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Rise of Siddha medicine: causes and constructions in the Madras Presidency (1920–1930s)[†]

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Abstract

This essay aims to situate the emergence of Siddha medicine as a separate medical system in the erstwhile Madras Presidency of colonial India within a broader socio-economic context. Scholars who have worked on Siddha medicine have stressed more on political dimensions like nationalism and sub-nationalism with inadequate attention to the interplay of various (other) factors including contemporary global developments, changes in the attitude of the colonial State and especially to the new promises held by the greater deference shown to indigenous medical systems from the 1920s. If the construction of ‘national medicine’ based on the Sanskrit texts and the accompanying marginalisation of regional texts and practices were the only reasons for the emergence of Siddha medicine as presented by scholars, it leaves open the question as to why this emergence happened only during the third decade of the twentieth century, though the marginalisation processes started during the first decade itself. This paper seeks to find an answer by analysing the formation of Siddha medical identity beyond the frameworks of nationalism and sub-nationalism. Further, it explicates how material factors served as immediate cause along with the other, and more ideational factors related to the rise of the Dravidian political and cultural movement.

Keywords: Siddha; Ayurveda; Madras Presidency; Usman Committee; Colonial State; Identity Formation

Siddha medicine – in the southern part of India, especially in the Tamil region – is generally identified as one of the most ancient of indigenous Indian medical traditions. There is considerable validity to this form of identification given that many of its enmeshed practices have been in vogue for centuries, dating back well before the beginning of the Common Era (CE). However, as pointed out by several scholars, its origin as a separate ‘system’ – in terms of identity formation – is more of a twentieth century CE phenomenon. Even in such elucidation, the identity formation is attributed more to political dimensions like nationalism and sub-nationalism. This essay, on the other hand, shifts the focus to the broader socio-economic context while arguing that inadequate attention has been paid to the interplay of various other factors, including contemporary global developments, changes in the attitude of the colonial State and, in particular, the greater deference shown to indigenous medical systems from the 1920s. If the construction of ‘national medicine’ based on the Sanskrit texts and the accompanying marginalisation of regional texts and practices were the only reasons for the emergence of Siddha medicine as presented by scholars like Rick Weiss, the question remains as to why this emergence happened only during the third decade of

[†](i) The study covers the geographical area of Tamil region, which extends from Venkata hills (Tirupathi) in the north to the oceans at Cape Comorin (Kanyakumari) in the south.

(ii) The term “Ayurveda/Āyurveda”, used in this study, denotes an undifferentiated system of Ayurveda until 1920. Thereafter “Ayurveda” is used to denote only Sanskrit Ayurveda as opposed to the Tamil Siddha system. It indicates that medical practices of Tamil region were named as Ayurveda/ Āyurveda until 1920.

(iii) Tamil Unicode follows the Tamil lexicon published by Madras University.

the twentieth century, though the marginalisation processes started during the first decade itself. Tamil physicians opposed the objectives of the Usman Committee (set up in 1921), arguing that it offered space and patronage only to systems like Ayurveda and Unani at the cost of local (Tamil) content. One wonders why such reservations were not expressed about the Koman Committee (set up in 1918), which also did not give much attention to Tamil medicine (Koman 1921). It is even more interesting that the interval between these two Committees was just three years.

Historians and physicians generally hold that the Siddha system developed from the glorious Sangam age, coinciding with the genealogy of Siddhars,¹ Siddha medical principles and drugs.² This depiction misses the complexities of identity-building around the medical systems. The studies of Hartmut Scharfe and of K.H. Krishnamurthy and G. Chandra Mouli on the relationship between Ayurveda and Siddha tend to conclude that Siddha derived from Ayurveda or vice versa.³ They take medical identities as static and fail to understand changes in identities and boundaries. Recent studies by Roman Sieler, Sujatha and Brigitte Sebastia highlight contemporary medical practices and their complex links, focusing on sociological and anthropological aspects.⁴ Gary Hausman's works on Siddha concentrate on the internal contests and contradictions between hereditary and institutionalised Siddha practitioners without much focus on identity issues.⁵ Rick Weiss, on the other hand, has attempted to study identities of medical systems through the lens of Eric Hobsbawm's 'Invention of Tradition'. He locates the emergence of Siddha medicine within the framework of nationalism and sub-nationalism, particularly within the political and ideological bearings of the Dravidian movement.⁶ The present study departs from existing scholarship by locating the identity formation within a broader socio-economic context in order to unravel the causes of the emergence of Siddha medical identity in the particular period corresponding to the third decade of the twentieth century. This is based on a careful study of diverse sources such as the Medical Committees Reports, Drug Committees Reports, writings of British administrators, Native Newspaper Reports, various Departmental files of the Madras Presidency and the writings and speeches of various local protagonists as gathered from various printed Tamil medical texts and journals.

Ayurveda/ Āyulvēta: broad to narrow

The medical practices of the Tamil region were generally known as *Āyulvētam* or *Vaittiyam* (medicine). In Tamil, *Āyulvētam* derives from the Sanskrit words *ayus* (life) and *veda* (science/knowledge).⁷ 'Āyul'

¹Individuals who strove to cultivate a strong and healthy body in order to gain supernatural powers. The means to attain them included the use of mercurial drugs and yogic practice.

²T.V. Sambasivam Pillai, *Portions Selected from the Introduction of Thiru. T.V. Sambasivam Pillai's Tamil – English (Cyclopaedic Dictionary)* (Madras: Directorate of Indian Medicine & Homeopathy, 1968); Kandaswamy Pillai, *History of Siddha Medicine* (Chennai: Department of Indian Medicine & Homeopathy, 2012); Ramamurthi Iyer, *The Handbook of Indian Medicine: The Germs of Siddha System* (Delhi: Sri Satguru Publications, 1981); R. Niranjana Devi, *Tennintiya Maruttuva Varalāru* (Chennai: International Institute of Tamil Studies, 2004); Chidambarathanu Pillai, *Citta Maruttuva Amutu* (Chennai: Siddha Medical Literature Research Centre, 1991); A. Shunmugavelan, *Siddhar's Science of Longevity and Kalpa Medicine of India* (Madras: Directorate of Indian Medicine and Homeopathy, 1992).

³Hartmut Scharfe, 'The Doctrines of the Three Humors in Traditional Indian Medicine and Alleged Antiquity of Tamil Siddha Medicine', *Journal of American Oriental Society*, 119 (Oct-Dec, 1999), 609–29; K.H. Krishnamurthy and G. Chandra Mouli, 'Siddha System of Medicine: A Historical Appraisal', *Indian Journal of History of Science*, 19, 1 (1984), 43–53.

⁴Roman Sieler, 'From Lineage Transmission to Transnational Distance Education: The Case of Siddha Varma Medicine', *European Journal of Transnational Studies*, 5 (Spring 2013), 112–43; V. Sujatha, 'The Patient as a Knower: Principle and Practice in Siddha Medicine', *Economic and Political Weekly*, 44 (2009), 76–83; Brigitte Sebastia, 'Competing for Medical Space: Traditional Practitioners in the Transmission and Promotion of Siddha Medicine', In V. Sujatha and Leena Abraham (ed.), *Medical Pluralism in Contemporary India* (Hyderabad: Orient Blackswan, 2012), 165–85.

⁵Gary Hausman, 'Siddhars, Alchemy and the Abyss of Tradition: "Traditional" Tamil Medical Knowledge in "Modern" Practice' (unpublished PhD thesis: University of Michigan, 1996).

⁶Rick Weiss, *Recipes for Immortality: Medicine, Religion and Community in South India* (New York: Oxford University Press, 2009). The Dravidian Movement was launched in the Madras Presidency in the early twentieth century to oppose Brahmin domination in the political, social, economic and cultural spheres. The Justice Party emerged as an important vehicle of the movement.

