



HAL
open science

From Lineage Transmission to Transnational Distance Education: The Case of Siddha Varma Medicine

Roman Sieler

► **To cite this version:**

Roman Sieler. From Lineage Transmission to Transnational Distance Education: The Case of Siddha Varma Medicine. *European Journal of Transnational Studies*, 2013, 5 (1), pp.112-143. hal-00843297

HAL Id: hal-00843297

<https://hal.science/hal-00843297>

Submitted on 22 Aug 2013

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

From lineage transmission to transnational distance education:
The case of siddha varmam medicine

Roman Sieler

(French Institute of Pondicherry)

Studies on transnational healthcare tend to focus on the flows of institutions, practices and people rather than on the flow of knowledge. This article seeks to fill this gap by exploring the modes of instruction in siddha medicine and, in particular, varmam or “vital spot” manipulations. It compares the instruction of hereditary practitioners in South India and their intimate, long-term learning relationship to that of a newly established learning course which aims to attract foreign students and provides lessons and exams by e-mail. While the former mode employs tactile techniques, the latter is largely based on the transference of textual knowledge. The article recognizes modalities of knowledge transmission, intentions of teachers, and perceptions of students as important sites for the study of therapeutic transnationalism. Entrepreneurial forces are a key element, but have hitherto rarely been acknowledged as such with regard to siddha medicine. This article finally shows that not only Asian medicines but also their transnational means of instruction have become marketable commodities.

Transnational studies focus on global movements, transport, and flows; they study diasporic communities, migratory flows, or again multilateral institutions (Castells 1996; Dolby and Cornbleth 2001: 294). The main site of analysis concerns nation-state borders and the various agencies that cross them, defining the meaning of transnational as “extending beyond loyalties that connect to any specific place of origin or ethnic or national group” (Waldinger and Fitzgerald 2004: 1178). In the case of Asian medicines, this has been described as a “dialectic process that involves regional and local appropriations, which results in Asian medicines becoming knowledge and practice streams that are distinct from those in their country of origin” (Høg and Hsu 2002: 210). Movements of both caregivers and people seeking care in transnational frameworks have been analyzed to understand underlying motivations, related impacts, and the actions of both governments and public forces in the healthcare sector, together with accompanying transformations of practices.

Despite a growing body of literature on transnational Asian healthcare and the circulation of therapeutic practices, there is, in my opinion, acute demand for research which seeks to understand the transmission of medical knowledge and its transnational spread. While a considerable amount of research has been conducted on transnational healthcare, the majority of these studies have focused on the flow of practices to the neglect of the flow of knowledge, which is essential to the process of transnationalizing medical practices. This paper seeks to redress this scholarly oversight by focusing on siddha medicine of Tamil South India in general and on *varmam*, the “vital spots,” in particular. It shows that modes of medical instruction are central to the translation and transformations that are often argued to accompany the transnationalization of Asian healthcare practices. One aspect of this involves highlighting the instrumentality of an evolving platform for knowledge transmission—in the present case, the Internet—in influencing what is being transmitted and how.

Soon after the terms globalization and transnationalism had been introduced into academic publications, conflicts arose over whether such processes of “transformation in the spatial organization of social relations and transactions (...)” (Held 1999: 16) entailed homogenization or heterogenization of practices worldwide (Høg and Hsu 2002: 205). Roland Robertson’s popular study (1995) suggested the term “glocalization,” as a compromise to the debate. According to Robertson, this neologism constitutes the transfer of a cultural product or practice from one locality to another, thereby being re-shaped accordingly when introduced into a new locality. In this manner, some scholars perceive instances of glocalizations of Asian healthcare as the spread of technology and the transfer of knowledge and practice streams from the East to the West and back, assuming that (re-)adjustments of such commodities and practices are being conducted within new settings—upon transfer—in a recipient culture (Adams 2002: 248; Høg and Hsu 2002: 212). This paper shows otherwise. There are, for example, many instances of transnational settings located in the original culture of a given medical practice which bring about transformation and facilitate global circulation (Pordié 2011; 2012). By highlighting the modifications carried out in the case of *varmam* therapies through comparing hereditarily transmitted forms with recently evolving distance education opportunities, that is, an Internet-based diploma course, this paper identifies multiple factors as requiring consideration in order to understand the transnationalization of healthcare. In the case of *varmam* therapy, this includes the modalities of knowledge transmission, the intentions of teachers, and the perceptions of students—all of which are important sites for the study of therapeutic transnationalism. Moreover, modifications and translations of knowledge and practice streams do not exclusively or entirely happen upon transfer into a different setting, but may be a necessity for their transnational transfer.⁸² I argue that translations of knowledge in a transnational setting can

