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## Competing for medical space Traditional Practitioners in the Transmission and Promotion of Siddha Medicine

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**Brigitte Sébastia**

### **The Universe of the Hereditary Siddha Practitioners**

Siddha medicine is the main traditional medical system practised in Tamil Nadu and in some Indian States and countries where an important Tamil community resides. It shares many features with ayurveda such as physiological theories, diagnosis, therapeutic methods, concepts of longevity and nosological causality and a large part of its *material medica*. Nevertheless, it differs from ayurveda by an extensive usage of metals and minerals in its medicaments resulting from iatrochemistry<sup>i</sup>, and an allegiance to a tantric<sup>ii</sup> philosophical tradition. The word ‘siddha’ is Sanskrit and means ‘realized’, ‘one who is endowed with supernatural faculties called *siddhi*’. It refers to a class of tantric yogis who would have acquired supernatural powers through austere ascetic practices (White 2004). The Tamil tradition of siddha is based on eighteen *cittarkal*<sup>iii</sup> who are considered by Tamils as the authors of manuscripts on medical disciplines (diagnosis and nosology, pharmacopoeia, therapeutics, alchemy and acupuncture or *varmacchikicai*<sup>iv</sup>) and on

astrology, philosophy<sup>v</sup>, yoga and magic (Ganapathy 1993; Madhavan 1984; Venkatraman 1990).

Traditional medicine in the Tamil region was probably known as medicine in general and acquired the prefix ‘siddha’ not very long ago. The term siddha medicine is notified for the first time in the committee report of Muhammad Usman who was appointed in 1923 by the British government to evaluate the relevance of establishing a school of indigenous medicine at Madras (Usman 1923). In the previous reports, it is referred to as ‘*Tamil medicine*’ or ‘*Tamil ayurveda*’ (Hausman 1996). The mention of ‘siddha medicine’ in 1920s suggests that it would have been coined during the revival movement for Tamil identity in the first decades of the twentieth century<sup>vi</sup> (Weiss 2009).

In the beginning of the twentieth century, ayurveda practitioners promoted their medicine “on a nationalist platform by arguing its unique connection to Indian cultural identity” (Langford 1995: 333). Traditional practitioners of all medical systems protested against British imperialism and demanded that their disciplines be recognised and supported (Hausman 1996; Ramanna 2006; Weiss 2009). These contestations led to the institutionalisation of traditional medicine by creating schools/colleges for learning ayurveda/siddha and unani. While institutionalisation has assigned a place to Indian medicine in the modern education system, it has induced two consequences: a strong disadvantage for traditional practitioners who, if not registered before 1970s, cannot legally practise medicine; a diminution of the knowledge base by severing links with highly experienced and knowledgeable traditional practitioners (*maruttuvarkal*)<sup>vii</sup>. The loss of knowledge was mentioned several times by my informants among the PhD

students in *cirappu maruntuvam* (special medicine)<sup>viii</sup> that I met at a Government Siddha Medical College. They complained about the poor knowledge of *varmam*, pulse reading, medicine preparation that they were acquiring in the college, and invited me to visit traditional practitioners in Kanniyakumari: “In Kanniyakumari district, there are many good *paramparaiya*<sup>ix</sup> *cittamaruttuvarkal*□, you must go to Narendran hospital. I use to go weekly for varma courses.”

*Cittamaruttuvarkal*□<sup>x</sup> are traditional siddha practitioners who have acquired their knowledge and practice from their ancestors, gurus or from both ancestors and gurus. With the exception of younger generation practitioners, *cittamaruttuvarkal*□ have never gone to government and private siddha colleges. They consider their knowledge and know-how as much more extensive and authentic than that taught in institutions.

The aim of this article is to offer a view of the clinical practice of four *cittamaruttuvarkal*□ of Kanniyakumari district, three men, Jeyaram, Narendran and Sivanarayan and one woman, Mahesvariyyammal<sup>xi</sup>, belonging to *nāt*□ *ār* caste. While ayurveda has received a lot of attention from academics, there are very few works on contemporary siddha practice, notably, in Kanniyakumari district. This region, strongly urbanized, has a concentration of traditional practitioners among whom numerous specialists in varma therapy and bone-setting may be found. Biomedicine is also well established here and every small town possesses one or several private hospitals often with a traumatology/orthopaedic ward. Yet the *cittamaruttuvarkal*□ have a steady clientele though the size varies from one practitioner to another. Nearly ninety percent of them possess a small clientele that they consult in their house, in a shop where they also

sell their own medicines or in a small cottage where they may hospitalize one to three patients. Some others run a large hospital of forty to sixty beds and treat fifty to hundred patients every day. Jeyaram, Narendran and Sivanarayan belong to this last category, while Mahesvariymmal manages a large clientele but does not run a hospital.

They live in hamlets or in a small town around the dangerous traffic highway Kanniyakumari-Trivandrum. These practitioners are genuine managers who conduct their medical practice with extreme competence, self-confidence and prudence, by juggling between tradition and modernity. They are well-off and have succeeded in retaining the heritage of their ancestors both in terms of clientele and property. Their clientele is attracted because of their family's name and fame in the field and they do their best to preserve this heritage.