⁷In Tamil, *ayus* is rendered as *āyul*; *veda* as *vētam*. The writing of Tamil terms uses the diacritic characters defined by the Tamil Lexicon (University of Madras, 1982).

means life and ‘vētam’ means knowledge or science. It comprised heterogeneous practices with rather flexible boundaries.⁸ During the late nineteenth and the first decade of the twentieth centuries, *Āyulvētam*, as a common name, was used to denote plural practices mixing medications (herbals, iatrochemistry), magic, yoga and astrology, which were based on Tamil, Sanskrit and other Dravidian texts.⁹ Tamil medical texts published during the late nineteenth and early twentieth centuries reflected physicians’ perceptions then about medical identity and its boundary. *Āyulvētam* was the medical identity claimed by the physicians of the Tamil region during the late nineteenth and early twentieth centuries. They considered both Sanskrit and Tamil medical texts and treatises as sources, and both north and south Indian Siddhars and physicians as founders of the system. Tamil medical texts never exposed a separate system of medical practices. Instead, Siddhars and physicians called their medical practices *Āyulvētam*.¹⁰ While this situation continued until the first decade of the twentieth century, the question arises as to why the medical traditions of the Tamil region then sought to be divided into two specialties: Ayurveda and Siddha.

Scholars who have worked on the identity aspects of medical traditions generally link the bifurcation or contests among the indigenous medical systems with linguistic or religious antagonism.¹¹ According to scholars, the Siddha medical identity was constructed as a medicine of Tamils within the broader contours of Dravidian culture against Ayurveda, which was defined within the boundary of Sanskrit language while (re)negotiating scientific authority vis a vis Western medicine.¹² This raises some questions: were Dravidian cultural politics the only cause of the formation of Siddha medical identity?; and why did the movement not emerge during the first two decades of the twentieth century – like the movement of revitalisation and reconfiguration of Ayurveda? For instance, at the beginning of the second decade of the twentieth century, Pandit D. Gopalacharlu,¹³ an Ayurvedic practitioner, wrote in his textbook:

The text of Ayurveda originally formed a part of Atharva Veda – one of the four Vedas, admittedly the most ancient books in the world. It was followed by the ancient rishis. Some of the eminent among them supplemented the original works with the results of their experience. A very large mass of medical literature was the inevitable consequence. The whole literature being in Sanskrit, which, in course of time, has become a dead language, also tended much to make the ayurvedic system a sealed science to many.¹⁴

Likewise, Sanskrit-centric Ayurvedic physicians propagated the importance of All India Ayurvedic Vidyapeeth (established in 1907) and its courses that canonised Sanskrit Ayurvedic texts alone as the legitimate corpus of Ayurveda, encompassing *Caraka Saṃhitā*, *Suśruta Saṃhitā*, *Mādhavanidāna*,

⁸D.V. Kanagarathinam, ‘Hybrid Medical Tradition and Plural Medical Practices in Colonial Tamil Region’, *New Man International Journal of Multidisciplinary Studies*, 5, 2 (2018), 22–7.

⁹D.V. Kanagarathinam, ‘Physicians, Print Production and Medicine in Colonial South India (1867–1933)’ (unpublished PhD thesis: Pondicherry University, 2016).

¹⁰Kandasamy Mudaliyar, *Yūkimuṇivar Āyulvētam* (Madras: *Elakkaṇa Kaḷaṅciūm* Press, 1886), 16–22; M. Jaganathum Naidoo, *Paiṣajakalpam* (Madras: Jaganathum & Sons, 1906), V–XV; S. Chandrasakher, *Cutēca Vaittiya Ratṇam* (Madras: The Guardian Press, 1909), 1–10.

¹¹Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850–1945* (New Delhi: Orient Longman, 2006); Idem, ‘The Language of Science, the Vocabulary of Politics: Challenges to Medieval Revival in Punjab’, *Social History of Medicine*, 21, 3 (2008), 521–39.

¹²Weiss, *op.cit.* (note 6).

¹³Pandit D. Gopalacharlu was the foremost protagonist in the revitalisation movement of Ayurveda. He pioneered a number of measures to promote Ayurveda: founded the Madras Ayurvedic Laboratory and Ayurveda Ashram at George Town in Madras in 1898; established a charitable ayurvedic hospital with an inpatient ward; instituted the Madras Ayurveda College in 1901; set up Ayurvedic printing works to publish Ayurvedic medical texts and journals; and started medical associations such as Dravida Vaidya Mandal and Madras Ayurveda Sabha in the Madras Presidency. The colonial Government honoured him with the distinguished title “Vaidyaratnam” for his discovery of medicine for the plague in 1913.

¹⁴D. Gopalacharlu, *Ayurvedic Medicines* (Madras: G.R.C. Press, 1909), 14.

Aṣṭāṅgharḍaya, *Bhāvaprakāśa*, *Śārīrādhara Samhitā*, *Rasaratnasamuccaya* and others.¹⁵ Even some physicians promulgated that only physicians who were certified by All India Ayurveda Vidyapeeth were considered as legitimate practitioners of Ayurveda.¹⁶ In this revitalisation process, they not only reconfigured Ayurveda within Sanskrit texts, but they also pushed Tamil medical texts and practitioners outside the boundary of Ayurveda and called their practices illegitimate.¹⁷ Pandit Duraiswami Aiyangar wrote in his *Sarṅgadhara Samhita* (*Cārāṅkatāra Camkitam*):

Tamil medical texts of Siddhars such as Agastiyar, Theraiyar and Pulippani were considered generally as Ayurvedic texts. Undoubtedly, Ayurvedic texts written in Sanskrit were the foundation of all medical texts whether they were Greek, Unani, Chinese and even Tamil. But all Tamil medical texts could not be taken as a part of Ayurveda. Tamil physicians who were claiming themselves as a part of Ayurveda were doing so to get legitimacy in society even though that claim about those texts could not be sustained.¹⁸

Comparing Sanskrit and Tamil medical texts, Duraiswami Aiyangar highlighted that the Tamil texts such as *Akastiyaṛ Vaittiya Kāvīyam*, *Akastiyaṛ Vaittiyam*, *Akastiyaṛ Paripūraṇam*, *Pōkar 700*, *Yūkimuṇi 1000*, *Urōmariṣi 500* and *Pulippāṇi 500* did not have any details about anatomy, surgery, embryology, etc., while these were very prominent in Sanskrit texts.¹⁹

However, Tamil physicians (who later became protagonists of Siddha medical movement) did not object to the Sanskrit-centric discourse of the physicians and even, during the last part of the second decade of the twentieth century, did not witness such antagonism towards Sanskrit Ayurveda. For the Tamil physicians, their medical identity was still Ayurvedic as there was no significant debate about the existence of Siddha as a separate medicine.²⁰ For instance, S.S. Anandam – who was a leading member of the Justice Party²¹, member of Madras Corporation, and later a prominent protagonist of the Siddha medical movement – formed a medical association in 1914 named the South India Ayurveda Association.²² Tamil physicians used titles having the prefix *Āyulvēta* without any hesitation (e.g., *Āyulvēta Pāskara* Kandasamy Mudaliyar, *Āyulvēta Pāskara* Subiramaniya Pandithar) until the end of the second decade of the twentieth century.²³ Virudai Sivagnana Yogi – the founder of the Kovilpatti Siddha Association, President of the Madras Presidency Siddha Medical Association, founder of the *Tiruvīṭar Kaḷakam* in 1908 (a pioneer association for Dravidian cultural movement), and active member of the Saiva Siddhanta movement²⁴ – held the title *Āyulvēta Pāskara*.²⁵ He proposed organising a medical conference in 1921 that he named ‘*Āyulvēta Makānāṭum Maruntu Kaṅkaṭciyum*’ (Ayurveda Conference and Medical Exhibition). However, as Tamil physicians objected, he changed the title to ‘*Tamil*

¹⁵Duraiswami Aiyangar, ‘Suggestions for the Improvement of the Ayurveda System’, *Vaidya Kalanidhi*, 8, 9–11 (1921), 91–9.