⁸² In the case of Ayurvedic pharmaceutical production and the reformulation of drugs for the global market, see the work by Pordié and Gaudillière (in press).

only be acknowledged by recognizing the agencies of teachers and students—agencies, which previous studies on transnational healthcare, though struggling to recognize the agencies of patients, practitioners, and of institutions in the processes of the global spread of practices—have neglected.

By analyzing both the hereditary mode of *varmam* instruction and the distance education modalities, I will argue that along with medicine and medical practices knowledge too must be seen as a valuable market commodity. Both Asian medicines and the knowledge and education surrounding them have become marketable. This holds true for siddha medicine as well, which needs to be examined as a market commodity from the perspective of entrepreneurial forces, but which, with only few exceptions, has been largely explored in regard to Tamil nationalist promotional strategies.

Siddha, varmam spots, and hereditary knowledge transmission

Siddha medicine is one of the indigenous, codified medicines of India. It is closely related to ayurveda in theoretical content and therapeutic application, but deviates in being practiced mostly in the South Indian state of Tamil Nadu as well as in other countries, such as Sri Lanka and Malaysia, which are home to considerable Tamil populations. Although recognized and patronized by the Ministry of Health and Family Welfare of India, siddha clearly lags behind the better known ayurveda with regard to standardization, institutionalization and promotion. There are comparatively less professionalized practitioners than non-institutionally trained ones and fewer manufacturers of siddha than ayurvedic medicine for the domestic and the global markets.

Heightened interest in siddha is a recent phenomenon, however, and the differences between ayurveda and siddha can be drawn only from when they began to be documented in the beginning of the twentieth century (Hausman

1996). Earlier, these medicines were not strictly delineated by physicians or within the medical compendia (Krishnamurthy 1984). Scholars have therefore asserted that the promotion and institutionalization of siddha was influenced by Tamil language revivalist rhetoric and its proponents, which argue that siddha medicine is a medical science in its own right and independent from ayurveda (Weiss 2003; 2009). However, research on siddha remains scarce.⁸³ Brigitte Sébastia (2011) has produced the only piece of scholarship appraising this medicine's transnational impact and some of its entrepreneurial efforts. In line with this work, I intend to show here that siddha medicine as promoted and instructed transnationally may not necessarily be connected to a Tamil revivalist agenda.

The practices which are at the center of this paper are called *varmam*. Most *varmam* practitioners live in the southernmost part of South India, in Kanyakumari district, where they are known as *varma ācāṅs*. They are primarily hereditary practitioners, knowledgeable of *varmam* spots: a set of vulnerable loci of the body which, when afflicted—by physical trauma for instance—cause severe health problems and may lead to death. Such loci are central to siddha therapeutic and martial practices, which together are called *varmakalai*, literally the “art of the vital spots.” Thus *varmam* apply to combative activities and possess therapeutic value. Practitioners learn to protect their own and to target an opponent's loci in a practice called *varma aṭi*, literally: “hitting the vital spots.” Medical treatments, or *varma maruttuvam*, “vital spot medicine,” include massages, setting of fractures, and emergency revival methods. Practitioners perform both medical and martial aspects of *varmam* side by side, which, rather than contradict each other, mutually enhance physical exploration and experiences of the body and lead to an in-depth understanding of vital loci.

