, did the indigenous knowledge systems really stagnate during British rule and was suppressed during the Muslim rule, or was it because of the alternative system of medicine brought by the West with its new dynamism, scientific temper and empiricism made indigenous knowledge systems to be seen as stagnant?[2]

The State and Indigenous Medicine: Pre-Mughal History

Revivalists of the so-called "Hindu Science do have a myopic vision of history. It is not totally true as they claim, Vedas to be the originator of all knowledge systems. Knowledge systems have begun to evolve with man himself. The knowledge systems transformed in a later stage, man's struggle

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1 David Arnold, "A Time for Science: Past and Present in the Reconstruction of Hindu Science, 1860-1920" in Daud Ali, ed., *Looking the Past: The Uses of History in South Asia* (New Delhi: Oxford University Press, 2000), p. 156. For a interesting discussion on the subject please refer further.

2 The arguments developed are mainly observed from. D.P. Chattopadhya, "*Science and Society in Ancient India*" (Calcutta: Research India Publication ,1977).

for survival into an art of survival. In his "Science and society in Ancient India", D.P. Chattopadhyay tells us about the decline of medicinal tradition mainly due to the orthodox Hinduism, the rigid caste systems and social hierarchy.Medicine in its rationality and scientific temper did not adhere to the law of Karma, the basic tenet of the Indian orthodoxy. This was quite enough for the Vedic propounders to refuse patronage for medical men and subjecting them to social castration. In spite of the need and value attached to the medical traditions, which is widely recognized, is being rejected not by theory but by its practice. Recognition of the practitioners meant a higher status for them in the society who by the virtue of scientific and rational character would negate the Vedic system, a greater threat for the orthodoxy was the reason convincing enough for them to have contempt against Indian medicine. Physicians were seen as polluters and kept in the lowest rank of the Aryan system. Dissection of the human corpse was seen as pollution and sin against the orthodox religion.[3]

The greater threat to the orthodoxy came from Buddha and Buddhism. Buddha contested against the Vedic authority and soon became very popular with the Sudras.[4] Ayurvedic medicine well flourished in the Buddhist era.

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[3] Romila Thapar, *A History of India,* Vol. I (New Delhi: Penguin , 1966), p. 59.

[4] L. Joshi, *Studies in the Buddhist Culture of India* (Delhi: Motilal Banarasidas, 1964), p. 398.

Numerous hospitals and educational centres were being established during the period. The greater hostility between Hinduism and Buddhism began to wane in the Mauryan and Gupta regimes. Hinduism began to include Buddha himself as one of the avatars. Buddhism was left to cater the ethical needs of man while Hinduism the religious needs. This amicable agreement under state patronage had a lot of social impacts. The teachings of Buddha were reserved for the individual while Hinduism controlled the society. Hinduism once again regaining its unchallenged position patronaged medicine by a lot of compilations done in that period but it still gave the vaids only a low status in the social hierarchy. This created a situation were even though the medicine was under the royal patronage; the practitioners were denied any status. Devoid of any status, power and patronage the following ages only saw recompilations of the already existing medicinal texts but there was no new developments and no growth. The medicinal system, which had entered the caste structure, was now stagnant. Inspite of a glorious past, the medicinal system now was in darkness except for the ancient medicinal texts with no more advancements inspite of the royal patronage, which was eclipsed due to the compromise that receded into a rigid caste system.[5]

[5] For a full discussion refer, D.P Chattopadhya, op. cit.

Indian Medicine and Muslim Rule

During the medieval period, Unani was the other major medical system, which got introduced through the Muslim rule in India. The Unani system of medicine is also referred to as Greco-Arab medicine since Arabs modified it as a result of their own observation and experience appropriated it from the Greeks. It would be very obvious to learn that under Muslim rule, Unani system of medicine enjoyed a greater privilege and propaganda. But this does not lead to the conclusion that other Indian medical traditions, especially Ayurveda was being suppressed, rather there had been a greater interaction between these two systems of medicine. The Muslim rulers realized and recognized the importance of Indian medical traditions and therefore to a great extent they patronized the dialogue between the two traditions. Professor A.L. Basham writes *The practitioners of the two systems seem to have collaborated, because each had much to learn from the other and, whatever the Ulama and the Brahmins might say, we have no record of animosity between the Hindu and Muslim in the field of medicine.*[6] And what has followed in the Muslim rule is a great deal of medical syncretism. This medical syncretism had been very popular and as a result flourished inspite of the lack of a royal-patronage. Even though the official royal patronage was for

[6] A.L. Basham, "The Practice of Medicine in Ancient and Medieval India", in Charles Leslie, ed., *Asian Medieval System: A Comparative Study,* (Delhi: Motilal Banarsidass, 1988), p. 40.

Unani, the other medical traditions and the syncretism had feelers and admirers throughout the kingdom. Among the middle classes there was a larger base for the clientele and this negates the revivalist ideology that decline in Hindi medicine was due to the Muslim rule.[7]

The end of the Muslim empires was marked by the death of Aurangazeb in 1707. This led to a political and social unrest and the whole period later on was marked with confusion and chaos. This led to a decline in the state patronage to these medical systems.

The political climate was in a deep crisis, which overlooked the knowledge systems and led it to decline. With the decline in the Mughal empire the major European forces began to consolidate their power and it led to an exposure to the Western world where their sciences had started making major leaps which intimidated the already patronage starved, caste dictated, stagnant indigenous practitioners. Moreover it also should be added that the Indian medical tradition inspite of the dialogue with the new Unani had not made any new major development or progress in the medical field. Whatever dialogue had been occurred was only with the old texts, either recompiling or incorporating some of references into Unani, where else there was no progress at the present status as for the earlier stated reasons that attributed to state of

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7 Charles, Leslie, *The Ambiguities of Medical R evival in Modern India*, op.,cit. p. 40.

stagnance in the ancient period. Further the influences of the Western paradigm made certain traditional practitioners question their own basic assumptions in their respective knowledge systems.[8]

Understanding Indian Traditions by the West

Among all other Western forces, the British were the single major empire, which eventually consolidated its power through trade. The British colonial rule in India was the precipating factor in the change of status in indigenous systems of medicine. In the earlier stages of the western exploration in India, they found everything new in the east.The colonialism strengthened the already existing Orientalistic scholarship as a policy advisor. Orientalism referred itself towards a dual status as both a form of scholarship and policy position. The Orientalist construction of the Indian history as historian David Arnold put *was a history in terms of a precocious flowering of Indian science and civilization, followed by a long period of 'degeneration' only arrested by the advent of British rule.*[9] This according to Arnold reflects the western paradigm where they present history of themselves in similar unlinear fashion where western science presented itself- as heir to a long

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8 Poonam, Bala, *The State and Indigenous Medicine: Some Explorations on the Interaction between Ayurveda and the India State* (New Delhi: JNU, Centre of Social Medicine and Community Health, Unpublished M.Phil Thesis, 1982).

9 David Arnold, op. cit., p. 156.

ancestry of discoveries and pioneers and as an articulation of progress from an ignorant past to an enlightened modernity.

It had been very influential, the western model of science, the history of progress – the paradigm of rise and fall. The Indian writers were now as Aronld puts in *were preoccupied with establishing the reasons for the decline of Indian science or the manner of its reconciliation with an ascendant Western tradition.* Many failed to grapple the fact that it would the erroneous to think of India as having a single scientific tradition. Unlike the Western Orientalistic interpretation of a single Hindu science emanating from the Vedas, Indian scientific tradition is a wide variety of different oral and textual traditions, drawing upon exogenous contents as well as indigenous roots. Arnold also adds that *Even within what is often thought of as the 'Hindu' tradition, there were several, strands of scientific ideas and practices, including a tradition of empirical, observational science (particularly developed in astronomy and medicine) that functioned along side, and often in tandem with various cosmological and astrological beliefs.* While the idea for a unlinear glorious Hindu science tradition fails, the reasons to place its decline on Muslim rule also fails. But still this articulation gets sustained at revivalists quarters that speak of the past with a little reference rather they present themselves towards present tasks and future goals representing a new

way of cultural hegemony unmindful of India's long tradition of pluralism and syncretism.

The British Encounter with Indian Medicine

The earliest encounters of the British with the Indian medicine show of the recognition it had realized. Its oldness and culturally entrenched therapeutic beliefs and practices were in fact appreciated, of course with a tinge of skepticism. It is also another fact that western medicine has not by that time well developed and they shared a lot of common with the Indian medicine and even humoral pathology one among them. They also believed on the climate, tropical climate constituting a totally new environment where they were ill equipped at handling situations led also in the recognition of Indian medicine. On such a premise of assumption in those days, the British did not fail to employ local practitioners of indigenous medicine to serve them. [10]

Meanwhile the Orientalistic scholarship as tool of colonial consolidation was extensively put into use for better understanding the indigenous systems. While the rich plurality totally makes difficult to determine the precise nature of interaction it held at various levels the paradigm of characterizing Indian science as a whole prevented a better

[10] David Arnold, *Science, Technology and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2000), p. 62.

understanding. Mixed responses grew from the scholarship with a lot of debates being thrown up with a lot of inner and outer contradictions. Apart form this, was the contest between western and eastern knowledge systems on who produced and contributed towards universal science and development. The claim for superiority resulted in debates and meanwhile a great deal of indigenous literature was being learned, translated and was sent back to respective countries. But for all these activities of recognizing in the initial stage, learning Indian medicine, translating, appreciating, calling for debates – there was one real problem.

The problem was from the unexpected quarters, religion.[11] The indigenous medicine, which was stagnant by that time, had begun to decline by that time, resulted in a lot of quacks.[12] And at the same time the quacks took their shelter under the name of religion. Medicine in this period had become mixed up with religion and was highly revered as a gift of the Gods. The medicine, which had once questioned the law of Karma, was now under the darkness of religion. The quacks hid under the blanket of religion because it gave them a perfect reason for not further developing and advancing or rather improving the classical texts. The Oreintalists also pointed out the lack

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[11] Ibid. p. 67.

[12] D. Banerji, "Place of the Indigenous and Western Systems of Medicine in the Health Service System of India", *International Journal of Health Services*, 1979, pp. 511-519.

of any empirical insight into medicine. The caste rigidity and religion had led the ancient texts into darkness without any further improvement.

The British policy setters now had enough reasons to condemn the indigenous medicine which was under the religious control,full of quackery and superstitous elements.

The British missionaries would find a rooting in India to spread Christianity, if only the colonial policy makes a space for it. It would not have been possible if the British highly appreciated Indian sciences, which they themselves recognized as Hindu science. Therefore the reproaching from the Hindu knowledge systems as a policy became necessary to show and prove the land to be consisting superstitious and irrational beliefs only to get reformed by the British through their science, technology and religion.

The Impact of Colonial Policy

The colonial policy's shift of state patronage from indigenous medicine to the western system had led to the decline of the stagnant systems. The western system of medicine with its state patronage took a heavy toll on the local systems of medicine. Genuine practitioners of medicine had enough questions over their system of medicine; they could understand the misgivings in their respective medical systems. So there was a certain process of

revivalism that also took a lot of new ideas and concepts from the much empirical western medicine. But still caste rigidity and stringent social norms added with state neglect hurdled this type of revivalist self-articulation, which was occurring at various regions. On the other hand quackery was thriving taking siege of the vacuum created by the genuine practitioners. In course of time, as a result of high malpractice there was dwindling clientele from traditional medicine and a great admiration was created towards western medicine which all of sudden looked tall in stature, very effective but at the same time expensive and also inaccessible.

Large masses began to look for western medicine for their health problem but the colonial rulers denied them the benefits of western medicine. But at the same time in colonial aggression, the Indians once militarily defeated, socially and economically disorganized, laid low by an ideological catastrophe, had to submit to the new medical system. Colonialism increased the health load of the country on two major reasons. On the one hand as a policy decision to deny status to indigenous medicine disrupted the health practices which Indians had long developed in response to their health problems set within an ambit of their culture. And on the other hand the colonial exploitation of the masses created adverse environmental exploitations, which further accentuated their health problems. The health load

due to vacuum in traditional health services and disruption of ecosystem made the public totally dependent upon the western medical system. But the western medical system being not so freely available from point of access and affordability worsened the health burden and a very conducive condition for further exploitations. The fast developing Western medicine was very much used as a political tool by the oppressors. Western medicine was now transformed into colonial medicine, which as a powerful tool of the colonial empire helped effectively in perpetuation the imperialistic, hegemonic tirade. The effects of such an impact due to British policy have outlasted even the British rule haunting the health service of India to the present date.