Because they do not possess formal registration, these practitioners are not authorized to practise siddha/ayurveda medicine. Nevertheless, they manage not only a large out-patient clientele, but also run hospitals. Two of them, Narendran and Jeyaram often approach administrative officials to improve their hospital infrastructure, to patent their property medicines or to start courses. Regarding the complaints by traditional practitioners of police harassment, the ease with which Narendran and Jeyaram address the administration seems to indicate that the practitioners without any diploma are not disturbed by the authorities if they are well known for their good practices. The profile of these four practitioners in terms of their educational background, family history and their strategies will help in understanding how they get around the difficulties posed by the present institutional arrangements of their medicine. They are aware of the important role

their medicine plays for people who are not satisfied with biomedicine, for the poorest who cannot afford biomedical treatment and for those who wish to avoid surgery. They are also aware of the limitations of teaching in siddha colleges especially in areas in which they are specialised and all of them, in various manners (courses, *kurukulam* system, family transmission), try to transmit their knowledge to the new generations.

### **Practitioners of Kanniyakumari District: A Siddha/Varma Practice Well Anchored**

The cittamaruttuvarkal of Kanniyakumari district belong mostly to the *nātār* caste. According to the classic ethnography by Robert L. Hargrave, southern Travancore was one of the main places mentioned in literature where *nātār* were established (Hargrave 1969). Kanniyakumari district belonged to the southern ex-Travancore kingdom when the states of Tamil Nadu and Kerala were created in 1956. In Kanniyakumari district, villages with three to five siddha/ayurveda<sup>xii</sup> clinics are very common and it is difficult to explain such a prevalence. The fact that this region was a princely state is certainly an explanation as kingdoms have always patronized traditional practitioners (Alexander et al. 1971). Among the practitioners that I met in Kanniyakumari, two of them are descendants of *rajavaiyyar*, siddha practitioners attached to a kingdom. A large majority of cittamaruttuvarkal of Kanniyakumari district practise a medical system made up of siddha/ayurveda, bone setting and varmam. This triple speciality is particular of the ex-Travancore region and is practised by *nātār* in Tamil Nadu and by *eḷava* and *nayakkar* in Kerala. The studies on bone setting in Tamil Nadu (Nandakumar et al. 2000; Poidevin

et al. 2009; Radhika 2000) and my observations in various parts of Tamil Nadu show that, except in the region under my study, bone setters do not practice varma therapy (varmaccikiccai) and siddha medicine. Varma therapy refers to the treatment of injured energy centres of the body which could be located in muscles, bones, nerves, joints or veins. It belongs to *varmakalai* which consists in two arts (*kalai*) opposed by essence: medical art (varmam) for curing injuries, and martial art (*cilampam*, varma *atā i* or *kalā arippayatā t*)<sup>xiii</sup>. The treatment consists in locating injured point(s), pressing and massaging it (them) with an intensity which depends on injury and energy centres. Jeyaram specifies the link between energy centres and physiology in Indian medicine: “if the patient is taken to us immediately when a varmam is injured, he will be cured; but if he comes after one week, we will not be able to do much. The injured varmam will provoke increase of *vāta* (wind) and the patient will be affected by *vāta* diseases such as stroke, paralysis, osteoarthritis.” This link between varmam and physiological concept of *vāta-pitta-kapa* explains that in South districts of Tamil Nadu and Kerala, bone setters are also siddha/ayurveda practitioners specialised in *vāta* diseases.

In his book *Kanniyakumari. Aspects and Architects*, M. Immanuel justifies the relationship between *nātā ār* and *varmakalai* (Immanuel 2006: 62):

The treatise of *Marma Kalari* is one among such invaluable treasures of Santors of this region. (...) This ‘Art’ is seen handled commonly by the ‘Nadans’<sup>xiv</sup> of the country as an art of self-defence as well as an art of Offence, if so required.

Another explanation by siddha practitioners specifies the link between varma therapy and *nātā ār*. Previously called *cānā ār*, they climbed to coconut and palm trees to

collect the sap which was transformed into fermented (*kalā lā u* alcohol) and non-fermented (*patanīr*) drinks, or into sugar (*karuppatā tā y*). Practising this risky job, many fell and hurt. Varma therapy was developed inside of the community to treat injured people. This explanation concerns only the curative aspect of varmakalai, nevertheless varma therapists of Kanniyakumari district practise also *cilampam/kalā arippayatā tā u* and perform this art during temple festivals. The link between the martial art and the santors is also established by the fact that they were in some way employed as body guards by the *Chera* kings (Ghosh 2000: 31)

## **Universe of the Practitioners: Their Environment and Their Knowledge**

### **Acquisition**

Jeyaram, Narendran and Sivanarayan are specialised in varma/siddha/ayurveda that they practise in a hospital, while Mahesvariymmal, specialised in mother and child diseases, consults in a part of her house. Although these four practitioners have interesting profile, the article will give a larger attention to Narendran due to his involvement to develop and transmit varma/siddha medicine for which he has instituted many activities.