¹⁶A. Lakshmiopathi, ‘Principles of Ayurvedic Treatment’, *Vaidya Kalanidhi*, 7, 2 (1920), 29.

¹⁷D.V. Kanagarathinam, ‘Revitalisation of Ayurveda: Institutionalisation and Standardisation of Medicine in Colonial South India’, *Journal of Indian History and Culture*, 24 (2018), 241–67; Idem, ‘Indigenous and Western Medicines in Colonial South India: Nature of Discourses and Impact’, *Indian Journal of History of Science*, 53, 2 (2018), 182–204.

¹⁸Duraiswami Aiyangar, *Sarṅgadhara Samhita* (Madras: Vaidya Kalanidhi Office, 1915), XXII–III.

¹⁹*Ibid.*, XXII–III.

²⁰Kanagarathinam, *op.cit.* (note 9).

²¹The Justice Party was started in 1916 by Dr C. Natesa Mudaliar along with T. M. Nair and P. Theagaraya Chetty as a result of a series of non-Brahmin conferences and meetings in the Madras Presidency. In its early years, the party was involved in petitioning the imperial administrative bodies and British politicians, demanding more representation for non-Brahmins in the Government.

²²S.S. Anandam, ‘*Namatu Pattirikkaiṇ Nōkkam*’, *Maruttuvaṇ* 1, 1 (1928), 3–4.

²³Subiramaniya Pandithar, *Jēvarakṣāmirttam* (Chennai: Manonmani Press, 1894); Kandasamy Mudaliyar, *Yūkimuṇivar Āyulvētam* (Madras: Elakkāṇa Kaḷaṅciyum Press, 1886), 1.

²⁴Saiva Siddhanta Movement was a religious revival movement that sprang up in the colonial Tamil region during the late 19th century as part of the Tamil renaissance. Through the Saiva Siddhanta philosophy, Non-Brahmin Tamil scholars attempted to show that Dravidian religious system was distinct and superior to the teachings of the Vedas.

²⁵Virudai Sivagnana Yogi, *Oṣata Prayōka Cantirikai* (Tirunelveli: Norul Islam Press, 1911); Idem, *Citta Maruntukaḷ* (Koilpatti: Saraswathi Press, 1928).

Vaittiya Makānāṭum Maruntu Kaṅkāṭciyum (Tamil Medical Conference and Medical Exhibition).²⁶ Until 1920, there were no separate medical associations exclusively for Siddha medicine. Sanskrit-centric physicians and Tamil physicians worked together and formed a medical association in the Madras Presidency that was named as Dravida Vaidya Mandal (1918) and acted as a regional centre of the All India Ayurveda Mahamandal. Pandit D. Gopalacharulu and Virudai Sivagnana Yogi were President and Vice-President of the association, respectively.²⁷ These aspects indicate that there was little yearning for a separate identity among Tamil physicians until the formation of the Usman Committee in 1921,²⁸ though the Dravidian, Tamil revivalist and Saiva Siddhanta movements were already very vibrant in the Madras Presidency.

Construction of Siddha medical identity and antagonism towards Sanskrit-centric Ayurveda emerged during the third decade of the twentieth century. After the formation of the Usman Committee, there was an increase in the number of Tamil Siddha medical associations, Siddha medical books and journals in the Madras Presidency.²⁹ There was rising criticism against those who were using the term *Āyulvētam* / Ayurveda in their titles and against the classification of Tamil medical texts under the Ayurveda. During the third decade of the twentieth century, newly emerging Siddha medical associations such as the Tamil Medical Association and Madras Presidency Siddha Medical Association, replaced *Āyulvētam* titles of Tamil physicians with new titles such as *Vaittiya Pūpati* (King of Medicine), *Vaittiyāpati* (Master of Medicine) and *Maruttuva Cīrōṇmaṇi* (Excellence in Medicine).³⁰ A group of Tamil physicians consistently campaigned against the use of nomenclatures like 'Ayurveda', 'South India Ayurveda' and 'Dravida Ayurveda' that were applied for the medical practices based on Tamil medical texts.³¹ These developments lead one to surmise that along with Dravidian politics, other factors, especially related to the formation of the Usman Committee, influenced the new identity movement.

The Usman Committee was considered by practitioners of indigenous medicines as a gateway created by the colonial State towards new possibilities and opportunities for their medicine. Our argument, therefore, is that the opening of new social and economic opportunities to the practitioners of indigenous medicines was the immediate cause for the formation of a separate medical identity of Siddha medicine by Tamil physicians. It must be noted here that support for the advancement of indigenous medicines was hardly forthcoming until the 1920s. What factors then compelled the colonial State to be deferential to indigenous medicines? This is the question that will be addressed in the following section.

Trajectory of the government attitude towards indigenous medicines

Until the end of the second decade of the twentieth century, indigenous medical traditions were considered as 'unscientific' by the colonial State and practitioners of Western medicine. The colonial State treated indigenous medicines with a step-motherly attitude. At times, the Corporation of Madras contributed financially to certain Ayurvedic hospitals located in Madras city with some degree of regulation.³² However, the general policy of the Government of Madras Presidency towards the financing of indigenous medicines was negative until 1919. For instance, Surgeon General Bannerman faulted the Dharapuram Municipal Corporation for requesting financial sanctions for the purchase of Ayurvedic drugs to combat the plague. When approached by the Municipal Corporation, he averred that 'the Government cannot be expected to support use of quack medicines.' Further, he warned that 'no

²⁶U.C.P. Moiyadeen Rawuthar, 'Marupati', *Tamiḻ Vaittiya Kaḷaṅciyum*, 1, 4 (1921), 86.

²⁷Muhammad Usman, *The Report of the Committee on the Indigenous Systems of Medicines*, Vol.2 (Madras: Government Publications, 1924), 444.

²⁸This Committee headed by Muhammad Usman was set up in 1921 by the Madras Government to offer the exponents of the Ayurvedic and Unani systems an opportunity to state their case in writing for scientific criticism, and to justify state encouragement of these systems.

²⁹Kanagarathinam, *op.cit.* (note 9), 97–132.

³⁰Virudai Sivagnana Yogi, 'Tamiḻ Vaittiya Caṅka Naṭavaṭikai', *Celvakkaḷaṅciyum*, 1, 3 (1926), 85–7; Idem, 'Introduction', In Gurusamy Konar, *Citta Vaittiya Akarāti* (Madurai: Sri Ramachandra Vilāsa Press, 1928).

³¹Shunmugananda Swamigal, *Tiruvalluva Nāyaṅār Vakuttaruḷiya Paṅca Rattiṇam 500* (Chennai: Siddhar Press, 1927), 8.