Modernization and Health Services

Eminent Sociologist Yogendra Singh believed that every society has seeds of modernity embedded in its cultural soil and he questions the rationality behind the 'imported modernity', which is transplanted on hegemonic terms. The case of health services brought by the British and that stands after independence are testimonial to Prof. Singh's opinion. Modernity in Europe has an unlinear history of renaissance, revolutions in the world economy, scientific inventions, changing from feudalistic agricultural economy to capitalistic industrialistic economy and colonial imperialism. Throughout India neither of these incidents happened nor made an impact.

Eminent Historian D.D. Kosambi on writing Indian History believed Buddha as an eminent source of modernity in Ancient India. Buddhist school of thought questioned the existing Vedic authority and social hierarchy. Hence modernity in India had been at a different context. Here Kosambi understands modernity as a state of mind or having on alternative attitude towards the existing system. This notion of Indian modernity is very much is contrast with the European and what the British brought was indeed transplanted.

Through colonial conquests the European modernity, invaded the colony in paradoxical forms, and was thus internalized by force in the indigenous social and cultural environment: as for the indigenous people themselves, whatever they do they willy-nilly consumed the health communities of that imposed modernity; they consumed them in various modes: the food mode (hygienic character of food stuffs and other manufactured products, healthy air, clean water). The aesthetic mode (enjoyment of what appears clean – cleaning, clothing, white coat; or comfortable – house furniture; or beautiful or coloured glass trinkets, mirrors – fabrics, games), the pedagogical mode (school medical inspection, major epidemic services, mother and child care), the social mode (occupational medicine, prison, medical service, fight against alcoholism, social rehabilitation), not to mention the technical mode and political mode

(specialist services, vocational schools, ministry and directorates of health services): in consuming them, they assimilated them as best as they could, and that best was not very good, at least in the tense early days of the colonial relationship. This type of modernity, forced reproductive appropriation does not give the colony a creative identity. The image of the other culture where it has been borrowed, formed or initiated is flagrantly apparent, irrespective of its suitability or unsuitability, or of its functional effectiveness. This type of reproductive appropriation, which totally contrasts with productive appropriation-while speaking purely in materialistic terms, is of those skilled personnel who, by virtue of that very skill, are able, in both the economic and the socio-cultural sense to produce health.[13]

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[13] Harris Memel-Fote, "Patterns of Medicine in Africa: The Example of Cote d'Ivoire", *International Social Sciences Journal*, 161, 1999, pp. 338.

Summary

To sum up the state of indigenous health systems and services in India from ancient to modern (British) has undergone the rough patches. From being subjected to the wrath of orthodox Hinduism to the support from Buddha and Buddhism, but later on Buddhism itself making compromises during Mauryan and Gupta age leaving rational medicine under the mercy of social hierarchy and caste rigidity started the stagnation. Inspite of a denial in the Muslim rule shifting the patronage to Unani did not let down indigenous medicine totally, it still had a good clientele. Moreover there was also good dialogue with Unani. After the Mughal period, the stagnant indigenous medicine began to decline under British rule for reasons internal to medicine itself and external by the severe onslaught of the British policy which as an ideology was an imperialistic tool operated by systematically under the name of modernizing reforming, refining, civilizing and developing the indigenous society and its culture, by doing exactly the opposite.

CHAPTER II

REVIEW OF STATE POLICY AND PRIORITIES TOWARDS INDIGENOUS SYSTEM OF MEDICINE

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Any worthy discussion on Independent India's policy and priorities towards indigenous systems of medicine would be incomplete without retrospection into the late British India. As seen in the earlier chapter the British as a policy did not support the Indian systems of medicine. The major reasons were the fast development of the western empirical medicine along with stagnation of indigenous medicine that had taken shelter under religion, which once again became a manifestation of irrationality, backwardness and full of superstitious beliefs. The reputation of traditional medicine was thus declining and as D. Banerji analyses, it to be another imperial tool to make the colonial empire more dependant.

Even though the British did not support the indigenous medicine, they did not ban them totally for the very basic reason that the infrastructure and logistics of the new western medicine could not cater the vast mass of Indian population. The new medicine had limited itself to the colonial officers, the urban elite, the military and to the missionaries. The vast rest of the population had to depend upon the traditional medicine, which had a few genuine practitioners and a great number of usurpers. The

situation was very bleak and there were signs of medical revivalism both at a political level and at an individual level.

This chapter will focus on these various attempts of revivalism on different grounds in the light of pre-independent nationalistic era and to further assess that how far in the independent new state had been the state's policy and priority towards indigenous medicine that has carried over from the past legacy to the present.

Indian National Movement and Revival of Indigenous Systems

The late nineteenth century and the early twentieth century in India saw a lot of social changes. Most historians attribute this dynamics, the changes, and a new upsurge in the intellectual tradition due to the exposure of the West. This they explain as a response due to British education which led to new world of the West, their history, institutions and language and the concomitant influence of the European ideas of liberty, rationalism and humanism, leading Indians critical of their own institutions and thus led to reform.[1] Though most of the social changes thus being attributed to the intervention of the West through education and missionary service, this may not hold as a total fact. Eminent historian K. N. Panikkar in his book quotes sources to prove that such social changes necessarily need not be

[1] K.N. Panikkar, *Culture, Ideology, Hegemony – Intellectuals and Social Consciousness in Colonial India* (New Delhi: Tulkia, 1998), p. 3.

due to colonial influence, rather there was a general upsurge in various regions of the country that denounced polytheism, idolatry and caste distinctions. The basic tenets binding Hinduism and its elements of superstition were questioned. The reform movement subsequently in the later British days got more support base from the western educated intellectual elite.

The reformers compromised both of the earlier challengers and the new intellectuals. The new exposures from the West compelled them to look critically of their own traditional culture and systems and realized the gross superstitions elements, the stagnation and decline. The choices before them were total westernization – reproductive appropriation or a reform of the indigenous. The fast paced development of the Western Science added with the imperial force threatened with the death of traditional systems. The intellectuals had the immediate task of reviving the earlier tradition in order to prevent the sudden surge of implanting a new alien cultural milieu, and in order to revive there was also a need for reform.[2] The task was dual, to preserve the tradition and culture and at the same time to reform the Hindu society which was deep-rooted in polytheism, ideology and caste rigidity that has doneo considerable damage to the traditional sciences. The task would be complete if the reform is effectively articulated with the

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[2] Ibid., p. 145.

masses and then with nationalistic support to resist the colonial onslaught. There was a need for a general cultural revivalism to go hands with Indian national movement. The Indian national movement mostly donned by the same intelligentsia did not hesitate for collaboration, the idea of using Indian culture as a movement and weapon against the British was seen effective in articulation and mobilization.

The New Political Support and Revivalism in the Pre-Independence Phase

The revivalist movement for indigenous medicine got its first political support from the Indian National Congress. At a session held at Nagpur in 1920, the Indian National Congress passed a resolution in support and revival of the indigenous medicinal system. And for the first time the movement gained an open nationalist support and it had become part of the freedom movement gaining wider legitimacy and admirers.[3] The revivalists' movement, which had much earlier started in Bengal and in certain parts of Tamil Nadu through individual influences, now gained a wider currency.

With the new support that was being able to influence followed the British policy in the representative provincial governments to set up special

[3] David Arnold, op. cit., p. 183.

committees to define the necessary steps to be the taken for the revitalization of indigenous systems of medicine. The revivalism now faced a greater duality.[4] While the nation at that period was undergoing a chronic western influence with a change in its social, political and economic institutions from a traditional base to a western model, the indigenous medicine also got into the whirlpool. The revivalism was now divided between the orthodoxy and the so-called 'liberal'. While the first wanted the medicine should be reverted to the classical form, the liberals wanted an integration of western ideas and models. The earlier stream of reverting to the classical form arises questions like, what was classical and how that would address the modern questions of public health in the changing face of Indian society. The return to the classical form could not counter the question raised into it. Meanwhile the liberals had a larger support base since they believed in reviving the indigenous medicine along the western model. They wanted with an integration of the western model. They wanted an integration of the western allopathic elements in theory, principle and practice so that it could be made more relevant to the needs of the modern society and at the same, in order to preserve the traditional knowledge system and to compete equally with the western medicine.[5] The

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4 Ibid., p. 184.

5 Dharshan Shankar, "Indigenous Health Services, The State of the Art" in Alok Mukhopadhyay ed., *State of India's Health* (New Delhi: VHAI, 1992), p. 142.

new movement seen to have been well received at various quarters for the subsequent developments and actions of British government proved it.

It is the liberal stream that influenced the development of indigenous medicine. Influenced by the Western science and development followed by reproductive appropriation, the new face of indigenous medicine emerged. Formal colleges of Indian medicine were created giving way to the guru-shishya parampara education. The new college had a time bound syllabus, an examination system and impersonal classroom teaching.[6] The major highlight of this new type of organization was its total emancipation from the religious and social rigidities. Along the western model of institutions, hospitals with out patient departments either separate for Indian systems of medicine or adjacent with allopathic medicine were designed and dispensaries were also established. Medicines were no longer individual based but big pharmas were set up for the large-scale production and marketing of medicines. The new doctors were given licenses to practice and those without license were not considered to practice under the public health system (of course still a lot of traditional vaids totally unaware of the new developments were practicing in rural areas and they are present even today). The modernization has brought a major inner contradiction, the newly modernized indigenous systems of medicine

[6] Ibid., p. 142.

considered the folk and the not modernized Indian medical practitioners as inferior and also considered them to be backward, which is indeed an irony. The licensed practitioners formed their own professional bodies, registered and they formed a lobby group. This group sought to claim a scientific validity and a wider recognition through various institutions on the lines of western medicine such as holding conferences, publishing research journals and projecting itself into the new world.[7]

The new turn in the history of Indian medicine was guided by various committees established for the purpose by the British government of India. This shows the initiative taken by the British government due to the new voices expressed by the national movement but the colonial master wanted revivalism and modernism to be led by the western model. The British government's one of the earliest initiations was setting up of several all India and provincial committees to study the condition of Indian medicine and ways and means of developing it. The earliest investigation in the Madras presidency was made by Dr. Koman and his report contains some notes about the medicines and treatment in the presidency. The report, which was finally submitted on 31st December 1919, contained seven annexures being appended to the report.

1) Notes on drugs and compounds which have been investigated.

[7] Ibid.

2) Summary of the notes on medicines investigated, found useful and recommended for further trail.

3) The composition and the methods of preparations of those mentioned no. (1).

4) The composition and the methods of preparations of the drugs collected but not investigated.

5) Statement showing the diseases treated at the General hospital with Ayurvedic medicines and results.

6) Chemical Examiner's report on analysis of drugs.

7) a. Copies of circular letters sent to the district medical and sanitary officers and civil surgeons.

   b.Copies of circular letters sent to the collectors of districts.