### ***Jeyaram Hospital***

Jeyaram hospital is located on the border of Kerala so that Jeyaram uses more often the term ‘ayurveda’ than ‘siddha’ in conversations. Nevertheless, he considers that siddha that he associates with varma treatment is much more effective than ayurveda that he associates with *pañcakarma*. As he says: “Siddha massages are very therapeutic while ayurveda ones are preventive”. Jeyaram belongs to a very famous cittamaruttuvar family;



one of the three best renowned families of Kanniyakumari district since four generations. He learnt medicine from his paternal grand-father for whom he has a great admiration, and from his father. He managed to buy a large piece of land which belonged to his grandfather and established the first building for out- and in-patients, “to the memory of my grandfather who practised in this place”. In 1995, he erected a second building for in-patients from destitute to middle-class, and physiotherapy and yoga rooms. He also built two Keralite cottages for well-off people, quite often Keralites who come for pañcakarma treatment by considering that the treatment provided in this hospital is much more effective and cheaper than that in Kerala clinics. Three new floors come and add to the first building; they are composed of ordinary rooms, two high-class rooms, two operating theatres, as well as consulting rooms for gynaecology, dentistry and traumatology/orthopaedic that are managed by specialists that Jeyaram knows.

The hospital is placed under the name of Jeyaram’s wife Neela, who possesses a BSMS degree from the government siddha medical college. Jeyaram has no medical diploma to run the hospital, as he spent only one year at Atoor (near Nagerkovil) to study homeopathy. Nevertheless, he is very proficient in siddha/ayurveda medicine and varmam which he learnt from his childhood by observing his grandfather’s practice and by helping his father in consultations. Neela considers that her husband’s medical knowledge is much more substantial than hers and that the complementarity of their education background is an important asset for their medical practice. Like many siddha students who expect to find job in biomedicine, Neela, worked two years in gynaecology and cardiology hospital wards after getting her BSMS degree. The professional

experience that she transmitted to her husband has favoured the integration of biomedical tools (stethoscope, sphygmomanometer, x-ray, laboratory) in their practice. Jeyaram considers that he does not need these tools as he is capable of detecting fractures and dislocation by pulse reading and touch, but he bemoans that because people have become large consumers of biomedicine, they need to be reassured by 'modern' techniques. His words not only mirror the high competition in the medical field, but also his long experience during which he has observed a decline of interest and confidence in siddha/varma. He laments how each time he has to treat a serious cases discharged from hospital without full cure. "My ancestors were capable in few seconds to rescue an unconscious patient and to cure severe injuries. They taught me varma therapy for these urgent cases. But, now people believe only on allopathy<sup>xv</sup> and I have no longer opportunity to practise these techniques. I lost a lot of knowledge from my ancestors."

Biomedicine appeal is one reason for which Jeyaram has decided to integrate biomedical specialities in his hospital. Thanks to its double speciality, his hospital will receive injured patients that he will be able to treat by varma therapy in the first instance, and if necessary, to send them to his biomedical colleagues. Neela explained to me: "I don't agree entirely with my husband about his choice to mix biomedicine and siddha. I am afraid that it does not benefit of siddha. But my eldest daughter is like me, she is very interested in allopathy, while my youngest who is close to his father, is interested in siddha. We expect that they will continue our work, and it is for them that my husband decided to build these new wards." The female nurses in the hospital were trained in biomedicine. Along with their conventional jobs such as injection for pain or insulin,

medication, bandages, etc., they practise some siddha/ayurvedic treatments such as massages, varma or pañcakarma therapy.

The ailments for which patients come to Jeyaram's hospital belong especially to the category *vāta nōykal* 'wind diseases', diseases caused by the increase of *vāta* humour in the body. They concern different types of joint, muscle and bone pains, oedema and paralysis, bone injuries. Patients also come for skin diseases, nervous troubles, gynaecological disorders, stomach ulcers, kidney stone, and more and more often for metabolic syndrome and its allied diseases. When both practise, Neela consults the women and children, while Jeyaram receives male patients. The comparison between Jeyaram and Neela regarding pulse reading mirrors their difference of training. Jeyaram is very concentrating and self-confident when he reads it and controls the reading on the second wrist, while his wife puts very quickly her fingers on the patient's wrist and hastens to take her stethoscope to continue examination. For in-patients, Neela oversees medication, wounds care (diabetic ulcers) and takes arterial tension, while Jeyaram manages serious fractures, practises varma or siddha/ayurveda therapies such as *nāciyam* (sinus cleaning with oil) or *talam* (poultice of cock blood and herbal powder applied on the head for mental and neurological diseases).

The consultation does not take more than ten minutes except if the patient is a friend or expresses some doubts. At the end of the consultation, the practitioners give diet recommendations to the patient and list medicaments (often more than 5). The medical card is given to an employee who prepares the prescription that the patient will take after paying the amount inscribed on the card. According to the payment system commonly

used by siddha practitioners, only medicaments are subjected to money transaction. Their price is relatively high due to the number of products, but it is reduced if the patient is poor.

### ***Narendran's Hospital***

Narendran and Jeyaram know each other. They studied homeopathy in the same college and Narendran, who developed his medical knowledge from traditional practitioners or *ācāṅkal* according to the term used in this region, learnt varmam from Jeyaram's father that he considers as one of the most proficient practitioners that he met. Narendran's hospital is located in a hamlet not far from Nagerkovil (Kanniyakumari dt.). It consists in four buildings made up of in-patient ordinary rooms and share rooms for poor, several classrooms, owner's apartment, room for the storage and packaging of medicinal products, a large waiting room decorated by a series of portraits of traditional fashion-dressed old men called *ācāṅ*, a x-ray room, a pharmacy, and treatment rooms. Except that he practises alone in a small room and he encourages less biomedicine, his clinical practice is very similar to that of Jeyaram. Regarding in-patients treatment, massages include varma therapy which is practised by his employees and students trained personally by Narendran. For managing his in-patients, he is helped by a siddha doctor, a homeopath and a biomedical doctor. Like Jeyaram and his wife, Narendran is always smiling and very pleasant to his patients and staff; these practitioners inspire confidence and seriousness.