³²G.O. No. 1171, Municipal, dated 27.7.1911.

expenditure should be incurred in the future from municipal funds on the purchase of Ayurvedic drugs.³³

The attitude of the colonial State towards indigenous medicines can be further understood by analysing the debates in the Central and Provincial Legislative Councils. In 1911, Seshagiri Aiyar, a member of the Madras Legislative Council, requested the Government of Madras Presidency to inquire into the condition of schools and colleges of indigenous medicines, with the intent of supporting them and employing the graduates of those institutions in the villages of the Madras Presidency. He complained that 'at present unlicensed quacks ply their trade in villages and their treatment of patients is very unsatisfactory' and urged that such men be replaced by those trained in the institutions he had referred to. But Surgeon General Benson responded that 'those turned out by Ayurvedic schools are not competent to practice the arts of medicine and surgery.'³⁴ W.G. Bannerman, who succeeded Benson as Surgeon General, reiterated that no support would be given to the Ayurvedic medical schools on the ground that they taught nothing about the diagnosis of disease or anatomy of the body. Further, H.A. Stuart, the Chief Secretary to the Government, added:

It would be hardly justified in devoting public money to train young men in a system which, whatever its merits as an empirical system, was undoubtedly less scientific and comprehensive than the modern European system. The government felt that they are bound to devote the whole limited funds at their disposal to the assistance of the more modern method of medical education.³⁵

Resolutions, such as those by Narasimha Ayyar (in 1913 and 1916), A.S. Krishna Rao Pantulu (in 1914, 1915 and 1917) and T.R. Ramachandra Ayyar (in 1920), were put forth by members of the Madras Legislative Council for investigation and encouragement of the indigenous systems of medicine. They particularly highlighted the inadequacy of rural medical relief in the Madras Presidency.³⁶ The resolutions requested that the Government of Madras Presidency support indigenous medicines to fulfil the medical needs of the public. However, these resolutions were withdrawn due to the reluctance of the Government. The Government, nevertheless, informed that it would consider the request sympathetically. It promised that favourable steps would be taken when funds were forthcoming, but hardly anything significant transpired. The Government of India requested the Government of Madras Presidency to investigate the educational pattern and practice of Ayurveda and Unani, in view of the resolution passed in the Imperial Legislative Council in February 1916 regarding the investigation and implementation of these medicines on a scientific basis. The Government of Madras Presidency replied that the methods of teaching of indigenous medicines in the Madras Presidency were poor due to the absence of scientific and systematic aspects in the hereditary method of training. It added that no essential support would be given to the spread of the indigenous system that was unscientific and archaic in character.³⁷

Practitioners of indigenous medicines, national leaders and native newspapers continuously condemned the Government's attitude. After the start of First World War, and outbreak of influenza (1918) in particular, they highlighted the failure of the State in the area of public health and heavily criticised the inaction of the colonial State. The 'appalling mortality' of the pandemic inculcated in the minds of the public the dire need for public health reforms.³⁸ Practitioners of indigenous medicines and native

³³G.O. No. 1867, Municipal, dated 1.11.1917.

³⁴G.O. No. 90, Public, dated 23-1-1912.

³⁵*Ibid.*

³⁶G.O. No. 90, Public, dated 23.1.1912; G.O. No. 98, Public, dated 20.1.1916; Proceedings of Council of the Governor, 1915-16, Vol. XLII, Part II; Duraiswami Aiyangar, 'Our Legislative Council and the Indigenous Systems of Medicine', *Vaidya Kalanidhi*, 2, 3 (1914), 63-5; Idem, 'Indigenous Systems of Medicine and Local Legislative Council', *Vaidya Kalanidhi*, 7, 3 (1920), 64-5.

³⁷G.O. No. 475, Medical, dated 19.11.1917.

³⁸David Arnold, 'Death and the Modern Empire: The 1918-19 Influenza Epidemic in India', *Transactions of the Royal Historical Society* 29 (2019), 181-200.

newspapers pressurised the Government of Madras Presidency to lend support to indigenous medicines for the betterment of Indians because of the severe shortage of imported drugs and medical officers of all classes resulting from the war. For instance, A. Lakshmipathi, an indigenous medical practitioner, demanded that Local Boards and Corporations support indigenous medicines because practitioners of Western medicine were insufficient, and ninety percent of the Indian population still depended on indigenous medicines.³⁹ The *Dravidan* journal, projecting the lack of practitioners of Western medicine, suggested that the Government of Madras Presidency adopt indigenous systems at times when the prices of foreign/imported items were rising.⁴⁰

In addition to the public health issue, the promotion of Ayurveda became a political issue. In the post-World War I period, the emergence of mass nationalism demanded policies to satisfy Indian needs rather than colonial interests.⁴¹ The revival of Ayurveda was thus a part of the agenda of nationalists. Native newspapers and nationalists projected Ayurveda as a national symbol, and advancement of indigenous medicine was a matter of national pride. By pointing out the attitude of the colonial State, native newspapers propagated the necessity of self-rule for the protection and development of Indian medicine. For example, the *Prapanchamitran* drew attention to the fact that while Governments of the native Princely States,⁴² such as Travancore and Mysore, supported indigenous medicine by providing scholarships to students, the British Government refused to take any interest in the matter. Due to this and other similar reasons, the journal demanded swaraj (self-rule) for the people of India.⁴³ In reaction to the refusal of the British Government to legitimise Indian medicines, the *New India* propagated Ayurveda as the national system of medicine for India in an article entitled 'Home Rule in India':

Ayurveda is the national system of medicine, and although in certain branches it may be behind the Western system and may be at present defective in surgery, there can be no doubt whatever that it is a veritable science, superior to the Western system in its curative value in relation to certain diseases, and indubitably well-adapted to Indian bodies and to Indian constitutions. With adequate fostering the system of Ayurveda would not only be able to remove its defects but would soon bear the closest comparison with the much-vaunted, and certainly in some respects superior, Western science.⁴⁴

During the Non-Cooperation Movement⁴⁵ (1920–22), Government schools and colleges were boycotted as a part of the campaign. Some national universities and colleges were established in which Ayurveda was introduced as one of the courses as, for example, the National University of Bengal, Gaudiya Sarvavidyayatana and the Lokamanya Tilak University, established in 1921, offered Ayurvedic courses.⁴⁶ Prior to 1920, the Indian National Congress (INC) party focused primarily on increasing the opportunities for Indians to enter and advance in the Indian Medical Service (IMS). After 1920, the party accredited Ayurveda as national medicine and strove to accommodate it with Unani in the government healthcare infrastructure. As a consequence, demands were put forth for the registration of their practitioners and for international recognition of Indian medicines.⁴⁷

³⁹ A. Lakshmipathi, 'Why Should Local Boards Encourage Ayurveda', *Vaidya Kalanidhi*, 4, 5 (1917), 81–5.

⁴⁰ *Native News Paper Report (NNPR)*, *Dravidan* (Madras: 13.2.1918).

⁴¹ Sandhya L. Polu, *Infectious Disease in India 1892–1940* (London: Palgrave Macmillan, 2012), 11.

⁴² Princely States were areas of India (during the period of British colonialism) that were ruled by local and hereditary rulers who acknowledged British sovereignty in exchange for their autonomy.

⁴³ *NNPR*, *Prapanchamitran* (Madras: 12.1.1917).

⁴⁴ *NNPR*, *New India* (Madras: 15.8.1919).

⁴⁵ Non-Cooperation Movement was a form of passive resistance launched by Mahatma Gandhi in 1920 against the oppressive policies of the British. Participants refused to cooperate with the Government in running the day-to-day administration. Officials, lawyers and students abstained from offices, school/colleges and courts as marks of protest and solidarity.

⁴⁶ Poonam Bala, *Imperialism and Medicine in Bengal: A Socio - Historical Perspective* (New Delhi: Sage Publication, 1991), 90–1.

⁴⁷ O.P. Jaggi, *Western Medicine in India: Social Impact* (Delhi: Atma Ram & Sons, 1980), 18; Polu, *op.cit.* (note 41), 22.