These seven annexures along with a field investigation done by Dr. Koman reflects the new direction of modernization headed by indigenous system of medicine under British policy and governance. The major fact emerging from the above annexures indicate the evaluation of Indian systems of medicine along the lines of western paradigm. The methodology systematically employed always took a point to uphold the western medicine and assessed indigenous medicine along its parameters

that in a sense implied the objective of helping an inferior science to imitate certain aspects of western science in order to get recognition but not to treat on par.[8]

The most important of the developments were held in Madras, where a committee on the Indigenous systems of medicine was appointed in October 1921. The committee was chaired by Sir Mohammad Usman Bahadur but the key figure was the secretary, G. Srinivasan Murti. Shri G. Srinivasamurti himself was an allopathic medical officer and a Theosophist. He brought forward the committees concentrated attention towards Ayurveda. He argued that Ayurveda was strictly logic and scientific. His arguments and claims were supported by references to the eminent scientists and self-proclaimed revivalists of Hindu science Brajendranath Seal, Gananath Sen and Jagdis Chandra Bose. These scientists used modern western scientific methods in order to prove the validity, authenticity and richness of Indian medicine. Since allopathy could not cater the entire India population, the traditional medicine which is efficient, self sufficient and economical should be recognized and should be provided enough state support and help it in regain its zealous.
G. Srinivasamurthy believed traditional medicine could very well coexist with the western medicine at all quarters except in the case of surgery,

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8 Kandasamy Pillai, *History of Siddha Medicine* (Chennai: Department of ISM&H, 1998), pp. 760-761.

which he felt insufficient. The report recommended the mutual respect and appreciation of the both systems. As Shri Srinivasa Murti felt that India as a poor nation with a vast population could not afford both systems should there be an integrated systems, it was necessary for students of Western medicine to become acquainted with the indigenous systems, and vice versa so that in the end, through a process of mutual assimilation and synthesis, there would emerge a 'Unified and integrated whole'.[9]

The report when got tabled had a great deal of criticism from the anglicists. The claim for Indian medicine as scientific medicine and finally its integration with Western medicine received wide resistance from English medical officers, mainly fearing to be objects of ridicule and ostracism from their colleagues in Britain. In spite of fear and resistance from IMS on their new alliance, the Usman Committee was accepted by the then powerful Chief Minister, Raja of Panagal, Madras Province. By 1924, a School of India Medicine was started in Madras with Srinivasa Murti as its Director. Ayurveda, Siddha and Unani were taught along with Western medicine and research was done on identifying correspondences between both systems. The school also offered post graduate programme based on the further research. Later in 1932, the school also got further

[9] David Arnold, op. cit., p. 184.

empowered to get all medical practitioners of indigenous medicine to get registered under it.[10]

In spite of all these activities, there was a still a huge protest from Indian Medical Service (IMS), for they argued on the poor quality of doctors qualifying in a lesser period and learning two non-reconcilable systems of medicine in a very incongrual manner. It should be reminded that G. Srinivasa Murti himself had argued on the uniqueness of Ayurvedic, its tridosha theory which he hated to be compared with Greek humoral concept and finally he wanted Ayurveda for that matter any indigenous medicine should be understood in its entirety. It was an irony that he himself later on headed an integrated institute where elements once he refuted were taking place under his leadership. This reflects the contradictions arising out of reproductive appropriation.[11]

Sir Mohammed Usman was once again asked to head a committee to look into the charges laid down by the anglicists. The probe revealed a lot of shortcomings and inconsistencies but nothing could be acted upon for after 1942, the empire became busy over the world war, were it sought the support of Indian army and Indian National Congress feared any change brought in the system would invite unwanted criticism. Further in 1947, the school got upgraded into college of medicine and the whole thing

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10 Ibid.
11 Ibid., p. 185.

was based on pragmatism rather than conviction. And the new integrated medicine as David Arnold puts in "had survived but without gaining the equality with western medicine it had long sought".[12]

Independent India and Indigenous Medicine

In 1947, on the eve of Independence, Ram Nath Chopra, IMS, of the Calcutta School of Tropical Medicine – who is the 1930's had earlier headed an inquiry had supported the addition of several Indian drugs in Western Pharmacopoeia was appointed to head a more wide-ranging committee to consider the state's relationship with the system of indigenous medicine and to suggest ways of enhancing their usefulness to the public.[13] The Committee on the one hand on the lines of Usman Committee recommended an integration of traditional and Western systems of Medicine. The Committee also argued on the utility of traditional medicine and as well its scientific validity thus setting up a sympathetic tone but the overall message was to confirm the superiority of allopathic medicine, especially with regard to public health. Unfortunately even in Independent India the debate between ISM community and Indian allopaths continued on claiming the superiority. The British had successfully persuaded even in their absence their Indian counterparts in

[12] Ibid., p. 185.

[13] Ibid., p. 182.

carrying all the prejudice and cynicism of the British. The dissent from within the Indian community was very crucial in the future blue print of Indian health services.

In October 1943, the Government of India set up a committee chaired by Sir Joseph Bhore, to examine existing health provision in India and make recommendation for 'post-war development'. The membership of this committee constituted leading public health figures of the country. The Bhore committee recommendations were published in 1946.[14] The sovereign Government of India accepted the Bhore Committee's blue print for national health services after independence. This committee, given its membership, was based entirely on allopathic system of medicine. Instead of any recommendation for indigenous system of medicine, this committee was largely dismissive on the grounds that regarding public health, it was not within the purview of the indigenous systems of medicine as of the present status and regarding future it advocated to create a chair for the study of history of medicine in the All India Institute of Medical Sciences, New Delhi, wherein the indigenous systems should be studied as part of medical history. Fortunately this disgraceful recommendation was not followed up.

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[14] *Recommendations of the Bhore Committee* (New Delhi: Government of India, 1946).

The Bhore and Chopra Committees, both legacies of the colonial state however suggested that modern medicine be given the pride of place. In this way the new nation state could establish its scientific credentials by embarking on a health service based on the biomedical system developed in the West. At the same time, there were conflicts within the Congress between powerful lobbies representing traditional and Modern medicine. And finally what emerged was a compromise; a public health system based on both allopathic and indigenous systems of medicine, but structured in a particular hierarchical order. The scenario thus emerging in marginalizing the indigenous systems of medicine was further squabbled with the successive health committees C.G. Pandit Committee (1950-51), Dave Committee (1954), Udupa Committee (1958). These committees took the line of Chopra Committee and recommended the integration to make complete but finally Mudaliar committee (1961) did away with the integrated courses and recommended the indigenous medicine to be reinstalled to its classical form. And in the year 1995, a separate Department of Indigenous system of Medicine and Homeopathy was been established under the Ministry of Family and Health Welfare.

Research, Education and Financing of ISMs

Effectively marginalizing Indigenous system of Medicine(ISM) in the post independent phase was evident in the area of research, education

and financing of these systems. Research was undertaken earlier under the leadership of ICMR but after 1970 a Central Council for Research in ISM and Homeopathy was formed, Pathetically enough after so many years of research it had hardly yielded any results or breakthrough which could be integrated from this field into mainstream Indian medical practice. The research conducted is done in a skewed way, taking cues from the classical texts. Research is done for a mass base in order to fit the biomedical cause-effect parameter. This has invoked no appreciation. Instead both traditional and modern practitioners reject these modern formulations because in indigenous medical systems there is less scope for cause effective, single drug- single disease regime and further the methodology used in research is questioned. Education is no better, while Mudaliar Committee has done away with the integrated course, the new system is a difficult marriage. The new education pattern for ISM's teaches classical texts and prescribes herbal medicines for treatment but the diagnosing theory and technology are entirely dependent upon the allopathic method. Financing or allocation of resources in modern India has been more cruel. The allocation of resources between allopathy and indigenous systems are highly misappropriate and disproportionate. The proportion of the state expenditure on indigenous medicine has not been even more than 5% in comparison with allopathic medicine and it has plunged as low as 2.5% inspite of the overall increase in the total expenditure.

Provisioning of the Indigenous Health Care Services

A recent study showed three fifths of the doctors registered in India belong to the traditional systems of medicine.[15] While the allopathic doctors don the urban sectors, the traditional systems are more found in the rural areas. In most cases, particularly in rural areas, the non-allopathic doctors provide the first contact for medical care to a majority of people.[16] These indigenous medical practitioners also practice modern medicine. Every fourth doctor employed in the Government Primary Health Centers comes from the practitioners of traditional systems. They practice and prescribe modern medicine mainly due to the reasons of inadequacy of traditional medicine, the general demand for allopathic medicine believing more in immediate efficacy and mainly lack of confidence in one's own system of medicine. The recent Supreme Court order preventing this makes light of the present pathetic situation. Studies show the decline of allopathic doctors in the rural areas. This is alarming and there arises a situation in order to effectively replace the bad situation so that indigenous medicine practitioners maintain an equal status with allopathic, which would require a major policy shift.

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15 *National Profile on Women, Health and Development* (New Delhi: VHAI, WHO, 2000), p. 62.

16 Ibid., p. 62.

Summary

The last hundred years of medical revivalism has not really helped the ISMs both in the late British and during the independent government of India. The reason for this is mainly due to the movement in the wrong direction, it was thought that initiating western model would provide a revivalism. Instead this type of reproductive appropriation looks good only at a superficial level but due to various inner contradictions fail miserably. In the last fifty years the ISMs have suffered their worst in their own state rule for the singular reason Indian allopathic community still under the colonial hang up has well lobbied in marginalization of ISMs in public health services. The new ISM doctors who are trained in a hybrid fashion have not learned anything except for the fear of allopathic medicine, their lack of self confidence make them hardly put any resistance to their pathetic condition.

Research done in ISMs along the scientific parameters of western medicine had to be realized as futile. A mismarriage of two not reconcilable systems has led to nowhere. Handling such a wrong methodology in research not only has gone futile but also has bought discredit to the ISMs. The already criticism on the backwardness and the unscientific character of ISMs by the allopaths gets strengthened by the folly of the new direction. In the post-independent era there has not been

any single substantial activity that had genuinely looked for the revival. At the present status under the Government's direction there is a total lack of confidence and the movement towards a wrong direction is unbridled. It needs a will and strong leadership to self articulate itself to regain the nerve. It has to realize the folly of the compromise to gain legitimacy that has hampered its own interests. Today any notable development in ISMs has not been through the government sector but ironically in the non-governmental sector where people who devoid of any state patronage out of their interest in reviving the medicine has effectively self articulated in its unique and individual character. The new identities created by the leadership outside the government sector should be recognized by the state and lessons have to be drawn by policy makers and other practitioners.

The functional and largest health delivery service sector of ISMs is the people's health culture. This is sustainable and self-reliant catering to the greater rural mass. It should be realized by the policy setters understanding the nuances of the effective decentralized community based health care services provided by the ISMs. The task for the government would be to revitalize these local traditions by making it complete, removing the distorted and effectively integrate with the primary health care movement. The onus of revitalizing and reviving ISMs from the deep trance not only lies with the practitioners alone but also a nation as a whole. The need to realize the earlier folly of bringing everything into a

western paradigm and placing ISM always in a contesting position with allopaths should be changed. The new movement should come out of the past experiences to understand and realize the ISMs in its own way and its relation with our culture, and providing a new model of Indian health services, a synthesis between West and East on a new epistemology for mutual respect, growth and benefit.

CHAPTER III

EXPLORING THE HISTORY OF SIDDHA MEDICINE

Siddha medicine is a traditional system of medicine practised mostly among Tamil people who are living in Tamil Nadu as well as in certain other parts of South India and Southeast Asian countries, such as Sri Lanka, Singapore, Malaysia and Indonesia where there is sizeable presence of Tamil immigrants[1]. This system of medicine is considered to be very ancient and based on rational principles and theories. The literature on Siddha Medicine is entirely in Tamil.[2] The language style employed in this medicinal literature is very much enigmatic in nature consisting of metaphors. This makes the medicinal system very mysterious in modern days and to add, only a small portion of the available literature is being used today.[3]

The history of Siddha medicine has not been fully understood till date. There have been different and conflicting viewpoints and narratives regarding this subject. Here an attempt is being made to scan the various historical narratives on Siddha medicine and

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1 P.N.V Kurup, "Ayurveda", in Robert H. Bannerman, et al., eds., *Traditional Medicine and Health Care Coverage* (Geneva: 1983), p. 58.

2 B.V. Subburayappa, "Siddha Medicine: An Overview", *Lancet* (December 20, 1997), p. 1.

3 Ibid.

reconstruct some aspects of its history. It is necessary to explain before providing further that this study is neither exhaustive nor even chronologically systematic. This is only a preliminary attempt and to get a complete picture will require further research in this area.