Narendran is born in 1959 from a medical practitioner family who lived close to his hospital. He is the fifth generation practitioner in his family:

In the olden days, one did not speak about siddha medicine or ayurvedic medicine. In Kanniyakumari district, the medicine was called *nāt t u vaittiyam*<sup>xvi</sup>. My father's family knew to prepare *centuram*, *parpam*<sup>xvii</sup> recorded in manuscripts. It knew *kal ari* varma, fracture reduction, and also yoga, *mantiram*, *tantra*, *cōtit am*<sup>xviii</sup>. My mother's family practised *pattivaityam* and knew only herbal medicine, simple medicines. Her medicines were very excellent; they had a lot of power to cure. My father had many *olaiccuvāt i* and in my mother's family only some, but in my mother tradition, they were better in siddha medicine than in my father tradition because they were born at Paloor, a very famous place for medicine. Paloor Karuppanasan, Nadanasan, were my mother's relations. They were saintly nature, they were called *ācāṇ*. Here, all practitioners of siddha medicine, varmam, *kal ari*, are called *ācāṇ*. For four thousand years, that means from Tolkāppiya, this term is used here. It is given to excellent person who gives excellences to others.

Like Jeyaram, since his young age, Narendran learnt siddha medicine from his paternal grand-father<sup>xix</sup> and from his father. His father used to visit *ācāṇkal* and sometimes, he took Narendran with him. After his father's death which occurred when he was eighteen years old, he continued to visit his father's *ācāṇkal* and many others, forty seven, as he is proud to mention. When his father died, he had to support his mother and four sisters. He replaced his father at the clinic and in parallel to, he prepared some diplomas which allowed him to combine siddha consultation with study: B.Sc. in chemistry (Bachelor in Sciences) at Nagerkovil, a subject in tune with his keen interest in alchemy, and few diploma courses on indigenous Medicine by correspondence course. In 1991, he got DHMS (Diploma in Homoeopathic Medicine and Surgery) and then, the diploma of Medicine Doctor in homeopathy (repertory) MD(H) by correspondence. He

also acquired a diploma in Holistic Health Care (DHHC) and in Varma and Massage Science (DVMS M.A.) from Manonmanian Sundaranar University, Tirunelveli, and some certificates: Doctor of Medicine (Alternatives medicines) from the Indian Board of Alternative Medicines, Naturopathy Course of Gandhi National Academy of Naturopathy and registration certificates for ayurveda (1994) and for siddha (1998). The list of diplomas and certificates, mixing formal, informal and distance courses mirrors his insatiability to learn, to deepen his medical knowledge and to be recognized as a proficient practitioner; in brief, as an *ācān*.

Siddha practitioners with homeopathy training such as Narendran and Jeyaram are common in Kanniyakumari district due to courses given at Atoor and facility to get MD (H) degree through a two-year correspondence course after completion of four-year bachelor course. This diploma offers the possibility to open a clinic or a hospital and to practise medicine without being harassed by the police during government offensives against quacks. The medication provided by these practitioners may be a combination of siddha and homeopathy. A few siddha practitioners privilege homeopathic remedies which are much easier and cheaper to prepare than siddha ones, but Narendran as well as Jeyaram provide only siddha medicines because they are more confident in the efficacy of their siddha medicines.

### ***Sivanarayan's Hospital***

Sivanarayan lives in a small village near Kanniyakumari. His speciality is mostly centred on bone setting and therapeutic massages. His patients, quite often farm labourers, consult him for various muscular complaints, fracture, dislocation, paralysis,

i.e vāta diseases according siddha classification. Occasionally, he is approached for treating skin diseases, diabetes and kidney stones. He has completed high school (tenth standard) and he only holds the diploma of Alternative medicines from the Indian Board of Alternative Medicines. Sivanarayan's family practice is not old and he and his brother are of the second generation. His father, who belonged to a poor agriculture worker family, chose to learn bone setting and varma to escape poverty. He approached a famous nātārācāṇ who trained him. Thanks to the reputation of the ācāṇ and the large need in this medical field, he was capable to establish a clinic with several rooms. Sivanarayan took interest in his father work since the age of six and he began to practise under his guidance when he was 22 and on his own at 34.

Sivanarayan has developed his father's clinic which is become a large hospital with only ordinary rooms due to uniform means of his patients. He added an x-ray room and a consulting room for biomedicine. His association with a biomedical doctor who comes only from necessity, allows him to manage the hospital and to use some medication, essentially 'pain killer' injections. But unlike Jeyaram and Narendran, Sivanarayan refuses to hospitalize very serious cases patients. As he explained to me: "If a patient dies here, this will be bad for the reputation of this hospital. So, if I think not to be able to cure the patient, I advice the family to take him to hospital."