In addition to the inadequacy of Western medicine and the elevation of Ayurveda as a national symbol, some international factors propelled the change in attitude of the colonial State. The 1890s saw significant progress in international health cooperation and ratification of international sanitary conventions. Developments in parasitology, bacteriology and immunology facilitated international consensus on disease control.⁴⁸ Before the 1890s, the Government of India had limited its sanitary efforts to military cantonments and European settlements, but that compartmentalized view of public health came to an end when Europe, Britain and India ratified resolutions of the international sanitary convention in 1892.⁴⁹ European countries pressurised the Government of India to control its epidemic diseases in order to protect the world's population. This pressure had an impact on public health around the world as, for example, the impact of influenza in India was discussed as an important issue in the US Senate.⁵⁰ The flow of trade was of prime interest to the colonial State that seemed endangered by the inability to fulfil the new international obligations of disease control. Trade quarantine as a restrictive measure was usually imposed by Europe to protect its territory from the spread of the epidemics from India. This impacted the balance of payment of the colonial State and thus, controlling the spread of epidemics and extending public health measures became an important issue.⁵¹

The public health policy of the colonial State did not officially support indigenous medicines until the early part of the twentieth century. At the same time, Western medicine was introduced to combat epidemics under the IMS, whose cadres consisted predominantly of the British, to the exclusion of the Indians.⁵² This situation changed with the colonial State's intention to expand public health measures to prevent and contain epidemics. The Government of India had to call upon Indian medical practitioners and started to engage directly with Ayurvedic practitioners. Having rejected indigenous medicines previously on the basis of their 'unscientific' and 'mystical aspects', the Government of India shifted its focus to the potential of indigenous medicines for the improvement of public health.⁵³

The changing attitude of the Government is understood by analysing its responses towards the formation and suggestions of the Usman Committee. Its goal was to investigate the pertinence of institutionalising Indian medicines. Surgeon General of Madras Presidency, G.G. Giffard, opposed the formation of the Usman Committee from the beginning. He criticised the formation of the Committee: 'The composition of the Committee as at present proposed would in my opinion be entirely useless and the results of its labour, if any, would carry no weight either with the medical profession or in the scientific world.'⁵⁴ But the Government of Madras Presidency had already started the process of identifying the members of the Committee in charge of investigating the validity of indigenous medicines. The Governor of Madras Presidency urged the Government to appoint the Committee without delay, while the finance department advised putting off the scheme until the next year due to financial constraints.⁵⁵ On 10 August 1921, the Government formed the Medical Committee with Khan Bahadur Muhammad Usman Sahib Bahadur as its Chairman.⁵⁶

The Usman Committee's objective was 'to afford the exponents of the Ayurvedic and Unani systems an opportunity to state their case in writing for scientific criticism, and to justify state encouragement of these systems.'⁵⁷ The Committee collected testimonials from physicians of different local traditions and concluded that:

⁴⁸ Polu, *op.cit.* (note 41), 27–49.

⁴⁹ *Ibid.*

⁵⁰ Chinmay Tumbe, *The Age of Pandemics (1817–1920): How They Shaped India and the World* (India: Harper Collins, 2020).

⁵¹ Polu, *op.cit.* (note 41), 27–49.

⁵² Rachel Berger, *Ayurveda Made Modern: Political Histories of Indigenous Medicine in North India 1900–1950* (New York: Palgrave Macmillan, 2013), 3.

⁵³ *Ibid.*

⁵⁴ G.O. No. 964, Public Health, dated 10.08.1921.

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*

⁵⁷ G.O. No 1351, Public Health, dated 17.10.1921.

‘...from the standpoint of Science, the Indian systems are strictly logical and scientific and from the standpoint of Art, they are not self-sufficient at present, especially in the surgical line, though in the medical line, they are, generally-speaking quite self-sufficient, efficient, and economical.’⁵⁸

The Committee recommended the establishment of a College for Indian Medicine at Madras with divisional schools at specified centres in each linguistic area. Regarding public health measures, the Committee recommended that the Government actively assist Local Bodies and private agencies in establishing and maintaining dispensaries and hospitals of the indigenous medicines.⁵⁹ But these recommendations were highly criticised by Giffard:

I have the honour to inform you that I have carefully perused the report and find myself obliged to state that my opinion on the question of the encouragement by the state of Ayurvedic and Unani Medicine remains unchanged...In my opinion the exponents of Ayurvedic and Unani system and the Committee have proved that what they advocate is hopelessly out of date and is entirely unscientific. I consider that not only will the state be totally unjustified in encouraging such so-called systems of medicine but that the money spent on the enquiry also has largely been wasted.⁶⁰

Surgeon General Symons (who replaced Giffard) appointed a two-member Committee (consisting of Colonel Cornwall and Colonel Elwes) to review the report. His review concluded once again that, in the light of modern knowledge, Ayurveda could not be termed a science, and at best could be considered a passive science.⁶¹ However, in spite of the unfavourable advice, the Government of Madras Presidency accepted the recommendations of the Usman Committee and initiated measures to implement them.⁶² The importance of encouraging indigenous medicine, even though it was regarded by the Government as less scientific, can be gauged by the words of P.L. Moore of the public health department:

The objections raised by the Surgeon General have been carefully considered. The Western system may be more scientific, but it cannot be denied that at present it reaches a very small fraction of the rural population and that there is no prospect of any material improvement in this condition within a reasonable period. Whether the indigenous systems are scientific or not, the bulk of the population has to depend on them for medical relief, but owing to the neglected condition of these systems, they are not able to derive their full value. It is therefore the duty of the Government to improve these systems and set them on a proper footing as the only practicable means of bringing medical relief within easy reach of the people...Public opinion in this Presidency is insistent on the need for the recognition and encouragement of the indigenous systems and non-official view in the Legislative Council is almost unanimous in this respect. In these circumstances it is felt, both on grounds of necessity as well as of expediency, that State recognition of these systems is imperative and cannot any longer be denied.⁶³

Finally, in 1924, the Indigenous Medical School was established in Madras, and the Government allowed the Local Bodies to open indigenous medical dispensaries and hospitals recruiting indigenous medical practitioners.⁶⁴ The change in the Government policy can be understood in terms of the compulsion to

⁵⁸Muhammad Usman, *The Report of the Committee on the Indigenous Systems of Medicines*, Vol. 1 (Madras: Government Publications, 1923), 1.

⁵⁹*Ibid.*, 27–44.

⁶⁰G.O. No. 313, Public Health, dated 22.2.1924.

⁶¹*Ibid.*

⁶²*Ibid.*

⁶³*Ibid.*

⁶⁴*Ibid.*

expand its public health measures, in front of which the previous doubts on the scientific value of the indigenous systems did not seem to have importance.

The formation of the Usman Committee and the initial response to it

The change in the attitude of the Government towards indigenous medicines was anticipated by indigenous medical practitioners after the enactment of Montagu-Chelmsford Act of 1919, which was envisioned to provide a small measure of self-government to Indians. The principle of dyarchy enshrined in it gave the provincial Government considerable autonomy over local issues, including health, education, roads and agriculture.⁶⁵ Through this delegation of power, the administration of health came under the purview of Indian ministers who sought to aid the development of indigenous medicines through adequate allocation of funds and other supportive measures. It was in this perspective, and also as a response to the resolution raised by T.R. Ramachandra Ayyar in the Madras Legislative Council to encourage Indian medicines, that, in March 1920, the Madras Provincial Government intended to form the Usman Committee to investigate indigenous medicines.⁶⁶ Though this was a positive attitude from the Government of Madras, indigenous physicians distrusted it due to their earlier experience with the Koman Committee.⁶⁷

The Koman Committee (with Dr. Koman as its head) was set up in July 1918 to investigate the pharmacological qualities of Indian drugs.⁶⁸ Their report suggested the inclusion of some indigenous drugs into modern pharmacopeia. However, it totally rejected the concerned Indian medical systems, deeming them ‘unscientific’.⁶⁹ In particular, it opined that ‘the science of Hindu medicine is still sunk in a state of empirical obscurity’.⁷⁰ The report was highly criticised by indigenous medical practitioners as well as native journals.⁷¹ The Dravida Vaidya Mandal and Madras Ayurveda Sabha jointly presented a rebuttal to the Koman report and challenged most of its conclusions.⁷² Given this bitter experience, indigenous physicians were sceptical about the formation of a new Committee that they feared would be used by the colonial State to demean the indigenous systems rather than to support them. This scepticism was reflected in the writings of indigenous physicians. For example Duraiswami Aiyangar wrote in *Vaidya Kalanidhi*, an Ayurvedic journal:

We do not at all believe that the appointment of a committee will prove beneficial to the indigenous medical systems. In my opinion, the resolution to appoint a committee for the investigation of indigenous medicines is unnecessary. Shouldn't the member who brought such a resolution have recommended those who are fond of our medical science and have knowledge about it as members of that committee? We need not say what kind of persons would be appointed to the committee by the government. We have enough experience of such committees.⁷³

⁶⁵Bala, *op.cit.* (note 46), 86–92; Berger, *op.cit.* (note 52).