There are several historiographers regarding Siddha medicine.[4] The history of medicine of any group of people is intimately interrelated with the history of their progress in socio-economic contexts in which it has evolved. A rational approach to a study of this subject requires, is therefore to an investigation into the history and background of the people themselves. Vincent Smith, in his book "Oxford History of India" (Oxford, 1923) observes the neglect of ancient South Indian history due to the major reason of having fewer records compared to that of North India's history. Smith also observes apart form the general neglect of the South Indian history, the extreme deficiency of really ancient records concerning the peninsula leaves an immense gap in the history of India which cannot be filled". In such a situation there is a ray of hope, because Tamil literary evidence is an important source of knowledge. Tamil is the oldest surviving literary idiom under the group of Dravidian languages that

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4 Lalitha Kameswaran, "A Study of References to Medicine Literature in Tamil Nadu", in R.E. Asher, ed., *Proceedings of the Second International Conference Seminar of Tamil Studies*, vol. I, (Madras: 1968), p. 170.

is spoken in the south of India.[5] The earliest strata of Tamil literature takes us back at least to the early centuries of the Christian era and sometimes even argued to predate it.[6] A picture of politics and society drawn on the basis of this early literature must be interesting in itself and go some way to help unravel problems of early culture contacts between Aryan and Pre-Aryan.[7]

In this chapter, there has been an attempt made to scan all the major Tamil literary sources and also from that deduced history to make a comparative study and finally construct a history of Siddha Medicine. As eminent historian Siegrist observes "here understanding and the working on the history is a mere consequential" and this does not serve the real purpose of historian who always proceeds without any demand, but for us the objective would be to understand the larger social background which would be of greater use and therefore this pursuit need not despair at our incidental inquiry into the subject[8].

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5 K.A.Nilakanta Sastri, *A History of South India* (Delhi: Oxford University Press, 1998), p. 2.

6 Ibid

7 Ibid.

8 Thomas Mckeown, "A Sociological Approach to the History of Medicine", *Medical History,* Vol. IV, No.4 (October 1970), pp. 3- 4.

A Critique on the Present History of Siddha Medicine

For a more recent historical account of Siddha medicine is largely based on the state government publications maintained by Government Siddha medical colleges and hospitals as textbooks to those students enrolled for Modern Siddha practice and learning. [9] These state publications represent the official state version of history. This official version of Siddha history, which is being well articulated in the state, is not a new history but a well-recorded version of the already existing history at the popular level. It also becomes evident that modern textbook history do not have any strong methodology and they are nothing more than a narration of legends for the earlier period and contain too many inaccuracies and distortions to be used by themselves without the testimony of other more trustworthy sources. The narrative historiography adapted by the Tamil State is a way of writing history. Inspite of the modern trend among historians in encouraging such a historiography, one cannot deny the problems in it. It gives romantic exaltation of life, abhors ideas and intellectualism and highlights individual and pure empirical entities

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9 While mentioning on the history of Siddha Medicine in state sponsored publication refer: T.V. Sambaswam Pillai, *Introduction to Siddha Medicine* (Madras Directorate of India Medicine and Homeopathy, 1993); N. Kandasamy Pillai, *History of Siddha Medicine* (Chennai:Directorate of India Medicine and Homeopathy, 1998), Dr. A. Shamugandan, *Siddhar's Science of Longevity and Kalpa Medicine* (Madras: Directorate of India Medicine and Homeopathy, 1992), Dr. V. Narayana Swami, *Introduction to the Siddha System of Medicine* (Madras: Directorate of India Medicine and Homeopathy, 1975).

over and above the hegemonic forces and keeps history outside the place of intellectual constraints.[10]

Appreciation of narrative history at the cost of any analytical history in Tamil Nada and especially by the state government is not an isolated issue but has deep roots and rich history. The terms 'Aryan' and 'Dravidian' have generally been used to emphasize the distinctiveness in both race and culture of the people of North and South India respectively.[11] It is absolutely not very clear when these terms to denote such distinctiveness are been first used and how it got evolved. But these terms are even found in very early Sanskrit literature where there is reference to Sankara, the founder of Advaita System from South India as "*Dravida Shisu*"(son). This early Sanskrit literature going back to 800 A.D could describe using such a term, it becomes evident of the distinctiveness emanating even in earlier ages. However, such distinctiveness gathered academic legitimacy and rigour with the discovery from the Madras School of Orientalism, the conception of the Dravidian language family by Bishop Robert Caldwell, author of "The Comparative Grammar of the Dravidian or South Indian family of Languages" published in 1856. It all began with the orientalistic scholarship with their great interest

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10 Satish K.Bajaj, *Recent Trends in Historiography*, (New Delhi: Anomol Publications, 1998), p. 159.

11 Andre Betelle, "Differences", *Seminar* (April 2001), p. 51.

towards India. H.T. Colebrooke as early as in 1801 in his essay "On the Sanskrit and Pracrit languages" tried to demonstrate all polished Indian languages to descend via the prakrits from Sanskrit, which supported the claim of Brahmins to an eternal Sanskrit, mother of all languages.[12] It was then with the classical work of Bishop Caldwell which decisively and once for all showed the full extent of the Dravidian family of languages, its glory, uniqueness, distinctiveness and richness both in character and existence. Caldwell's work though was not of first such proof, consolidated the identity. This book broke the assumption of Colebrooke who drew along a parallel with the West were the theory runs all western and middle eastern languages descended from Hebrew or tongue of Adam.

The Dravidian concept soon became the favourite term of nineteenth and twentieth century ethnology.[13] The discovery of Indus Valley Civilization showed a pre-Aryan Civilization began to lead into a greater debate whether Dravidian was that pre-Aryan Civilization and original inhabitants of the land. The term Aryan and Dravidian now had begun to be used loosely to denote race, culture, language and geographical entity was the Indian side of development

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12 T.R Trautman, "Inventing History of South India", in Daud Ali, ed., *Invoking the Past: The Use of History in South Asia* (New Delhi: Oxford University Press, 1999), p. 38.

13 Andre Betelle, "Differences", op. cit., p. 51.

from the orientalistic findings and debates. This is evident from the emergence of political forces of nationalism, mainly in Tamil speaking area, very much politically appropriating the Dravidian idea, the Justice party, the Dravidar Kalakam and the DMK (Dravida Munnetra Kalakam). Here the idea stands for Tamil as well as non-Brahmin. The forces that make for a politics of national identity pick up the Dravidian idea where it can be made serviceable as a kind of exterior, 'Scientific' and objective source of intellectual authority of political action.[14]

Siddha Medicine is also part of this political process. Siddha medicine is therefore portrayed as a purely Dravidian medicine totally indigenous and very ancient in nature. The narrative history of Siddha medicine, which is already popular among the Tamils, was further endorsed in the political process. An advanced indigenous ancient system of medicine and it's history are always helpful in getting legitimacy for the argument in constructing a pre-Aryan history or civilization. The medicinal system apart from its direct purposes from serving the society also indirectly helps in resurrecting a stronger identity with a great deal of ethnic pride. While the use of any subject for any other purpose rather than its own could not be ruled out the problems arising out of such an ascribed status need to be addressed.

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[14] T.R. Trautman, op.cit., p. 41.

It would otherwise be a greater discrimination to the subject itself while the new political process overlooks all the lacunae.

An Alternative Interpretation of The History of Siddha Medicine

For any beginner to construct an alternative history of Siddha medicine would first turn to the literature on Siddha medicine but unfortunately these Siddha medicinal literatures does not provide any clue about their age, nor any evidence to establish the origin and antiquity of the medical practice of Tamil Nadu.[15] And moreover the literary styles of this Siddha literature, medicinal or philosophical are so mystical with full of metaphors, which makes it more difficult to decipher. There is also a view that most of the literature available today is a mixture of verses included which were very later added and not very original. All these literature are being dedicated to Sage Agasthya or the master composer, and this once again misleads for the reason that it is merely a ritual in the pre-modern medicinal writings in worship of the legendary sage. And moreover the literature available today is of materia medica or pharmacognory with some descriptions about the techniques of preparation. Since these medicinal literatures do not lead anywhere it becomes necessary to scan the general Tamil literature as a whole.

15 Lalitha Kameswaran, op.cit., p. 174.

Sangam literature in Tamil is considered to be most ancient of all Tamil literature, which is unanimously agreed by scholars. It dates back to the period before the birth of Christ belonging to the pre-sectarian religion. The Sangam literature shows references to medicine but there is not sufficient data to prove a systematic system of medicine or anything about the Siddhas. It could be therefore concluded from the available literature in Sangam period, that there are references of medicines and healers but they do not amount to Siddhas or Siddha medicine. These references could be the preexisting medicinal practices to Siddha medicine, it could be either folk medicine or a medicinal system at a very rudimentary level in the process of development. This process might have led in the later stages, enrichment through more contacts with other cultures and got more rationalized due to the group of people known to be Siddhas who might have systematized which in due course were called with their titles.

Moving on to the next major classical literature of prominence is *"Chilapathikaram"* which has been located from B.C. 200 to A.D.500 when Buddhist and Jainist traditions were very popular. [16] In this literature there is chapter known as *"Inthira Vizhavuuretutha*

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[16] Ilangovadigal, *Chilapathikaram,* with the original text and critical texts as adjoinders by Arumpathiar and Adiarukkunallar. This work was discovered by U.V. Swaminatha Iyer at a saiva mutt in Tirunelveli, Tamil Nadu. This work was firstly published in 1892 and now recently by Tamil University, Tanjavur, 1985.

Kaathai" where comes a description of the city *Kaavaripuumpattinum*, being divided into two major areas of habitat. They are called as *Maruvurrpaakkam* and *Pattinapaakkam* respectively. The author *Ilangovadikal* himself is the brother of the Chera King, Cengkuttuvan. There is a mention of all the three kings who ruled the Chera, Chola and Pandya Kingdoms as contemporaries, with details about their names, achievements and capital making the epic drama a semi historical account whose age can be fairly fixed. Here when the author describes the two parts of the city brings out in his descriptive narration on the various profession practiced by the people living in the city. The bifurcated city in the part of *Pattinapaakkam* had the king, important merchants, landlords, astrologers and doctors as residents. The term "*Aayulh Vetharum*" is used for the doctor.

The epic drama has two ancient critical texts along with it. It is of Tamil literary tradition to have critical texts along with the original text. When U.V. Swaminatha Iyer discovered the epic drama '*Chilapathikaram'* in a Saivamutt in the nineteenth century, he also found those two texts along with it. Of the two texts, text of '*Arumpathiar*' is the earlier one but no date could be fixed. But the second explanatory text by '*Adiarukkunallar*' is being dated through

various comparative texts as belonging to the age from tenth to twelfth century A.D.

The earlier text by *Arumpathiar* gives the explanation for the word '*Aayulh Vetharum*' as a spiritual, religious healer functioning from the temple. But in the second text, the critic gives a different interpretation for the same word. It is explained as practitioner of medicine and further describes two major medical traditions. The second critic also is another part of the literature uses the word 'Siddhas'.

The literacy readings help in deriving a great deal of meaning on the ancient social history. While the original text gives a bifurcation of the state where the elite live in a part and the working class in the second part. The term related to the medical profession is being identified with the elite part of the city. And in the second part where the author tries to describe all other professions has no mention of the doctor. Further going into the critical texts there is a major shift in the description of the doctor between the first and second texts. While the earlier critical text very well confirms with the original text, the second critical text dated to the very early medieval period shows a different phenomenon with the mention of the word Siddha. The Tamil literature in between these periods also shows

great influence of Buddhist and Jainist traditions in Tamil society and also the rise of Tamil Saiva tradition is being seen in this period.

Table 3.1 [17]

Tamil Literacy and Social History in Relation to Siddha Literature

Approximate Period	Religion	Major Literature	Reference to Siddha
Prior to B.C.200	Pre-Sectarian	Sangam Literature	No mention to the Siddha either Philosophy or Medicine
B.C. 200 to A.D. 500	Buddhist and Jain	Classical Literature *Chilapathikaram* *Manimekalai*	No mention in the original text but in the critical explanatory text. But in *Manimekalai* there is a mention on the word *Siddh*.
A.D. 500 to A.D. 200	Hindu Brahmanical and Sectarian-Saivite and Vaishnavaite	*Tirumanthiram* *Tirukural*	Tenth canon of the Savaite tradition. Reflects also to a greater level Siddha Philosophy on life and Medicine. *Tirukural* Considered to be of Jainistic influence has an elaborate chapter on Medicine.