Sivanarayan's waiting room is always crowded despite the efficient organisation of the work involving five assistants which favours a quick intervention for each patient. Sivanarayan is rarely found sitting and all his time is devoted to massage, to bandage, to practise varma therapy and to visit his in-patients as soon as he can. His massages and

varma techniques applied on out-patients are simple, rapid and repetitive, but they are more elaborate on in-patients. His knowledge regarding these specialities is lesser than that of Jeyaram and Narendran, but he is considered as a very good healer in the region, both by siddha/varma traditional practitioners and biomedical specialists in traumatology. Indeed, noticing that many patients were taken to traditional practitioners because of surgery after-effects, I visited some hospitals specialised in traumatology to know if, conversely, doctors received casualties of traditional practitioner malpractice. Surprisingly, the response was always negative and the name of famous traditional practitioners they often mentioned during these interviews was that of Sivanarayan and sometimes of Jeyaram and Narendran.

Sivanarayan, Jeyaran and Narendran practise bone setting in the same way. They take radiographies 'for reassuring patients'. Then, if there are slipped bones or dislocation, they practise traction in order to put bones in place; they apply a large quantity of medicinal oil on the injured part; for fracture, they place some splints (in bamboo or metal) before bandaging, they bandage and pour copiously oil on the bandage where is the injury. The use of large quantity of medicinal oil on fracture, sprains and dislocations is specific to southern districts of Tamil Nadu and Kerala. Elsewhere, bone setters apply a paste of grinded fresh leaves (Nandakumar 2000; Poidevin et al 2009) or a powder mixed with white egg in which the bandage is soaked so that it hardens after drying. Bone setting cost is very low and the practitioners highlight the quality of treatment for a quick cure. But the rapidity of the fracture consolidation is not surprising if we consider that Indians, by lack of trust in government hospitals, prefer to go to



private clinics where surgery is carried out even on simple fractures for the sake of monetary remuneration it brings. While at Narendran's and Jeyaram's, patients pay a fix price for bandages and medicines, at Sivanarayan's, patients pay for bandage and medicines initially, but renewed bandages and massages are free because Sivanarayan consider them as a duty, a service (*cēvai*) for his patients. Many practitioners are conscious about providing non expensive treatment, pointing out that if they ask for too much money, they will loose their 'therapeutic power', and they define the price of medication according to the economical level of the patients. However, *cēvai* is a quality intrinsic to their medical practice which is applied under form of free or low cost hospitalization for poor people. Jeyaram organises monthly medical camps and manages a home for aged while Narendran's kurukulam provides services to the benefit to patients and also to siddha medicine.

### ***Mahesvariyyammal's clinic***

Mahesvariyyammal's clinic is located in a small town not far from Nagerkovil. She is a female siddha practitioner specialized in the diseases of women and children (*matappin* □ *i* and *pil* □ *l* □ *aippin* □ *maruntuvam*); her clientele is constituted by mothers and their babies, women with gynaecological complaints and often for a range of other diseases.. She learnt her knowledge from her parents both of whom specialized in this field like her grandparents. She possesses several awards in appreciation of her services for women and of her proficient knowledge in siddha medicine, but she practises only with a non renewed enlistment certificate<sup>xx</sup> provided by the Tamil Nadu government. She is approached sometimes by female students of the government siddha college,

Palayamkottai, who want to enhance their knowledge. Her specialties are taught in siddha colleges, yet students find besides Mahesvariyyammal an important source of theoretical as well as clinical knowledge. Mahesvariyyammal does her best to help students in order that her knowledge will not get lost. She has two sons but none of them has been interested in her work; she is expecting to find a spouse to her unmarried son who will be interested in her knowledge.

Mahesvariyyammal consults in a small room separated off the waiting room by a folding screen. When privacy is required, she receives the patients in the adjacent room used for storing medicines and raw material. Like her peers, she uses pulse reading, but for children younger than two years, pulse reading has no validity and thus, she also uses the stethoscope and sphygmomanometer. A large part of her consulting time is devoted to preparing her medication prescription with the help of an employee.

#### ***Medicinal Preparations as Emblem of Proficiency of Practitioner***

While at Jeyaram's and Narendra's, the pharmacy is organized on the biomedical hospital model, dissociated from the consulting room, in Sivanarayan's hospital and Mahesvariyyammal's clinic, medicines are exposed in the consulting room at the sight of the public. This is far the most common situation where the image of the practitioner merges with that of the pharmacist. All the four practitioners consider their family formulas as the cornerstone of their reputation. Nevertheless, except Narendran, all medicines provided by these practitioners are not their own medicines and Mahesvariyyammal, Jeyaram and to a lesser extend Sivanarayan also sell medicaments from ayurvedic and siddha companies to their patients. Mahesvariyyammal and

Sivanarayan sell the manufactured medicines directly to their patients, while Jeyaram removes totally the wrappings. He explains: “Confidence is crucial for efficacy of treatment but many patients have no confidence in products from company. So it is better to give them in a simple paper or in a bottle, like we give our medicines.” For twenty-years ago, siddha as well as ayurveda practitioners are increasingly consulted for new pathologies such as metabolic syndromes and degenerative diseases for which they have not inherited formulas from their predecessors (Sébastia forthcoming). This situation obliges them to provide medicines from companies or to innovate by creating new formulas from *olaiccuvāt* or siddha books. Mahesvariyyammal has created a formula for the treatment of diabetes, but she complains about the lack of time for developing formulas requested for treating ‘new’ diseases. Regarding Jeyaram, who is also confronted with paucity of time for the development of new medicines, also adds that there are two fundamental impediments, namely, shortage of plants and availability of efficient staff. He explains:

When I was young, there were one or two showers per month. But today, due to the climate change, rains are not enough and it is become difficult to collect all the plants necessary for medicines. For preparing the *tailam* that I use for bone setting, it needs forty-seven plants, but now it is not possible to collect them. I am very happy when my employee collects forty plants. It is really a problem for traditional medicine. Another problem is to find a person who accepts to prepare medicines. I am looking for replacing one of my employees who is working for us for forty years. But even for a good salary, nobody wants to do this work, it is too exhausting...”