⁶⁶G.O. No 964, Public Health, dated 10.8.1921.

⁶⁷M.C. Koman, *Report on the Investigation of Indigenous Drugs* (Madras: Government Press, 1921).

⁶⁸G.O. No. 833, Municipal, dated 22.6.1920.

⁶⁹Koman, *op.cit.* (note 67).

⁷⁰*Ibid.*, 3.

⁷¹D.V. Kanagarathinam, ‘Dr. Koman’s Report and Responses of Native Physicians: A Discourse on Indigenous Systems of Medicine’, *Indian Journal of History of Science*, 54, 4 (2019), 442–55; Idem, ‘Revitalisation of Ayurveda in Colonial Tamil Region and Contributions of Pandit Srinivasa Narayana Iyengar: A Historical Perspective’, *Journal of Ayurveda and Integrative Medicine*, 11, (2020), 547–53.

⁷²The Dravida Vaidya Mandal and The Madras Ayurveda Sabha, *Report of the Special Committee Appointed by the Joint Board: The Dravida Vaidya Mandal and The Madras Ayurveda Sabha in Reply to the Report on the Investigations into the Indigenous Drugs*, by M.R.Ry. Rao Bahadur M.C. Koman Avargal, L.M.S. Appointed by the Government of Madras (Srirangam: Sri Vani Vilas Press, 1921).

⁷³Aiyangar, ‘Indigenous Systems of Medicine and Local Legislative Council’, *op.cit.* (note 36), 64–5.

However, the scenario changed after the formation of the Justice Party Government in the Madras Presidency. The new Government appointed the ten members of the Committee from those proposed by Ramachandra Ayyar.⁷⁴ From that moment on, the indigenous physicians found hope that the Justice Party Government and the Committee would propose some measures to develop the indigenous medical systems, as the Government was native, and many members of the Committee were supporters of indigenous medicines.

Emergence of Siddha medicine as a separate Indian medicine

The indigenous physicians realised that the formation of the Usman Committee would open up new possibilities and opportunities. A number of Local Bodies and Corporations were willing to open indigenous dispensaries and hospitals and recruit Indian medical practitioners.⁷⁵ Tamil physicians, for their part, realised that this positive environment was an appropriate moment to assert their distinctiveness vis a vis Sanskrit-centric Ayurvedic practice. This gave rise to friction among the practitioners of indigenous medicines regarding the legitimacy and authenticity of their respective medicines, as they sought to avail themselves of the newly emerging social and financial benefits. Tamil physicians took the issue of marginalisation more seriously. They felt that if they failed to press the credentials of the Tamil medical system as authentic and legitimate, the system and practitioners would be eclipsed by Sanskrit-centric Ayurvedic physicians.⁷⁶ This perception propelled the move towards formation of a separate medical system. The sense of urgency was very palpable in the activities and writings of the physicians.

The Usman Committee was considered by Tamil physicians as a final battlefield to win an assured long-term existence and growth. An increasing number of Siddha associations emerged at local, district and regional levels of the Tamil region. They passed a resolution requesting the Justice Party Government and the Usman Committee to consider Tamil Siddha medicine as a separate medical system that exclusively belonged to Tamils. The resolution also pleaded for an opportunity for Tamil physicians to present their merits.⁷⁷ Prominent Tamil physicians like Virudai Sivagnana Yogi, S.S. Anandam and U.C.P. Moiyadeen Rawuthar continuously sought to spread awareness about the importance of the Usman Committee. For instance, Rawuthar, in an article titled 'State of Tamil Siddha Medicine', expressed the fear that the Usman Committee might investigate solely Sanskrit Ayurveda and Unani. If that happened, those systems would get financial benefits, employment opportunities and social legitimacy. At that time, the condition of Tamil medicine and the respectability of its practitioners were worsening. If the Government did not recognise Tamil medicine as an authentic practice, practitioners of Tamil medicine would lose financial aid and employment opportunities. Rawuthar called upon Tamil people and physicians to unite for pressing the Government of Madras to recognise Tamil medicine as a separate and authentic medicine of the Tamil land.⁷⁸ The leading Tamil physicians continuously warned their peers on the questions that would be posted by the Usman Committee. They pointed out that as Tamil medicine was not taught through a neatly framed syllabus as it was for Unani and Ayurveda (which at that time was increasingly taking a Sanskritical turn to the exclusion of regional texts and practices), its knowledge and practices were highly variable in terms of theories, diagnostic methods, medical preparations and ingredients. Thus, there was a danger that the respondents (Tamil medical practitioners) might give disparate answers to the Usman Committee's questionnaire. This could jeopardise the cause of Tamil

⁷⁴G.O. No. 964, Public Health, dated 10.08.1921.

⁷⁵G.O. No. 1114, Public Health, dated 1.6.1925.

⁷⁶U.C.P. Moiyadeen Rawuthar, 'Citta Vaittiyarkaḷukku Oru Eccarikkai', *Tamiḷ Vaittiya Kaḷaṇcium*, 1, 6 (1922), 117–9.

⁷⁷G.O. No. 104, Public Health, dated 23.1.1922; Ka.Pu.Ma. Kadhar Muhayadeen Rawuthar, 'Eṇatu Nōkkam', *Tamiḷ Vaittiya Kaḷaṇcium*, 1, 1 (1921), 2–3.

⁷⁸Ka.Pu.Ma. Kadhar Muhayadeen Rawuthar, 'Tamiḷ Citta Vaittiyatiṇ Nilamai', *Tamiḷ Vaittiya Kaḷaṇcium* 1, 4 (1921), 72–6.

medicine.⁷⁹ Hence, to ensure consistent answers, the leading Tamil physicians prepared standard answers and circulated them among the Tamil medical practitioners.⁸⁰

At a broader level, Tamil physicians began to propound in the public sphere a Tamil Siddha medical systemic identity that differed from Sanskrit Ayurveda. They propagated a new historical narrative of Tamil medicine, which attempted to erase Sanskrit texts' footprints.⁸¹ The Sangam age and its literature, the Siddhar Agastiyar and his settlement in the Pothigai (Potikai) hills, the theory of Lemuria and the Shaivaite sect became dominant themes in these narratives. Tamil physicians historicised their medical practice, tracing its origin back twelve thousand years and attributed its beginning and evolution to the first, second and third Tamil literary conferences (Sangam).⁸² They compared their medicine with other systems to prove its antiquity and its role in the foundation of other systems. Virudai Sivagnana Yogi stated that the original home of the human race was the Lemuria *Kaṇṭam* (Kumari continent), which was located in the south of Kanniyakumari, where Tamils lived until it was submerged by a deluge. During this period, the first and second Tamil conferences were held in Tenmadurai (South Madurai) and Kabadapuram, respectively, during which Tamil medical texts were written by Shivanar (Shiva), Ammai, Nandi, Tirumoolar and Agastiyar. According to Yogi, who sought to demonstrate the ancientness of the Tamil medicine, Nandi had lived 16 000 years ago. From that period, Tamil medical knowledge was transmitted from Shivanar through the Siddhars: Ammai, Nandi, Tirumoolar, Agastiyar, Sattai Muni, Kalangi, Bogar, Konganar, Karuvurar, Theraiyar, Matcha Muni to Punnakisar. More than 100 000 texts would have been written by these Siddhars.⁸³ On the point of antiquity, Yogi put forward a calculation scheme for Ayurvedic medicine that would indicate that the Dhanwanthri period would be 1500 years old, Caraka would belong to the first century CE, *Aṣṭāṅka Hirutayam* to the ninth century CE, and *Cāraṅkatāra Camkitam* and *Pavaprakāṣam* to the thirteenth century and sixteenth century CE, respectively. According to him, 'Greek medicine, Allopathy, Roman medicine (Latin medicine), Homeopathy and Unani' emerged about 900 BCE, 1775 CE, 200 CE, 1753 CE and 600 CE, respectively. Compared to these medicines, Tamil medicine could be traced back twelve thousand years and thus was much more ancient.⁸⁴