⁸³ Among the handful of specialized works, see Weiss (2003; 2009), Hausman (1996), Daniel (1984), Sujatha (2009) and Sébastia (2010; 2011).

Varmam is understood as a sub-discipline of siddha medicine, and thus falls under the education policies of AYUSH, a central government department which states to provide “focused attention to development of Education & Research in Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy systems.”⁸⁴ Education facilities under AYUSH tutelage include siddha medical colleges, which recognize *varmam* as an intrinsic component of siddha. Their official curriculum includes “Varmam and Thokkanam (massage).” However, hereditary practitioners, students, and some college lecturers contest this. Many students complained to me that *varmam* is either not part of their instruction at all, because of their teachers’ ignorance of vital spots, or that it is only available to post-graduate students who are required to visit regularly the dispensary of one or several hereditary practitioners to seek instruction from them.

These hereditary practitioners, *varma ācāns*, generally despise the “book knowledge” (*nūlarivu*) of siddha colleges, claiming that it provides theoretical but not practical knowledge. Many predict the failure to teach *varmam* in siddha medical colleges based on these assumptions. According to them, a student best learns by working hands on in a close-kin relationship with an accomplished practitioner. *Varmam* manuscripts, even those in the form of palm-leaf scriptures, insist that accepting a practitioner as one’s *guru* and living in a close, intimate relationship with him are key components of siddha instruction. Throughout South Asia similar modes of education—called *guru-śiṣya-paramparā*: transmission of knowledge via the lineage (*paramparā*) of preceptor (*guru*) and student (*śiṣya*)—are commonly used to instruct students in various skills and eruditions. This includes living with, observing and assisting a practitioner. *Varmam* manuscripts stipulate twelve years of instruction, a period described by practitioners as difficult (*kaṣṭam*) and testing (*cōtanai*) in

⁸⁴ See <http://indianmedicine.nic.in/background.asp> (last consulted on 05.07.2012). The Department of AYUSH was created 1995 under the name of Department of Indian Systems of Medicine and Homeopathy (ISM&H) and re-named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) in November 2003.

retrospection. Indeed, in order to learn *varmam*, some practitioners state, it is necessary to test a student's ability and mind-set before he or she commences instruction because of the dangerous nature of their art, which not only can heal but also kill. Therefore, apprentices are carefully selected and rigorously tested to ensure their resistance to aggressiveness. Only if deemed non-aggressive and hence appropriate by an *ācāṇ*, a student is initiated into the lineage of the practitioner and receives the knowledge of *varmam*, both martial and medical. Then and only then do practitioners begin to teach their knowledge, which they usually work hard to conceal from outsiders. *Ācāṇs* are known to send bystanders away or to use blankets to cover their techniques from the eyes of the uninitiated when administering treatment—a most atypical behavior for South Asian patient-physician encounters (cf., Halliburton 2002: 1127).

Ācāṇs give priority to an experiential, hands-on learning approach opposed to a theoretical, text-based education. One practitioner cut me short after I had mentioned that I had read publications on *varmam*:

So, you've read in a book? I'll give you books! I bought a full rack of books: they're all "waste." They tell you that this is one spot and how to treat it: all wrong! Not a single *varmam* is true [*orē oru varmam uṇmaiṇillai*]. From books you cannot learn anything of value about the vital spots.

Whereas scholars have emphasized the important role of textual and, since recently, oral methods of instruction in South Asia (Subramanian 1986; Crook 1996), *ācāṇs* stress "experiential knowledge," *aṇupavarivu*, as the most effective form of education. It considers education as a process hands-on experience and experimentation which cannot be learned by reading or communicating. This is similar to what Obeyesekere calls "samyogic experimentation" (1993), noting that the clinical practice and medicinal preparation of ayurveda are constituted in experiments and experience.