Narendran is not confronted with the same situation as his peers. In 2003, he got the license for preparing siddha and a few ayurvedic medicines under his label 'Power Lab India Trust': Twenty-eight proprietary products (his own formula derived from the knowledge of medical texts and manuscripts) and one hundred and fifty six 'shastric' products (formula listed in ancient medical treatises). According to the legislation of traditional medicines manufacturing, traditional practitioners have the right to prepare and sell their products directly to patients. But for commercialisation in the market, they have to comply with the *Drugs and Cosmetics Act, 1940, and Rules, 1945* and to get the Good Manufacturing Practices certificate (as per amendment in 2005)<sup>xxi</sup>. Narendran plans to establish in his Community health college a course in medicine preparation that will allow him to recruit permanent employees at the end of their courses and to use students during their training.

### ***Kurukulam System: From Secrecy to Open Transition of Knowledge***

The siddha system of medicine in the beginning was taught by "Guru-Sishya" method only. Here, it is important to note that, the Siddha system of education in ancient Tamilnadu was not imparted or organized on the scale of mass education like schools and colleges, but the ideal of education is, to treat it as a secret and sacred process, for the reason that the process of individual growth (inner) can only be achieved by a close and constant touch between the teacher and the disciple in their personal relationship from which the whole world was excluded.

This explanation from a practitioner quoted by Richard S. Weiss (2009: 154-155) concerns *kurukulam* (sk. *gurukula*), an education system highly favoured in traditional medicine milieu<sup>xxii</sup>. In the Monnier-Williams Sanskrit dictionary, *gurukula* is translated by the 'house of the guru' and in the Tamil dictionary by 'a school where the disciples

live with their teacher'. The definitions refer to the traditional system of education by which students lived in their house's master for learning various subjects during twelve years, in principle. The student had to share his master's lifestyle and took part to his family works; he left his father's authority to that of his guru. In Indian context where caste and religion are differentiation criteria, the teacher and the disciple belonged to the same community or adopted certain strategies to not subvert caste protocol<sup>xxiii</sup>. The guru is considered as taskmaster who requires sacrifices and hard work. Before getting little knowledge, student had to prove his strong motivation and patience, and for a little bit of knowledge, he had to wait for days and for months. The whole process of apprenticeship was cloaked with secrecy. These qualities are especially important for disciplines which have ambivalent effects such as *varmam* used for injuring or treating, iatrochemistry used to prepare medicines or poisons, or mantras used to cause or remove spell.

Sivanarayan, Jeyaram and Mahesvariymmal learnt medicine only from their parents and grand-parents and did not seek to go to gurus because they considered that their parents were knowledgeable enough. Mahesvariymmal, as a female, was restrained to approach gurus, mainly males. Regarding their involvement in knowledge transmission, Sivanarayan has five assistants, out of which three are his disciples who learn his medical practice and *cilampam*; he also trains his eldest son when he is free from school. The training mode used by Sivanarayan is very close to that he received from his father: his disciples share a large part of his life, their training remains mostly at the level of observation and they are not allowed to practise. Mahesvari and Jeyaram

teach students from siddha/ayurveda colleges who approach them for their respective specialities.

Narendran, on the other hand, is strongly aware of the need to transmit the knowledge acquired from his numerous ācāñkal. But he has to create interest among students of this generation in the profession and its objectives. The training system that he has instituted in his Community college is hence much more liberal than that the one he was trained in

To study from ācāñ was very difficult in the olden times. Now, it is very easy. We have to respect ācāñ even if he is a mad man. We have to give respect because we are his slave. Hesitate to give money, hesitate to do work; they do not give you a bit of knowledge. We know that ācāñ is misusing the situation but we have not the right to oppose to his demands. Why? Because our aim is to get some knowledge from them. I spend twelve years, thirteen years, and twenty years besides ācāñ... You know that this ācāñ has a great knowledge, so you wait to learn some specialities from; today or tomorrow or not? Never ācāñ give you fully knowledge. But today, I have no regrets, because they give me records, they show me varma points, they teach me their knowledge.

Gurus emphasize on the importance to stay prudent in the transmission of knowledge which must be distilled step by step to the *śiṣya* until they assess him to be ready and to possess the essential qualities to practise: good morality, pure feelings, humility and total devotion to patients. This method based on the readiness of the student may also facilitate the instrumentalisation of secrecy by the master to strengthen his legitimacy and reputation in traditional medicine milieu.