While some Tamil physicians stretched the antiquity of Tamil medicine back to twelve thousand years, others pushed it beyond that period. D. Sangaradanu Pillai claimed that it was developed from immemorial time by a number of Siddhars and physicians. Outsiders, such as Europeans, Jews, Egyptians, Venetians and Greeks learned Tamil medicine and developed it in their respective languages. Even King Solomon and Jesus Christ supposedly learned it.⁸⁵ The eighteen Siddhars and the Pothigai hill became inseparable parts of the rhetoric constructed by Tamil physicians. U.C.P. Moiyadeen Rawuthar, sub-editor of *Tamiḷ Vaittiya Kaḷaṅcium*, propounded the idea that during the period of the Pandya king Kaichina Vazhuti, the eighteen Siddhars under the leadership of Agastiyar gathered in Pothigai hill and started writing the medical texts that comprised medicine, mantras, yoga, wisdom and *citti*⁸⁶ for the betterment of the human race.⁸⁷

⁷⁹Rawuthar, *op.cit.* (note 76); Ka.Pu.Ma. Kadhar Muhayadeen Rawuthar, 'Cutēca Vaittiya Paricilaṇai Kamiṭṭi', *Tamiḷ Vaittiya Kaḷaṅcium*, 1, 8 (1922), 157–60.

⁸⁰Ka.Pu.Ma. Kadhar Muhayadeen Rawuthar, 'Virutai Civaṇṇa Yōkikaḷ', *Tamiḷ Vaittiya Kaḷaṅcium*, 1, 9 (1922), 202–3; Rawuthar, *op.cit.* (note 76); Rawuthar, 'Cutēca Vaittiya Paricilaṇai Kamiṭṭi', *op.cit.* (note 79).

⁸¹D.V. Kanagarathinam, 'Competing Narratives: History and Tamil Siddha Medicine in Colonial Times', *Asian Medicine*, 17 (2022), 85–114.

⁸²Yogi, 'Introduction', *op.cit.* (note 30), 1–4; R.S. Pathy, 'Tamiḷnāṭum Caikaikaḷum', *Celvakkalaṅcium*, 1, 3 (1926), 65–7; U.C.P. Moiyadeen Rawuthar, 'Tamiḷ Vaittiyaṭiṇ Taṟkāla Nilamai', *Tamiḷ Vaittiya Kaḷaṅcium*, 1, 1 (1921), 12–6; K.S. Ponnambalam, 'Pattirikkaiyiṇ Nōkkam', *Cittar Tiru Uḷam*, 1, 1 (1921), 3–5. Sangam are the assemblies of Tamil scholars and poets. According to Sangam literature, three literary conferences were held in south Madurai, Kabadapuram and present-day Madurai, respectively. They dated from 200 BCE to 200 CE.

⁸³Yogi, 'Introduction', *op.cit.* (note 30), 1–4.

⁸⁴*Ibid.*

⁸⁵Sangaradanu Pillai, 'Tamiḷ Citta Vaittiyam', *Tamiḷ Vaittiya Kaḷaṅcium*, 1, 1 (1921), 17–8.

⁸⁶*Citti* is the term given for a spiritual or seemingly magical power or capability, obtained through rigorous and accomplished spiritual practices such as yoga and meditation. The Sanskrit word means "perfection," "accomplishment" or "success".

⁸⁷Rawuthar, *op.cit.* (note 82), 12–6.

Tamil physicians claimed the texts of the Sangam and subsequent periods such as *Tirukkuraḷ*, *Ēlāti*, *Čirupaṇcamūlam*, *Nāṇmaṇikkaṭikai* and *Thirikaṭukam* as medical texts.⁸⁸ Likewise, they included into the Sangam fold, Tamil medical texts of later periods⁸⁹ such as: *Akastiyar Peruntiraṭṭu*, *Akastiyar Kuṟuntiraṭṭu*, *Viti Nōl*, *Uṭal Nōl*, *Nāṭi Nōl*, *Uḷa Nōl*, *Maruttuva Kaṇṇāṭi*, *Maṇi Nālāyiram* and *Centūram* 300. One notices that Tamil Siddha physicians tried to date the origin of their medicine to prior to the period of Ayurveda. They claimed authority through the ideas and symbols already projected by Tamil revivalists and proponents of the anti-Brahmanical movement. Tamil revivalism, the Saiva Siddhanta movement and the Dravidian movement developed a Dravidian cultural identity, which was articulated against the alignment of Sanskritic, Brahmanical and Aryan Hinduism.⁹⁰ This alignment was easy as most of the physicians belonged to the non-Brahmin communities and adhered to the Justice party.⁹¹

Along with the construction of an alternate systemic identity, Tamil physicians claimed superiority of their medicine in the competitive space. They drew attention to the supposed supernatural powers of Siddhars and their medicine, in contrast to other systems – all of which were held as products of mere human beings.⁹² Sambasivam Pillai pointed out the ‘eight attainments’ of Siddhars and some special aspects of Siddha medicine:

The word ‘Siddha’ comes from the word ‘Siddhi’ which means ‘an object to be attained’ or ‘perfection’ or ‘heavenly bliss’. Siddhi generally refers to Ashtama Siddhi i.e., the eight great supernatural powers which are enumerated as Anima. Those who attained or achieved the above said powers are known as Siddhars...The Siddhars were further the greatest scientists in ancient times. They were men of highly cultured intellectual and spiritual faculties combined with supernatural powers. Their works in Tamil are supposed to be more valuable than many that have been written in Sanskrit. They are said to be works less shackled by the mythological doctrine of the original Ayurveda.⁹³

Tamil physicians also pointed to the rejuvenating (*karpa*) aspects of their medicine and the absence of such a concept in other medical systems.

While Ayurvedic physicians criticised Tamil physicians for their exaggerated claims and dismissed their medical texts and practices as illegitimate, the latter propagated distinctive features of their medicine. Virudai Sivagnana Yogi maintained that Ayurveda of Caraka and Sushruta, in contrast to Tamil medicine, did not use minerals, metals, *parṇam* (alkalis), arsenic, *muppu* (universal salt) and *centūram* (red arsenic). Moreover, he claimed that pulse was not mentioned as a diagnostic technique in the canonical Ayurvedic texts. Instead, Ayurvedic physicians and alchemists, such as Nagarjuna, Sarangadaran and Bavamisra, studied Tamil medical texts and incorporated metallic and mineral medicines and pulse technique into their medical practice at a later period.⁹⁴

Pandit S.S. Anandam went so far as to attack the Brahmin community for claiming Sanskrit as their own language. He pointed out that Sanskrit was a common written language for mystical and religious aspects. He opined that as twelve vernacular languages existed in India in the olden days, ancient physicians selected Sanskrit as the language for writing *Vētam* (veda), *Upanicam* (upanishad), *yōkam* (yoga), *nāṇam* (wisdom), *jōtiṣam* (astrology), *mantiraṇkaḷ* (incantation) and *vaittiyam* (medicine), so that texts might be read by all sections of society. Sanskrit language did not belong to any particular community and was used by all the Siddhars and physicians. Anandam condemned the Brahmins for

⁸⁸Ka.Pu.Ma. Kadhar Muhayadeen Rawuthar, ‘*Namatu Vaittiyam*’, *Tamiḷ Vaittiya Kaḷaṇcium*, 1, 9 (1922), 181–2.