The readings from the classical literature bring out a speculation that Siddha movement could be a phenomenon after 5th century A.D. Various Tamil Scholars are of the view that the

[17] Table I is based on Lalitha Kameswaran similar classification made in, with a minor change. Lalitha Kameswaran, op. cit., p. 172, and 173.

Buddhist and Jainist traditions from North India to South might have brought Ayurveda with them as been already mentioned in earlier chapters, initially Buddhism was the chief patron of Ayurvedic medicine as Ayurveda rationalized medicine and questioned the law of Karma. The Buddhist and Jainist traditions were well evident during the pre-Pallava and Pallava period. Sanskrit literature and language were also patronized during this period. When the second critic of the epic, drama '*Chilapathikaram*' mentions about two medical traditions, one could be Ayurveda medicine, when deduced from the above information got through the second critic.

Another major Tamil literary source that has been gone through is '*Kural*' by Thiruvalluvar. Prof.S.Vaiyapuri Pillai in his well-acclaimed book "History of Tamil Language and Literature" places this piece in the age of 5th to 7th century A.D. Even though this literature is very secular is considered to be influenced by Jainism during the period of Brahminical and Saivaite influence in Tamil Nadu. Thiruvalluvar devotes one chapter on medicine, which deals with various aspects of health. Proper regulation of diet is the fundamental principle of health that has been emphasized. An abstract translation of the ten couplets relating to medicine is given below:

1. The three humours, of which the wind is the first, cause disease if they exist in excess of if they are lacking – that is what medical lore reports.

2. The body does not require medicine if one eats only after the previous meal has been digested well.

3. Eat with good measure and only after have digested the food you had taken previously. This makes for a long and happy life.

4. Eat when you are hungry and after you have digested your last meal, but eat in moderation and only food that agrees with your system.

5. If one eats food that is agreeable to one's system and eats with a degree of self-control, one's life is not in danger of being he set by illness.

6. Well-being seeks those who eat only when their stomachs are empty. Disease is the lot of those who eat in excess.

7. If one were to eat, regardless of one's digestive powers, one becomes prone to numerous diseases.

8. Know the disease first, then seek its cause and then prescribe its cure.

9. The physician ought to know the scope of the patients' disease, its nature and duration before he treats it.

10. The art of medicine takes into account these four constituents: the patient, the healer, the apothecary and the medicine itself.

'Tirukural' (Wealth-Medicine)

Kural has been the first Tamil literature where medicinal procedures have been very rationally and systematically discussed. It holds universal validity even today where in European and other developed countries who have successfully fought against the communicable diseases are reeling under life style disorders mainly due to unregulated food habits. Yet another interesting sociological revelation from the *kural* and its author Thiruvalluvar is that even today in Tamil Nadu there is a specific caste of people known to the "Valluvars". This caste is a scheduled caste under the Indian Constitution. Most of the Siddha practitioners belong to this caste even today. There is a claim by the members of this caste on the author of *Kural,* 'Thiruvalluvar' as the founding father of this medicine. But later this caste and their medical knowledge, which once flourished, came under strain due to dominance of upper castes. This claim very well confirms with the similar North India parallel where the same happened for Ayurveda to its stagnant status and

decline. Apart from these findings, it is also important to note that most schools of Siddha philosophy include 'Thiruvalluvar' as a prominent Siddha also.

The next step of scanning various major ancient Tamil literatures in general is to look at major Siddha literature. "*Thirumanthiram*" is a prominent piece of Tamil literature written by great Saint 'Tirumoolar', is one of the major Siddha literature, which considers most of the Siddha philosophy for the first time in Tamil literature. While all Siddha literature being attributed to Sage Agasthya as a ritual, Tirumoolar stands in the Tamil history as the first person who could be well claimed as the first Siddha which indeed certain schools of Siddha philosophy claim. His work attains even greater prominence for the South Indian Saivaite tradition, which considers 'Thirumantiram' as the manual of Saiva mysticism, and it constitutes the tenth book in the canon.[18] In spite of its almost unredeemed obscurity, like any other Siddha literature, it is held in great veneration by Tamil Saivas.[19]This work covers a wide variety of subjects like the path of life, the means to attain eternity or oneness with God, the rule of destiny, with an incidental mixture of medicinal practices. This work is generally dated somewhere around fifth

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18 K.A.N Sastri, op.cit., p. 369.

19 Ibid.

century A.D., considering great deal of Sanskrit words being employed and of the parallel philosophy that expressed here also exists in Kashmiri Saiva tradition.

Tirumantiram is the greatest treatment of Yoga and a pioneer regarding the subject in Tamil literature. It contains very many features, which are very typical of Siddha writings. Thus it attacks caste-system and the Brahmins, whom it calls foolish and gluttonous. Apart from this, there is also a question on the authority of Vedas and advocates against caste system, idol worship.[20] Even a sect of Saiva Siddhanta people who derive much from the ancient Siddha literature find difficult to accept the passage which discuss the worship of woman as Shakti, Goddess and the Kundalini Yoga practices which are so much characteristic of Tantrisim.

On analyzing the characteristics of the Siddha order and their historical position, it brings them very close to the Tantric cultures. While dating through available Tamil literature evidences arise for the age of Siddha movement from 5th century A.D. to 10th century A.D., the same period the Tantric-Yoga movement which had spread

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[20]. Kamil V Zvelebil., *The Smile of Murugan on Tamil Literature of South India,* (Netherlands: Leiden, 1973), p. 222.

throughout Suth Asia from Tibet in the North to Srilanka in the South.[21] Siddhas were sharing common practices, cosmology and symbols derived from Tantrism whether the practitioner is Hindu, Buddhist or Jain. The Tantrism movement was part of the counter culture that emerged in South Asia during this period. The Siddhas could be very much seen as a South Indian counterpart deriving a lot of parallels. The parallels drawn do not completely make Siddha as a synonym to Tantric movement for when the Tantrism entered South India was to a greater deal influenced by the indigenous cultures and though Siddha system reflects a lot of Tantric view does not actually represent the same.[22]

Alchemy and Siddha Medicine

The source of Indian alchemy had been from the Chinese alchemy. Alchemy which had long been in China got established during the 3rd and 4th century A.D. Chinese alchemy could be necessarily an outcome of the Taoism which was dominant in China during that period. The Taoist concept of attaining immortality encompassed not only the use of mercurial and other elixirs but also regulated breathing, dietary regimen, meditation, sexual techniques,

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21 George Hart, *The Poems of Ancient Tamil*, (New Delhi: Oxford University Press, 1999), p. 118.

22 B.V.Subburayappa, op. cit. pp. 1-2.

heliotherapeutics and gymnastics by which a Taoist could elevate himself into a "perfected" celestial or earthly immortal.[23] Siddha medicine owes a very clear similarity to the Taoist philosophy. The etymological meaning of the word 'Siddha' leads us to "perfected" or "holy immortals".[24] Siddha medicine has very much the characteristics of Taoist alchemy and as a core of Siddha system is its belief and immense faith in mercurial drugs and in the prolongation of life through rejuvenating treatments and intense yogic practices especially breathing exercises. The Tantari Yoga also had the same inputs of the both Taoist and Siddha system which is well reflected Tirumoolar's "*Tirumantiram*" which reflects the idea in the Sanskrit literature by Patanjali in his "Yoga Sutras" about the extra ordinary powers one could attain especially through drugs made of metals, minerals and herbs. [25]

The Tantric movement, which got enriched through the Buddhist monasteries transactions from China, took up alchemy as a special interest. Nagarjuna the great Ayurvedic legend is also considered to be an alchemist. He is also believed to be a Buddhist. Due to a greater demand for Gold in the Asia Minor region, experiments were done to a great deal regarding the transformation of

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23 Ibid.

24 Ibid.

25 Ibid.

lower base metals into the higher form of gold. When the basic interest elsewhere was greatly vested in transmutation of lower metals into gold, the Siddhas of South India were deeply involved in ushering alchemy in Siddha medicine.

The Chinese connection with the Siddha alchemy is even reflected today in the folktales of Tamil Nadu,which is very popular.[26] According to the story 'Bogar" was one of the prominent Siddhas was a Chinese alchemist who came to South India and had his school established. It seems as his name itself denotes, a great seeker of women to satisfy his sexual urge that never seems to diminish. At the point of time overwhelmed by shame and anger due to the reaction of his disciples with regards his notorious habit, left for China abandoning his school and students. The disciples when came to know this felt a great vacuum in their learning process by the sudden disappearance of their master. They searched for him in vain all over the world but when they came to know about his stay in his homeland China, went there in disguise and proclaimed themselves to be mavericks in changing lower base metals into gold. On seeing the advertisement the master who was hiding came out due to the curiosity of knowing the maverick other than himself in transmuting

[26] The folktale was collected as oral history during a fieldwork by the researcher in Tirunelveli, Tamil Nadu in the month of September 2000.

metals. Thus getting exposed to his students, he was later successfully persuaded by his pleading disciples to come back to South India. This folktale reflects a great deal of historical exchanges in ideas and science between Siddha and Chinese.

Summary

Siddhas are said to be eighteen in numbers and in Tamil Nadu the Siddhas are usually addressed as "eighteen Siddhas" with an emphasis on the number. Prof. Karthikesu Siva Thamby notes that classification of literature into anthologies.[27] And numbering them is a very popular and prominent phenomenon that came into existence only after tenth century even though the literature could have existed earlier but which gathered prominence in the later periods. In a similar fashion, the system of medicine in South India which might have been at a rudimentary level, got enriched and grew under the Siddha movement reflecting their philosophy, of the need for a better health that enables to immortalize the human body and not only soul, unlike vedic philosophy. The Siddha literature apart from the medicinal uses also had the characteristics of denouncing the Vedic philosophy, caste system, and subjugation of women, idol worship and superstitious beliefs. This confirms the age of Siddha movement

[27] Ibid.

of something after the Aryan influence in the Tamil society. The protest by the Siddha are similar to the Buddhist and Jainist protests. And also they are parallel part of the pantantric movement that emerged subsequently.

So far there has been an attempt to understand the history of Siddha medicine, a great deal of history and Tamil literature has been used much in an unconventional fashion. But for the construction of a social history, history is not more significant than the whole understanding of the process where history acts as a facilitator. And accordingly this helps us to place the history of Siddha medicine from 5th century A.D. onwards in a well-established manner into a whole system of method, philosophy and practice. The argument takes its major support from the existing Tamil Literature, the meanings that are derived in it, the parallels coexisting in the Sanskritic tradition of North India, and Taoist tradition of Southern China. To conclude, in this attempt one has to realize the complementary roles of both narrative history and analytical history respectively. While one creates a trend of vision into the past, the next generalizes, intellectualizes and tries to present a unified image of the past.

CHAPTER IV

MODERNIZATION OF INDIAN HEALTH SERVICES SYSTEM: THE CASE OF SIDDHA MEDICINE

The sovereign Government of India after independence in 1947 had the task of nation building, progress and development for the immediate present and near future for a country which was depleted of its resources due to centuries long colonial rule by the British. While everyone believed that the British rule in India had left nothing behind, little did they realize that the British had very well left behind their western influence that eclipsed the indigenous intellectual traditions and wisdom. This becomes evident from the fact that our new rulers led by Jawaharlal Nehru overlooked Mahatma Gandhi's proposal of building a strong nation through its villages, cottage industries and decentralization in governance. Instead the country under the new political leadership believed in nation building through grand designs and that was following the western model of modernization. Western modernization was seen as the key to development and India started experimenting with the present and future through modern institutions and sophisticated technology. The West was the model and also the facilitator in our development, thus ignoring the indigenous traditions; the country now had become a colony to the West on its own. The policies and priorities set had no

other alternatives and a deep plunge into the irreversible process had taken place. The criticism here does not in any way place modernization or westernization way of development as a wrong model, which is not the purpose of the chapter. Instead this chapter analyzes the mixed priorities and misplaced policies which had taken the western model of development for nation building at a juncture which had proved today to be a historical mistake and decision which had defied all logic, and where comparison of apples with oranges had taken place.