Narendran is aware of the competition in the medical milieu and does not reveal all his 'secrets'. To clear siddha medicine from its bad reputation caused by its intermingling with secrecy and quackery in public opinion, and to diffuse its knowledge, he has created an association which organizes weekly meetings where ācāñkal are invited for talks and sharing their experiences. For courses, he has instituted a college which belongs to the movement of Indian Community Colleges. These colleges were developed since 1995 and modelled on US community colleges to provide high education for disadvantaged and underprivileged people. Mostly located in rural areas, their objectives are a combination of job-oriented, work-related and skill-based and aim at answering local industry needs and employment requirement (Alphonse et al. 2009). Narendran has founded his college to train students who will be able to find work in his hospital as well as in medical centres of Kanniyakumari district or of Tamil Nadu, to help people of his region (rural students not specifically nātāār) to pursue study and to get a job, to transmit his varmam and siddha medicine experience, and also to improve the knowledge of students from siddha colleges where some specialities such as varmam, cilampam, pulse reading are very scarcely taught and practised. His Community college is affiliated to Manonmanian Sundaranar University, Tirunelveli, where examinations are organized. He organizes courses on nursing that follows the curriculum of the university, on siddha and varma concepts for which he has already written a textbook. He is also proposing to start a course on medicinal preparation which has been accepted by the university and for which he is preparing textbooks.

***Kurukulam and Valorization of Tamil Culture***

Narendran welcomes every student who wishes to learn and he teaches them without any consideration on their 'moral qualities' and on their caste. The term kurukulam in this context, where the education followed system is close to modern education, is used to emphasize on the traditional aspect of certain topics such as varmam, siddha subjects or medicinal plants, studied in his college. The term highlights that these special subjects are, in principle, learnt through the kurukulam method under the guidance of traditional practitioner, a facility not available in collegiate education of siddha. A second reason is that the students are in contact with many 'old-fashion' ācāṅkalā invited by Narendran to transmit a bit of their knowledge during the meetings of the association. This relationship puts them in the position of śiśya which is much more honourable than that of students, since it involves the notions of elective community which shares a common knowledge and of consideration for those who hold Tamil traditional knowledge; Narendran is today called ācāṅ by his students.

The profiles of students who participate in these courses help to assess the renewed interest for siddha medical knowledge which is intermingled with Tamil cultural revival. Apart from students who come from rural areas and from siddha government colleges, another category follow the courses, but with particular motivations. There are people, quite often cittamaruttuvar's descendants, who after a career in administration or elsewhere, wish to learn siddha medicine, the 'glorious' knowledge of their ancestors. They go to Narendran's college and also to renowned practitioners where they learn in a more traditional manner, or they turn to the correspondence courses organized by various universities, private colleges or associations. These 'students' aim at practising siddha,



for cēvai, ‘for serving people’, but some among them used these opportunities to practise medicine with the expectation to get a name, power and money. In spite of this pernicious effect which reinforces risks of quackery, kurukulam in its various reformulations for adapting to modern world mentality is fundamental to the development of siddha medicine and to compensate some part of its knowledge neglected in colleges.

Practice of siddha medicine varied from one practitioner to another and any attempt of generalisation is difficult. I also noticed many people who open a clinic after learning few months besides practitioners and having taken correspondence courses<sup>xxiv</sup>. Nevertheless, the quality of work and services provided by practitioners such as Jeyaram, Narendran, Sivanarayan and Mahesvariymal calls for a better consideration from siddha doctors. Thanks to their awareness regarding the financial situation of their clientele and their devotion to their patients, they play a fundamental role in the medical world. Numerous patients affected by paralysis, hemiplegia or traumatic injuries come to them after having been discharged from hospitals and are hospitalized for long period, two-three months, often for a small sum. It will be profitable to siddha medicine to accord greater consideration for traditional practitioners who possess a knowledge and know-how which allow supplementing biomedicine. This also calls for efforts from siddha doctors to be more open for exchanging with them and to take interest in the richness of their practices and not only in their icons regarded as identity symbols. Some such as a siddha practitioner trained at Palayamkottai college who is managing a research institute for traditional medicine at Chennai sets great value on traditional practitioners and invites them in seminars to share their knowledge and experience, but they are still

rare. In this way, the couple Jeyaram and Neela serves as an excellent model for the complementarity in their practices.

## End notes

<sup>i</sup> Iatrochemistry, which has its roots in alchemy, provides chemical treatment for diseases. The word comes from Greek and was popularised in the west between 1525 and 1650, notably thanks to Paracelsus (1493-1541).

<sup>ii</sup> Tantra meaning ‘warp’ in Sanskrit, is a system of theories based on the principle that the universe is the concrete manifestation of the divine macrocosmic energy and consists of rituals to channel that energy, within the human microcosm with a view to emancipation.

<sup>iii</sup> While the number ‘eighteen’ is constant, there are variations in the lists of *cittarkal* given by different texts so that their number is much higher (Shanmugavelam 1992; Venkaraman 1990).

<sup>iv</sup> The writing of vernacular terms, Tamil as well as Sanskrit follows the convention of the *Tamil Lexicon* (1982), University of Madras, Madras. The plurals is given by *kal* which varies with the final letter: *kka* after a vowel; *ka* after a consonant excepted ‘m’; *ñka* after ‘m’.

<sup>v</sup> Anti-ritualist thought is central to siddha philosophy although many siddha practitioners venerate the divine couple *Shiva-Shakti* as in *saiva* or tantric philosophy.

<sup>vi</sup> The Dravidian movement was launched to fend off brahmanical hegemony. One may suppose that Tamil medicine was favoured to the detriment of ayurveda which was considered to be emblematic of brahmanic culture. A study on the place attributed to traditional medicine of Tamil Nadu in the proponents’ discourses on valorisation of the Tamil culture developed during Dravidian movement is left to do.