⁸⁹A. Chidambaranar, *Tamiḷar Maruttuva Nōl Allatu Citta Vaittiyam* (Coimbatore: Krishna Vilasa Press, n.d), 3–4.

⁹⁰Sambasivam Pillai, *op.cit.* (note 2), 3; S. Sambasivan (eds), *The Papers of Dr. Navalar Somasundara Bharathiar* (Tamil Nadu: Navalar Puthaka Nilayam, 1967), 27.

⁹¹Kanagarathinam, *op.cit.* (note 81), 99–100.

⁹²Pillai, *op.cit.* (note 85), 17–8.

⁹³Pillai, *op.cit.* (note 2), 10–1.

⁹⁴Yogi, ‘*Tamiḷ Vaittiya Caṅka Naṭavaṭikai*’, *op.cit.* (note 30), 87; Usman, *op.cit.* (note 27), 330–40, 443–4.

appropriating Sanskrit language and projecting it as ‘God’s language,’ accusing them of marginalising the vernacular languages.⁹⁵ Through an interesting analogy, he argued that, in the same way Sanskrit texts such as the Vedas or Upanishads and Tamil works such as the *Tirukkuraḷ* or *Nāḷaṭiyār*, which were translated into English by colonial scholars, did not have an English origin, the medical texts translated into Sanskrit could not pretend to have a Sanskrit origin.⁹⁶ In his journal *Maruttuvaṇ*, Anandam justified the poor quality of Tamil texts compared to those in Sanskrit by the fact that they were written many years before the emergence of Sanskrit medical texts. As Siddhars preferred to pass valuable knowledge to common people, they strove to write in a more accessible style. According to Anandam, while compiling the textual corpus from different vernacular sources, the Sanskritic tradition had the advantage of being better ordered and written in a relatively uniform and high linguistic standard. This argument was advanced as one of the proofs that Tamil medical texts were foundational to Sanskrit medical literature.⁹⁷

Tamil physicians condemned Aryans as outsiders and ‘spoilers of Tamil civilisation’ while presenting Ayurveda as the foreigners’ medicine. Shunmugananda Swamigal wrote in his *Tiruvalluva Nāyaṇār Vakuttaruḷiya Pañca Rattiṇam* 500 that Aryans, like the English people and Muhamadans, came from outside and colonised Tamils for their interest. Ayurveda-Aryan medicine was seen as the medicine of outsiders and, like Western medicine, it was not suitable for the Tamil people.⁹⁸ Anandam highlighted the caste prejudices in Ayurveda and contrasted it with Tamil medicine, which considered all people equally with *jēvakāruṇyam* (compassion). He pointed to how the colour of maternity rooms described in Ayurvedic texts was based on caste, with the colours of Brahman, Kshatriya, Vaishya, Sudra and *Pañcama* (outcast) rooms being white, yellow, red, black and red, and black respectively.⁹⁹ Anandam also denounced Ayurveda for its fanciful contents, notably fantastic deeds attributed to the twin Asvini Devas, such as the curing of the moon’s tuberculosis through a prayer; restoration of Kubera’s eye sight through surgery; the blessing of Saturn with a metal leg after loss of a limb. He ridiculed other fanciful claims that permeated Ayurvedic texts, such as plastic surgery and lithotomy. Anandam sought to present the Tamil tradition in contrast to such characteristics of Ayurvedic texts. According to him, the ultimate aim of Siddha medicine was to realise the relationship between body and soul in order to attain salvation.¹⁰⁰ Seeking to debunk the supposed superiority of Ayurveda, Anandam contended that if it was a so perfect science, as asserted by Sanskrit-centric Ayurvedic physicians, why did C.R. Das, Surendranath Banerjee and other important national leaders seek Western medicine for treating their ailments; why did Ayurvedic institutions borrow concepts from Western medicine in the domains of anatomy, physiology, surgery, paediatrics and midwifery? For Anandam, Sanskrit texts were more ‘ornamental’ than informative.¹⁰¹

Such intense and powerful diatribes point to a very urgent sense of purpose and freshly galvanised action at different levels. It is in such a climate and specifically in response to the representations made to the Usman Committee that Tamil physicians were allowed to assert the merits of their system. The Committee also recognised Tamil Siddha medicine as a separate medical system. It recommended to the Government of Madras Presidency that Tamil Siddha medicine should be considered the medicine of Tamils and that it should be included as one of the medical systems for instruction in the Government College.¹⁰² Such outcomes of the Usman Committee’s deliberations amidst the intense activity by Tamil physicians provide considerable ground to link them causatively. The composition of the Committee itself (i.e., the role of the Justice Party in it) and the nature of some of the articulations highlighted here (bordering on anti-Brahmanical/Aryan sentiments) derive in fact from the relatively longer-term

⁹⁵S.S. Anandam, ‘*Tamiḷ Vaittiyaṁum Camaskiruta Vaittiyaṁum*’, *Maruttuvaṇ*, 1, 5 (1929), 121–3.

⁹⁶S.S. Anandam, ‘*Tamiḷ Vaittiyaṁum Camaskiruta Vaittiyaṁum*’, *Maruttuvaṇ* 1, 4 (1929), 96.

⁹⁷Anandam, ‘*Tamiḷ Vaittiyaṁum*’, *op.cit.* (note 95), 123.

⁹⁸Swamigal, *op.cit.* (note 31), 7–8.

⁹⁹S.S. Anandam, ‘*Tamiḷ Vaittiyaṁum Camaskiruta Vaittiyaṁum*’, *Maruttuvaṇ* 1, 6 (1929), 139–40.

¹⁰⁰*Ibid.*

¹⁰¹Anandam, ‘*Tamiḷ Vaittiyaṁum*’, *op.cit.* (note 96), 94.

¹⁰²Usman, *op.cit.* (note 58), 39.

phenomena such as the Dravidian movement. However, one should not lose sight of the marked intensity and scale of activities of the Tamil physicians at the time of the Usman Committee's investigations – all of which constitute the immediate practical context leading to the situation where Tamil Siddha medicine was firmly ensconced as a distinct system buttressed by formal official recognition as recommended by the Committee.

The intense literary and practical activity during the time of the Usman Committee's formation and deliberation must be seen as very distinct. These contestations also add to a richer understanding of the various sub-plots and internal manoeuvring within the larger tension between the colonial State (its approaches and attitudes) and indigenous medical practices. It would be a huge oversight to ignore such processes while studying the question of identity formation regarding the Siddha stream of medicine. While it cannot be denied that other factors, such as the rise of the Dravidian political and cultural movement and other related movements, also played a crucial role in the emergence of Siddha medical identity, it is nevertheless important to identify the more immediate causes leading to the crystallisation of the separate identity. In this way, one may do full justice to both the material and the intellectual/cultural roots of identity formation without over-emphasising or downplaying one aspect in relation to the other.

Conclusion

Historical processes are shaped by multiple forces, and it is fruitful to identify and analyse as many of them as possible, especially the more immediate ones. This paper has tried to do this in the case of the emergence of the Siddha medical identity in the Tamil-speaking areas of the Madras Presidency. While acknowledging earlier scholarly works elucidating the political, cultural and relatively long-term roots, it has pointed to their inadequacy. It has also added a corrective by highlighting the more immediate and more practical and material propellants. This paper has also brought out some of the specific ways in which relations between the colonial State and indigenous medicine unfolded in the Madras Presidency in particular, which in fact forms the larger background for the various sub-processes analysed here.

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