It was at this juncture Sir Joseph Bhore's committee, which had been earlier in the year 1944-46, set up as Health Survey and Development Committee, to examine for 'post war developments'.[1] The committee's report was largely dismissive of indigenous system of medicine regarding their roles in the future public health.[2] The report, which is highly influential of the Beveridge Report in Britain, recommended in the expansion of allopathic health services and facilities to develop them in national interest. India accepted this committee's report as a blue print after independence for national health services, which was based entirely on the allopathic system of medicine. The belief of improved health status in India was envisaged

1 David Arnold, op.cit, p. 204.

2 Ibid.

upon the new health care services that were entirely based on the western model. The era of mixed priorities and wrong choices in Indian health services system began to unravel in the past fifty years exposing the serious lacunae in the whole process.

Revival and Development of Siddha System of Medicine in Post-Independent Era

"Development" is the buzzword in the more recent academic writings.[3] "Development" used in the modern context no more denotes economic development. The terminology has now got a lot of meanings in it making it all-inclusive and also all exclusive. The term is generally used to mean for the cause of poor and needy. The term legitimizes the Western modernity being transplanted in India for its good present and the future. The new genre of development academics refuses to criticize Western modernity or their mode of development rather the criticism from them is basically on the hurdles that prevent a free flow of the western model. There is the whole area of public health and medicine, which gets the appreciation from the development scientists. It had led modernization more than any other subject in the post-independent era. Inspite of the criticisms on the

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3 Shiv Viswhanathan and Ashish Nandy, "Modern Medicine and its Non-Modern Critics: A Study in Discourse" , Shiv Viswhanathan ,*A Carnival for Science* (Delhi: Oxford University Press,1997), pp. 94, 95.

very philosophical and scientific premise Western allopathic medicine is based on, the young nation state chose to move on the path left by the Colonial masters and new critic emerging on the mode of development does not touch the premise or presupposition rather in a pure contextual manner. The very notion of classifying countries in a three-tier way of developed, developing and under developed countries relate to the western way of modernity and development. The concept of "modernity" refers to two features that contrast with those of an organic society seen as primitive or traditional: one consists of the separation and autonomy of domains and objects of knowledge (nature, the super natural, the human etc.) as well as the autonomy and freedom of subjects in knowing and acting. The other is enhanced efficiency that improves economic productivity, living conditions, and the functioning of institutions.[4] Modernization, as an anthropological concept, thus designates the global uneven, contradictory process of negotiated realization of modernity in representation, practices and institutions.[5] The whole process makes India a very viable candidate for the country, which is developed, in modern medicine along with the advanced western countries and the sad part is its underdeveloped status in its public health. The analysis

4 Harris Memel Fote, "Patterns of Medicine in Africa: The Example of Cote d' Ivoire", *International Social Sciences Journal*, 161,1999, p. 328.

5 Ibid.

brings out, the total mismatch in the debate, which is viewed as inherent to this model as a wrong choice thus, contesting the so-called development model.

The Siddha system of medicine which, is the most dominant traditional medicine of Tamil Nadu, narrates a very similar history of the Ayurveda. The history of an ancient past and that being followed by a sudden stagnation due to the emergence of a caste hierarchy which, separated knowledge from power was kept alive because of the basic reason of having no other effective alternative and due to revivers by the end of the 19th century and the beginning of the 20th century by men of eminence who kept the touch afloat. They were Virudhai Sivagana Yogi, Abraham Pandithar of Tanjore, Pandit C. Kannuswamy Pillai, Vaidyaratnam C.S. Murugesa Mudaliar, Pandit S.S. Anandam, T.V. Sambasivam Pillai and a special mention to Raja Sarfogi of Tanjore (1798-1832- who collected the best of Siddha, Ayurveda and Unani recipes, put them into test, standardized and brought them into print).[6]

Early attempts for reviving the Indian system of medicine, although achieved only a small measure of success, however, found an echo in Usman Committee Report of 1923. Captain G.

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6 N. Kandaswamy Pillai, "History of Siddha Medicine", (Chennai, Department of ISM&H, 1998), p. 580.

Srinivasamurti, the chief articulator who began with a criticism of modern allopathic medicine, for the resurrection of Indian systems of medicine in a very self-contradicting way compromised the western paradigm of development for Indian systems of medicine. In 1924, under then, Government of Madras was established a school of medicine specially meant for Indian medicines.[7] Capt. G. Srinivasamurti was the first principal of the school where all the prominent three Indian medicines Ayurveda, Siddha and Unani were taught to the students in a combined syllabus of Integrated Medicine (both Indian medicine and allopathic medicine were taught together under a single curriculum) to candidates. After the establishment of this school the Indian medicine had a systems approach like allopathy. Siddha medicine got classified into subsystems of Siddha materia medica, medicine, medicinal plants, pharma copeia, research, education and training. There was a sea change, right from the building architecture, admissions, class rooms, impersonal teachers, labs, uniforms, exams, impersonal relation with anonymous patient, single drug single disease and the whole change making Indian medicine similar to the allopathic medicine in structure and practice.

Later in the year 1947, the school was upgraded into a college of Indian Medicine offering G.C.I.M. degree to the students. This was

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7 David Arnold, op.cit., p. 185.

upgraded by Mrs. Rukmani Lakshmipathi, the then Health Minister of the Madras Government. In 1955, this school was closed following its conversion into a modern medical college for allopathic medicine. During his tenure as chief minister, Late Shri K. Kamraj, made great efforts in bringing out a Government college of Indian Medicine at Palayamkottai in the year 1964 which was affiliated to University of Madras. This college was mainly established to promote Siddha system of medicine. This college had Siddha education, training, research and a hospital attached to it. The students were offered Bachelor of Indian Medicine (B.I.M) degree. Later this college was affiliated to Madurai Kamraj University and followed the curriculum and syllabus framed by the Central Council of Indian Medicine, an autonomous body established by Govt. of India by an act of Parliament, mainly to evolve uniform standards of education in Indian systems of medicine and to maintain a central register to the practitioners. This college offers both graduate and post-graduate courses to the students. The post-graduate course was introduced in 1972 at Materia Medica, pediatrics, special medicine, obstetric gynecology and orthopaedics. In 1985, the government of Tami Nadu started another college for Siddha medicine in Palani but it has been

transferred to Chennai and at present situated in Arignar Anna Government Hospital and College of Indian Medicine.[8]

The Udapa Committee in 1958 advocated carrying out research in Indian systems of medicine along the so-called "scientific" lines through government agencies. On the basis of recommendation the Government of India set up a Central Council for Research in Indian Medicine and homeopathy in 1969 which was the first and only one of its kind to be established to carry out research in these systems on modern lines. In 1978, a Central Council for research in Ayurveda and Siddha, which now stands as the apex institute of research in Siddha medicine. The Council conducts research very similar to the allopathic research apart from acting independently, also collaborates with other institution having similar objectives and disseminate knowledge through publications, literature etc. The Central Council is executing its research programme in Siddha through the Central Research Institute, Regional Research Institute, Clinical Research units, Mobile Clinical Research Units, Medico-Botanical Survey Unit, Literary Research and Documentation Department, Standardization Research Unit and Multi-disciplinary Drug Research Scheme. Apart

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8 Report of Central Council for Research in Ayurveda and Siddha on "Siddha System of Medicine: A Profile and Focus on Research and Development", compiled by DR. G. Veluchamy and Dr.V. Ravi Shankar,(New Delhi, Govt. of India,1986).

from this the council has also two tribal research units in Tamil Nadu and Karnataka.[9]

The Government of India in order to integrate the Indian systems of medicine effectively along with allopathy has made a provision of having every primary health center, an ISM doctor as part of National Health Services. Further, Siddha medicine could be accessed under the Central Services of employees under the state and Central services of employees under the state and Central insurance welfare programmes. The Tamil Nadu Government has also started Siddha wings in Government headquarters hospitals, Taluk hospitals and primary health centres all over Tamil Nadu apart from the already mentioned two medical college hospitals.

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[9] Ibid.

Table-4.1

State Wise Distribution of Hospital and Beds in Siddha by Management Status as on 1.4.1998

States	Hospital/Beds	Functioning as on 1.4.1998			
		Govt.	Local Body	Others	Total
Karnataka	Hospital	1	-	-	1
	Beds	10	-	-	10
Tamil Nadu	Hospital	201	-	-	201
	Beds	1586	-	-	1586
All India	Hospital	202	-	-	202
	Beds	1596	-	-	1596

Source: Government report on Indian Systems of Medicine and Homeopathy, New Delhi, 1998.

Table 4.2

States	No.of Practitioners Institutionally Qualified	Registered as Non-Institutionally Qualified	Total as on1.1.1999.
Karnataka	1	-	1
Kerala	123	1218	1341
Tamil Nadu	2453	9116	11569
All India	2577	10334	12911

Source: Government report on Indian Systems of Medicine and Homeopathy, New Delhi, 1998.

Table 4.3

Admission Capacity of Siddha Graduate, Post Graduate and Pharmacy Courses in Tamil Nadu as on 1.4.1998

No. of Colleges under Government and their Affiliation Status	Admission Capacity		
	B.S.M.S Graduate Courses	M.D.S.Post Graduate Courses	D.Pharma
1.Govt. Siddha Medical College,Tirunelveli Palayamkottai- 627002	100	24	50
2.Govt. Siddha Medical College Arignar Anna Hospital of Indian Medical Campus, Arumbakkam, Chennai 600106	50	-	50
Total *	150	24	100

*Both colleges are affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai

Source: Government report on Indian Systems of Medicine and Homeopathy, New Delhi, 1998.

Table 4.4

Plan-Wise Allocation for Indian Systems of Medicine and Homeopathy – General Sector

Sl. No.	Plan	Allocation (Rs. in crores)
1	First Plan	0.40
2	Second Plan	4.00
3	Third Plan	9.80
4	Fourth Plan	15.83
5	Fifth Plan	25.07
6	Sixth Plan	29.00
7	Seventh Plan	43.25
8	1990-91	12.33
9	1991-92	13.91
10	Eight Plan	104.43
11	Ninth Plan	266.35
12	1997-98	35.30
13	1998-99	50.00
14	1999-2000	59.13

Source: Government report on Indian Systems of Medicine and Homeopathy, New Delhi, 1998.

Table 4.5[10]

Outlay on Indian System of Medicine and Homeopathy in the Plans

(Rs. in Crores)

Plan	**Health Outlay**	**Indian Systems of Medicine& Homeopathy**	**Proportion of Outplay on ISMGH to Total outlay on health (per cent)**
First Plan (1951-56)	65.3	0.40	0.61
Second Plan (1956-61)	140.8	4.00	2.84
Third Plan (1961-66)	225.9	9.80	4.34
Fourth Plan (1969-74)	335.5	15.83	4.72
Fifth Plan (1974-79)	760.8	27.72	3.64
Sixth Plan (1980-85)	1821.1	29.00	1.60
Seventh Plan (1985-90	3392.9	43.25	1.27

Health care financing by the Government of India gives a step motherly treatment to the Indian systems of medicine on analysis of available data. On analyzing the rural, urban regional disparity, the Indian systems of medicine seem to cover the rural areas far more than the allopathic practitioners. The rural areas of the country

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10 Darshan Shankar, op. cit., p.155.

amount to the majority of the population and only the Indian medicinal system cater their needs inspite of the meager allocation of funds. This data leads to the speculation that in the rural areas there is a strong attachment to Indian systems of medicine. But Dr. Veluchamy in an interview refuted this hypothesis claiming that these days Siddha medicine is very popular in urban areas rather than rural, for the urban population has begun to realize the side effects in allopathic medicine but still in the rural areas people have a fascination over the western medicine and this had led to the practice of allopathic medicine by most of the indigenous medical practitioners both in private and state owned sector.[11]

Dr. Veluchamy, Director, Central Council for research in Ayurveda and Siddha, further talks about the disparity between Ayurveda and Siddha. He believes that Ayurveda gets a fair share of the funds and attention while compared to Siddha medicine. Siddha medicine has taken a beating mainly in the North, and in the South with the Brahmins due to the rhetoric by the state politicians of the Dravidian movement claiming it to be of a pure Tamil medicine and its superiority over other Indian medicines. While the claim for the superiority has not received any patronage from the other quarters,

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[11] In an Interview with Dr. G. Veluchamy, Central Council for Research in Ayurveda and Siddha.

the so called Dravidian leaders themselves have only paid lip service for Siddha medicine. The Government of India, as a policy matter, decided to establish National Institute of Siddha at Chennai. The Tamil Nadu Government transferred 14.5 acres of land at Chennai for National Institute of Siddha and the foundation stone was laid during March 1999. Though it has been planned to establish this institute in the 9th five-year plan, no headway has been made in this regard. More recent developments regarding Siddha medicine has been in its being part of the multi drug therapy given to HIV infected patients for the improved of disease resistance. Siddha medicine has attained a new status as the only Indian medicine accepted and appreciated as part of the mutli drug therapy. Clinical trails and research are undergoing with reasonable results reported especially from Tuberculosis Sanatorium, Tambaram, Chennai. These few developments have given a lot of hope and status for the Siddha practitioners who always cherish in deriving legitimacy for their skill and profession from the allopathic.