<sup>vii</sup> For institution of siddha medicine and registration, see Gary Hausman (1996) and Brigitte Sébastia (2009)

<sup>viii</sup> *Cirappu maruntuvam* is a speciality of siddha for the treatment of skin diseases (*tōl nōy*), mental illness (*kirikai nōy*), yoga, *varman*, rejuvenation (*kāyakarpam*). The other siddha medical specialties taught in the colleges are: *citta maruntuvappotu* (general medicine); *kun apāt am* (*pharmacopoeia*); *pil l aippin i maruntuvam* (pediatrics); *nōy natal* (pathology); *nañcu maruntuvam* (toxicology).

<sup>ix</sup> The term *paramparai* from Sanskrit *paramparā* is translated as ‘hereditary succession proceeding from generation or lineage’. Richard S. Weiss (2009) mentions that the word in Sanskrit is formed by conjoining *param* with *param*, where *param* means ‘other’, ‘another’ and means the idea of transmission between two people, from one to another.

<sup>x</sup> I will use the term *cittamaruttuvarkal* for traditional practitioners in opposition to the term - siddha doctors that I reserve for practitioners qualified from siddha colleges.

<sup>xi</sup> All the practitioners’ names in this paper are fictitious. I would take this opportunity to express my extreme gratitude to these four practitioners for their constant warmth, kindness and generosity during my visits. I also wish to thank them for their sincerity in answering my questions, in clarifying my doubts and for confiding in me about their difficulties and fears regarding the future of siddha medicine.

<sup>xii</sup> The use of siddha or ayurveda medicine denominations in this region is very flexible; it depends on practitioners’ residence which is more or less close to Kerala.

<sup>xiii</sup> *Cilampam* is a Tamil term which is considered to come from the long stick used for battle; *varma at i* sometimes used, signifies ‘to hit on *varman*’; *kal ari* means in Tamil and Malayalam ‘battlefield’ ‘place for drama’. According to Phillip B. Zarilli (1998: 25): “(*kal ari*) derives from the Tamil *kal am* meaning ‘arena, area for dramatic, gladiatorial, or gymnastic exhibitions, assembly, place of work or business’”.

<sup>xiv</sup> ‘Santor’ and ‘Nadan’ are old names of *nāt ar*. The term *nāt ar* was used from 19<sup>th</sup> century by this community for obtaining better status. By changing their name, their work and their habits and by

organizing associations for the benefit of the community, they succeeded to uplift their status from scheduled caste to backward caste (Hardgrave 1969; Templeman 1996).

<sup>xv</sup> Allopathy is the term used in India for biomedicine, in opposition to Indian traditional medicine despite of its inappropriateness due to the fact that, except homeopathy, other medical systems are allopathic by nature.

<sup>xvi</sup> Narendran points out that the term ‘siddha medicine’ is recent, confirming my opinion in this question, and he refers to a medicine which mixes different levels of medical practice and knowledge: home remedies/herbal medicines and medicaments highly elaborated from purified metals and minerals.

<sup>xvii</sup> *Centuram* is a fine medicinal powder prepared with metal and mineral mixed with plant juice, quite often calcined, and grinded; the final colour is red as the name indicates it. *Parpam* is a fine powder realized from several calcinations of a mixing of metal, mineral and plant juice; the colour is quite often white.

<sup>xviii</sup> *Mantiram* refers to magic, *tantra* to tantric texts to which siddha tradition is linked, *cōitit* *am* is astrology.

<sup>xix</sup> The grandfather/grandchild relationship is highly privileged in the transmission of knowledge. The grandparents are considered to have authentic knowledge, more time to devote to their grandchildren education and to be more emotional and patient to transmit their knowledge. By tradition, grandparents chose the grandchild(ren) who had the best qualities to become a practitioner; this practice continues even to day.

<sup>xx</sup> This certificate which was given in 1990s by the Tamil Nadu Siddha Medical Board is illegal (Sébastien 2009)

<sup>xxi</sup> The amendment texts are available at:

[www.whoindia.org/LinkFiles/Traditional\\_Medicine\\_Legal\\_Status\\_Orders.pdf](http://www.whoindia.org/LinkFiles/Traditional_Medicine_Legal_Status_Orders.pdf)

Regarding amendments and rules on heavy metal, see Brigitte Sébastia (2011).

<sup>xxii</sup> The word *kurukulam* is composed of *kula* ‘lineage, family’ and guru ‘master, teacher’ which is made of *gu* ‘ignorance, darkness’ and *hru* ‘light, complete annihilation’ and refers to a person who kills his disciple’s ignorance and elevates his character and ultimately lead him to the path of salvation. The guru is for the *śiśya* (disciple), incarnation of God in human.

<sup>xxiii</sup> J. Indira et al. (2003) mention the case of Sri Narayana Guru who, because he could not live at his guru’s who belonged to nayakkar caste, had to reside in an *eḷava* family during his *kurukulam* education. Stracey Prickett (2007) relates that for living with their guru who was *isai vellala*, a couple of brahmin dancers employed a cook.

<sup>xxiv</sup> I have often noticed these people who move in the Madurai Siddha Vaittiya sangham, an association which has many activities among them to give courses to the traditional practitioners, to give free camps, to help practitioners to get registration.

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