Siddha Medicine: The Changing Face/Phase

Micro level studies conducted in the two Siddha medical colleges and hospitals provide data to show the recent changes in the training and practice of Siddha medicine. In the early period when there institutions were started, the students were mainly male and

from the families who were traditional healers. But the recent trend shows a major shift in the pattern of the students joining the course they are no longer from the same caste background of traditional healers. Students from all quarters and even from higher economic status are now being enrolled. A statewide entrance examination is conducted for the graduate courses and along with other professional courses ranking are made and selected. The major change in the trend is the increase in the number of female students twice, out numbering the male counterparts for education:

Table 4. 6

Government Allotted Seats for Different Caste Categories for the Siddha Graduate Course

S.No.	Categories*	Seats (in percent)
1.	Open Competition (OC)	30
2.	Backward Caste (BC)	20
3.	Most Backward Caste (MBC)	30
4.	Scheduled Caste (SC)	18
5.	Scheduled Tribe (ST)	2

* The reservation categories are further bifurcated by the state government into rural/urban status.

Source: Principal, Government Siddha Medical College, Palayamkottai.

Table 4.7

Number of Students Joined in the Academic Year 2000-2001 in Government Siddha Medical College and Their Caste Categories

S.No.	Categories	No. of Seats
1.	OC	19
2.	BC	22
3.	BC-Rural	24
4.	MBC	14
5.	MBC Rural	2
6.	SC	7
7.	SC Rural	1
8.	ST	Nil
Total*	89	

*The remaining 11 seats out of the total 100 seats are under waiting list, would be included by the month of October-November, for which data is not available.

Source: Principal, Government Siddha Medical College, Palayamkottai.

The employment opportunities of the passed out students are mostly dependent upon the individual private practice, about 50%. They start clinics both in urban and rural places having an outpatient status. Ten per cent of the students enter the government service while 25 per cent get employed in private hospitals. The modern trend shows big corporate hospitals like Apollo Hospital having Siddha consultancy with them. But in a great number of private hospitals, Siddha practitioners work under poor conditions of merely

supplementing the allopathic doctors and medicine and even in certain hospitals they are employed as para medicals. This is the same case with the government primary health centre, where Siddha doctors are not provided enough infrastructures and are compelled to practice allopathy.

Types of Diseases for Which Treatment in Sought

The Siddha medical college hospitals are the major centres for the practice of Siddha medicine. The patients who come there are mainly from the middle and lower caste stratified groups and also from the middle and lower income groups. The diseases mainly treated are chronic in nature such as leprosy, tuberculosis, diabetes, peptic ulcer, excema, psoriasis and fractures. There is also a recent emergence of HIV infected patients coming to these hospitals due to the new research centre on HIV/AIDS. Most of the patients approach to Siddha medicine are those who did not get relief from allopathy or those who would like to combine both Siddha and allopathy. Few are in number who have a strong belief in Siddha medicine and come on the first hand to Siddha practitioners.

Realizing the importance of the pharmaceutical science, the Central Council for Research in Ayurveda and Siddha has established a pharmacy to prepare the Siddha medicines in order to cater to the needs of the Siddha Research Institutes/Units in the Central Research

Institute for Siddha, Madras. The pharmacy is engaged in the preparation of classical preparations mentioned in Siddha literature and also the drug that are chosen for clinical trails in the Institutes/units of Siddha system of medicine. The drug requirements of the pharmacy are met by the medico ethno botanical survey project, failing which the drugs are purchased in local markets. More than 300 preparations are done in these pharmacies.[12] The Tamil Nadu state government markets these medicines at a bulk level after successful clinical trails under the brand name 'Tamcol' which is also very popular.

Private Siddha pharmaceutical units have come a long way even before the advent of the government initiative. The earliest one was the Indian Medical Practitioners Co-cooperative pharmacy and stores, which was the first established modern mass based pharmaceutical unit, in Madras 1995. It has been actively engaged in the production of standardized drugs of the Ayurveda, Unani and Siddha systems. The state government of Tamil Nadu is highest procurers of these medicinal products. Apart from this major player, in the recent periods the private market for the new pharmaceutical have thrived more than before. These pharmaceutical units could be

[12] Report of CCRAS, op. cit.,

divided into three major groups. Pharmaceutical gaints like the T.T.K. pharma and Pharm Products do produce Siddha drugs and medicines and market it at a global level. Those groups are already well established in allopathic medicines. Now they have entered the market along with the Siddha medicinal products, which open new markets for such big private groups. Even though the claim is made, that, that these groups promote Siddha medicine out of charity and interest, the real interest is the emerging market at a global level for these products. The second group or the local domestic players are not much behind. Pharmaceutical Units like SKM-Erode, Medisidh Pharma-Chennai, Nippon pharmacy-Chennai, Dr. J.R.K's Siddha research-Chennai, Dr. T.R.K's Siddha Research–Chennai, are the major market players at the state level. These groups are mainly owned by medium entrepreneurs who do also own large agricultural lands at river belts which have been converted into medicinal plants farms for the raw material which is being processed. This is either sold in the international market or used for the preparation of drugs for the local market. They also encourage small-scale farmers for cultivation and supply for market. All drugs are being standardized by the state government and then being marketed like any other allopathic medicine. It is interesting to learn that people who have entered this market mostly belong to agricultural farming castes that

form the general and backward categories in classification of castes. They are mostly, Vellalas, Gounders and Mudaliars.

The third player in the market is the local traditional healers and vaids. They do not come under the Government purview of standardization. They purchase raw materials from the local herbal market and produce medicines, and those are sold to the patients approaching them. They are mostly unregistered practitioners and the medicines are not standardized. But they represent the conventional method of practice, each patient is given a combination of medicine that is unique. The relationship maintained here is personal. Inspite of the modernization process, a great number of rural population is being catered by these practitioners. These practitioners follow the so called "Shudh" or pure form of Siddha medicine but the irony is the lack of legitimacy inspite of the local popularity and conventions that are due to them as very much part of the Indian social system.

The private market also caters to the chronic diseases, lifestyle disorders and sex related problems. Skin disorders fetch the majors market for Siddha medicine. Apart from medicine for people, there is also market for veterinary purposes and agricultural purposes. Most of the pharmacies, which sell Siddha medicinal products, are situated near the Siddha hospitals and patients are being recommended by the practitioners to purchase Siddha medicine in those pharmacies and

thus they are also promoted in every way like an allopathic product. Apart from the catering of general disorders, there is also a huge market that has been recently flourishing in the name of rejuvenators, restorations and similar health productive formulations. Patients are wooed through all means of mass media and these units still hold the fort in the market.

A Summary Criticism of the Modernization of Siddha Medicine

The modernization of the Indian health services system had its onslaught on the Indigenous system of medicine. The modernization which has taken place in a skewed manner where the western paradigm is looked upon and the indigenous medicine is being tailored to fit in for legitimacy. Lack of self confidence among the indigenous medical practitioners and the lack of will among the west influenced elite who are the policy makers had led indigenous medicine no where in the modernization process. The epistemological differences are hardly understood in the whole process of modernization. Even worse the financing of these systems, though a great deal of health burden is being catered by the traditional systems of medicine, any future development of the ISM's should emerge from a recognition of their strengths.

The modernization of Siddha medicine also had certain advantages. The medicinal system in its modern form has been more

secularized. No more the lower economic group and so called lower caste group people alone practice Siddha medicine. The emergent trend shows a wider acceptance among the whole population and what is more interesting is the dominance of female students, which show a very healthy trend in the whole area of public health. With wider financial flow due to the private pharmaceutical markets and recognition in corporate hospitals, the newly educated Siddha practitioners pin their hopes on a better future. But there has been a flip side to the whole issue. The modernization of Siddha medicine has deprived the legitimacy for the traditional healers and midwives. The emerging private market and corporate sector also do have the imminent danger of raising the costs of Siddha medicines and its affordability. The knowledge of the community goes into the private world with a whole series of patents, WTO and other trade aspects. Modernization promotes global uneven and finally we would be the losers.

The Dravidian movements which always raised the rhetoric of ancient Tamil Civilization and glory has paid mere lip service to Siddha medicine. Inspite of the policy level decisions, neither the government sector nor the private sector has given equal status with allopathy. Selective modernization of Siddha medicine has left behind the other knowledge systems along with it such as architecture,

astrology and music, which are all of the same philosophical orientation and complementing each other. The new genre of Siddha practitioners hardly do have any awareness of such issues. The cultural knowledge of the people with Siddha medicine is eroding at a faster pace rather than its revival. The major contributions done in Siddha medicine were all in the pre modernization process, and modernization has not brought new life to Siddha medicine rather reviving its classical texts for modern labs taken out of context.

CHAPTER V

DISCUSSION AND CONCLUSION

The health services system in India offers us a very interesting complex situation. On the one hand the much advanced, in terms of technology, the allopathic medicine which enjoys high patronage and legitimacy, on the other hand one could witness a range of alternative systems of medicine coexisting within the system both at the public and private level of delivery in services. There is a rich pluralism throwing up a lot of therapeutic options for the people. This intercultural scenario has not sprouted from the vacuum, it indeed has a rich sociological past. In order to understand the public health scenario, one need to understand the whole set of nuances that are inherent to the therapeutic complexities which are rich in options and variety.[1] This study is an attempt to understand the nuances of the therapeutic complexities. The problems are addressed in two ways, they are the historical and sociological. In the historical problem of a medical pluralistic society what are the different types of medicine and how did they come to exist. And in the sociological problem we try to explore the sociological roots of the different medical systems that exist in a historical context. By medical system, it has been meant a set, peculiar to a culture, of four components: the representations of health and sickness

[1] Harris Memel Fote, op. cit., p. 327.

and the world view that underpins them (where it exists), the practices (health activity, attitudes and behaviours) that flow from them, and the institutions and personnel that take charge of these representations and sickness. Further medical systems are highly social activities that cannot be related off from the values of the society it is practiced, which is revealed through internal ordering, social construction and cultural authority.[2]

This study explores the case of Siddha system of medicine. An attempt is being made to construct the history of Siddha medicine, its sociological roots, its present status prior to and after the formation of the Indian state and its relevance for public health. In the course of study, the general history of other major indigenous systems of medicine that have coexisted, their social status and roots, and as well their present position has also been studied in the process of a meaningful complete exploration. The methodology that has been used for this study are the review of the ancient Tamil literature, which has acted as a rich source for the reconstruction of the history of Siddha medicine, other historical literature that helps to understand evolution of the other indigenous systems from ancient to the present. Then there has been a review of a whole range of literature published and unpublished that could reveal the status of indigenous medicine from the British to the modern nation state of India.

[2] David Arnold, op. cit., pp. 1-2

It includes records of the various nationalistic debates from the pre-independence and post-independence period, committee reports, Government of India reports, unpublished dissertations and theses and certain oral histories. The review of the Committee Reports and other relevant documents provides a macro picture of the history of Indigenous systems and its subsequent relation to allopathy and also its social basis.

Further there has been a fieldwork to Tamil Nadu, where Siddha medicine is predominantly practiced, in order to gather certain micro level data from the key persons in the modern Siddha institutions through in-depth interview schedules. This data was meant to help the macro story that has been arrived, through substantiating and complementing the whole work in understanding the process. In order to provide substantiate insights into the history and sociology of the practices of Siddha medicine, a primary level exploration was undertaken that apart from the interview schedules included collection of oral histories from Chennai and Tirunelveli. In addition, two questionnaires were also sent to the respective Principals of Government Siddha Medical College Hospitals. The micro level data provides the link between the literature and practical reality. The methodology was meant to fulfill the objectives of the study that is to study the socio-historical context of the Siddha system of medicine and a sociological exploration in to the practice of Siddha medicine at the present context and lessons for public health.

Reconstructing the history of Siddha medicine is a complex problem due to the various reasons with the earlier constructed histories. There are different strands regarding the history of Siddha medicine, which is closely related to the debate of Aryan and Dravidian race. There is a general history of appropriating every subject under the Sun to trace its roots to the Vedas. While the Ayurveda had suffered the same problem, Siddha system of medicine had also been subjected to similar claim. This school is in pursuit of constructing a 'Hindu science' that is monolithic and hegemonic in nature. A similar kind of reaction is the history of Siddha medicine, which gets reflected, in the official version of Tamil Nadu State Government. Here the narrative historiography is singularly used to argue that there was a Dravidian race even before Aryan's advent and Siddha medicine of the most ancient form. Though the both schools do not have enough substance to argue and prove they survive through the politics of rhetoric.

But there have been other historians who speak of Siddha medicine being closely related to the Pan Indian tantric movement, based in its characteristics and that is once again influenced through the Chinese Taoist traditions. A reconstruction of the history with the help of ancient Tamil literature gives us concrete evidence for the medicine only after the 2nd century A.D., where influences of the Chinese and Tantric culture are evident. There has also been an appropriation of Siddha medicine at a later

stage by the Shaivaite traditions in Tamil Nadu, which has emerged as a protest to the Buddhist and Jainist influence.

The Siddha medicine has functioned as part of the larger philosophy that represented a group of renouncers, members of a protest culture within the main culture, who denounces the cult worship, questioned the vedic authority, brought female worship and sexual practices into the general forum, criticized the caste hierarchy and stressed the need for a good physical state equal to that of mind to attain perfection. They were believers in God, atheists, Hindus, Muslims, Christians, Brahmins and also lower caste people. Inspite of the different participants for the movement, the predominant ones were from the Tamil, so called the lower caste people. Once it was appropriated by the Shaivaite tradition, it did also enter the temples, which served as rich centres of training, teaching and research on pharmacology. The entire process was devoted to the chief temple deity, usually Lord Shiva who represented both the Tantric as well as Shaivaite traditions.

This system of medicine enjoyed patronage both from the state as well as the clientele who were from the middle class and so called backward castes. And this system also coexisted with Ayurveda and Unani that gives a speculation on the dialogue and contributions to the each other. The Tanjore Maharaja was the chief patron in the immediate pre-modern

times in the collection of various Siddha works, which is still present in the Saraswati Mahal library, Tanjore. A lot of literature on Siddha medicine lies in the overseas library of London, Paris and Vatican speaks about the smuggling of these literature by both the missionaries and colonial rulers on considering its high level of scientific rationale found in it.

The history of Siddha medicine is not very different from the other dominant indigenous systems of medicine, Ayurveda. It is also plagued with similar problems and different histories. The indigenous system of medicine in India has not declined due to generally attributed reason of the British colonial rule. Indeed one does not rule out of the total malaise by the colonial rule, but the sociological exploration gives us more reasons. Indigenous system of medicine either, Ayurveda or Siddha had severe set backs due to the control of Hindu religion. Caste stratification has been the major ordering of the society, the medicine though patronised and admired by the caste Hindus did not extend the same to the practitioners. These made the Siddha practitioners form the lowest rank in the caste system, the impure polluters as considered to be by the upper castes. Such a caste stratification that has been holding double standards towards medicine and its propounders led to stagnation in the knowledge system, that is similar of other indigenous knowledge systems also. The advent of the British colonial power with their new rule that showered patronage upon the Western allopathic medicine and delegitimized the indigenous medicine,

set the panic for the local traditions which is already stagnant and reeling badly under the superstitions of the Hindu religion. The colonial policy and lack of self-confidence due to the impact of the sociological past, the stagnant systems of medicine began to decline.

On the decline of the indigenous system of medicine, the British built their own health services system with allopathic medicine as the legitimate system of medicine thus transplanting local traditions. D. Banerjee sees Western medicine as a political weapon used by the colonialist to strengthen the oppressed classes by denying them access to the western system of medicine and by contributing to the decay and degeneration of the pre-existing indigenous systems of medicine.[3] The centuries of colonial rule successfully perpetuated the western hegemonic thoughts and ideas to the Indian minds, and whatever western became superior, perfect and best for everyone else also.

Meanwhile there was also a protest from certain groups for the revival of the indigenous systems of medicine, which found its echo in the national movement for freedom. The British rulers due to the general demand enquired into the matter and with the both support of the elites and

[3] D. Banerji, "Place of the Indigenous and the Western Systems of Medicine in the Health Services of India", Paper presented in the IX World Congress of Sociology (Uppsala, August 1978).

masses, the revival of indigenous systems of medicine was planned along the lines of Western system of medicine. This western and privileged class orientation of the health services has been actively perpetuated and promoted by the postcolonial leadership of India.[4] This has caused a lot of distortions in the revival of the indigenous systems of medicine, which needs to be rectified.

Siddha system of medicine, which has been proudly dubbed by the leaders of the Dravidian movement, as the glory of Tamil Civilization had not translated their words in the care for the revival of this medicinal system. Siddha medicine had been tried to get revived through the western epistemology of science. This had not led the ancient medical system for a real revival-even though it has taken itself into the modern institutions of training, practice, research and development. This medicinal system still grapples with revival because the modernization process has not taken into its consideration its philosophical orientation.

The fieldwork for primary data was undertaken with the idea of substantiating some of the trends that were observed out of the reconstruction from the secondary material. The in-depth interview schedules that were conducted with selected senior Siddha and Ayurveda practitioners both in public and private were well illuminating and

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[4] Ibid.

illustrating right from the ancient history to the present modernization.

The difference in the history of Siddha medicine that is seen through the available data is also very much visible in the interview schedules held with both Siddha and Ayurvedic practitioners. However there is a general discontent towards the Tamil political parties, which had used Tamil culture to its rhetoric, has not contributed to the development and revival of medicine. There is a general appreciation to the modernization process, for it had brought the modern institutional base, that if effectively used could deliver a lot of results. The modernization process also has secularized the medicinal system. There is a visible change in the caste composite of the practitioners and care seekers, further there is also a change in the class and gender for the primary data gathered from the two Government Siddha Medical Colleges. The general debate between Siddha and Ayurveda, which is part of the Dravidian, Aryan debate, is also seen in the primary data where the practitioners of both medicine respectively try to claim the superiority of the medicines they belong. Further the modernization process while has granted legitimacy to the major indigenous systems of medicine, the folklore medicine has been very much sidelined. The Siddha practitioners who have now entered the process of modernization feel folk medicine to be irrational, backward and superstitious without realizing that these were the same charges that were levied upon them. In the whole process of modernization, the present health services system very much

favours allopathic medicine and sidelines the indigenous medicines and this aspect of discontent is voiced in the interview schedules. Caste system continues to play a dominant role in the modern society has not let the Siddha medicine to get fully secularized. Thus the primary data very much voices the similar trends that have come out of the secondary data.

Indian health services have been dominated by allopathic medicine. This is evident from the meager state funding and provisioning for the indigenous health traditions. Moreover Siddha medicine in the whole modernization process has not much contributed in terms of new innovations in research and development that could help for claiming better attention. Another problem of Siddha medicine in its role in primary health care services is its service mostly to the chronic diseases that the primary data has provided. The communicable diseases are plaguing India's health burden and diseases of poverty, at such a juncture, a medicinal system only catering to chronic diseases is not well appreciated for meeting the modern health demands.

The major chunk of the Siddha system of medicine in practice and the pharmacology lies with the private sector. This is another problem of standardizing and regulating the whole process from any uneventful damages in the health scenario. The pharmacology is largely under private sector and hence, it is very difficult to put it into the public health services.

Another major aspect that is being needed for the modern public health demands such as surveillance, screening and prevention is almost a non-entity with Siddha medicine makes it further more difficult for effective integration.

Apart from all these issues, Siddha medicine is region specific and also caste ridden leaving large sections of the same region under allopathic care. Therefore it had to be taken into mind, the sociological base for the medicine from history for making further decisions on Siddha medicine.

These disadvantages does not question the validity and importance of Siddha medicine as a knowledge system and scientific tradition but in a general context the state needs to consider its social base and give its due recognition of the culture as historical process that is very difficult for undoing but it could be very well accommodating. The highlights of Siddha medicine should be helped in getting improvised for the best of the results in the whole modernization process and helping it to contribute to its maximum potential to Indian public health scenario.

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APPENDIX

Questionnaire Scheduled For M.Phil. Field Survey

Centre of Social Medicine and Community Health
School of Social Sciences
Jawaharlal Nehru University
New Delhi – 110 067.

Siddha System of Medicine – A Sociological Exploration

1. Name and designation of the Respondent

2. When was this college for Siddha system of Medicine started by the government?

3. What was the status of teaching, research and treatment under Siddha system of medicine prior to the government initiative to start such an institution?

4. Prior to the state formation was Siddha a pan Tamil phenomenon or was it under the realm of specific castes and gender groups?
(Please tick the appropriate answers)

   Caste Stratification
   a) Brahmin ——
   b) Castes enumerated under forward castes excluding Brahmins ——
   c) Backward castes ——
   d) Most backward castes ——
   e) Scheduled castes ——
   f) Scheduled tribes ——

   Gender (Roughly indicate the proportions in percentages)

   a) Male ——
   b) Female ——

   (If could specify the gender group for particular illnesses or diseases, kindly do it)

5. Which areas in Southern India is the Siddha system of medicine being practiced more widely? Please list the names of the states and within them the districts or the major towns in which it is practiced.

6. What was the admission capacity of the students in your college when it was first established and the present status? (Roughly indicate the male/female proportions in figures)

	MALE	FEMALE	TOTAL
At the time of establishment			
Present status			

7. What is the socio-economic background of the students admitted? (Please indicate in rough proportions)

Caste Stratification

a) Brahmin ——
b) Castes enumerated under Forward castes excluding Brahmins ——
c) Backward castes ——
d) Most backward castes ——
e) Scheduled castes ——
f) Scheduled tribes ——

Gender

a) Male ——
b) Female ——

Class Stratification

a) Higher income group ——
b) Middle income group ——
c) Lower income group ——

8. Has there been any major change in the socio-economic profile of the students from the earlier years to now?
   (Please elaborate in a few sentences)

9. What is the job prospect of the outgoing/passed out students?
   (Please indicate in figures)
   a) Government services ——
   b) Employed in private hospitals ——
   c) Individual private practice ——
   d) Any other (specify) ——

10. What is the profile of the patient coming to Siddha practitioners?
   (Kindly indicate the percentage)
   a) Higher income group ——
   b) Middle income group ——
   c) Lower income group ——

11. What are the types of diseases for which people approach Siddha and at what stage people usually approach?
   Types of diseases
   a) Communicable diseases (specify)
   b) Non communicable diseases (specify)

   Stages of illnesses (in figures)
   a) Acute ——
   b) Chronic ——
   c) Terminal ——

12. People who come for Siddha system of medicine do so because they have (indicate in figures)
   a) Strong belief in the Siddha system of medicine ——
   b) Those who have not got relief from allopathic treatment ——
   c) People who wish to combine both Siddha and Allopathy ——
   d) People who cannot access or afford allopathic medicine ——

13. Any other comments