In *varmam*, therefore, the sense of touch (*urraṛivu*) is of utmost importance. *Ācāṅs* have a common saying: “only a science which is learned through touching will become a science” (*toṭṭuk kāṭṭāta vittai vittaikkākātu*; Rājēntiraṅ 2008: 79; Irājēntiraṅ not dated). A commonly used Tamil word for teaching is *collikkoṭu-ttal*, literally “giving by saying.” Asked how he had been taught *varmam*, one practitioner denied having been taught verbally at all; rather, he said he had been taught *by giving*: *kāṭṭikoṭu-ttal*, literally “giving by showing.” An *ācāṅ*, when teaching massage techniques or how to set a fracture, guides the hands of a student, thereby non-verbally showing him the technique. The tactile and kinesthetic aspects of such therapeutic and martial actions are perfected through endless repetition. This, in part, explains for the long duration of learning.

The DVMS correspondence course

In marked contrast, an individual practitioner named Chidambarathanu Pillai has set up the “International Thanu Foundation” in Chennai, which offers various courses to study siddha medical subjects, and has coined the term “thanuology” as a label for *varmam*. Courses such as “Diploma in Siddha Medicine” (DSM), “Doctorate in Siddha Medical Sciences” (DSMS), and “Doctorate in Varma Medical Sciences” (DVMS) are taught in the English medium and all function as correspondence courses (Pillai 1995b: 4). These appear to be tailor-made to satisfy the needs of students outside Tamil Nadu and especially abroad, since study materials are in English and textbooks and exam questions are provided by mail and e-mail.

Pillai, born in Kanyakumari district in 1934, claims to be a hereditarily trained practitioner hailing from a family that has practiced as *ācāṅs* for 46 generations (Citamparatāṅupillai 1991: 76).⁸⁵ He “spent several years under

⁸⁵ Pillai thus claims to be able to trace back his ancestry over 1100 years

Gurukula system of study,” and has received degrees in Law, Commerce, and an M.A. in International Policy Studies. He has served in different, mostly government employments, ranging from Railways to the Madras Port Trust. With the expertise acquired in these working situations he has published a range of books on inventory management. Despite this entrepreneurial past, Pillai maintains that his entire life has been devoted to the study of siddha medicine. Thus, and “for the health care and welfare of the people abroad, [he] started dissemination of this sacred [*varmam*] knowledge in English in 1991” (Pillai 1996: 73). Pillai has authored over 60 books in Tamil on medical subjects since 1968. More than than 20 among these are devoted to *varmam*, a “valuable and antique medical art” (Pillai 1994: 5), still unknown to the world. He holds that *varmam* needs to be made known to the world not only because it is completely ignored outside of Tamil Nadu but also because vital spot injuries, according to him, are related to about 19% of all diseases. He estimates the same percentage of all ailments treatable utilizing *varmam* techniques. Pillai writes:

This system has been concealed for centuries, not allowing millions of people all over the world to come to know the techniques of Thanuology [*varmam*]. By long years of negligence of this precious art both by the people and the Govt. of Tamil Nadu in particular and the Govt. of India in general, this art is at the ebb of [a] disappearing stage (Pillai 1996: 3).

During his struggle against the supposed extinction of *varmam*, Pillai has conducted workshops on *varmam* impacts and treatment techniques, even abroad. After having held a speech on “Thanuology” at the 2nd Conference of the International Association for the Study of Traditional Asian Medicine (IASTAM) in Surabaya, Indonesia in 1984, Pillai has recently delivered a talk titled “*Varma Medical Science*” at the “World Classical Tamil Conference,” a conference for the promotion of Tamil language, history and arts with Tamil

(<http://www.varmam.com>, last consulted on 06.02.2013).

Nadu state support in June 2010 in Coimbatore.

According to an application brochure, applicants are only eligible for the “Doctorate in Varma Medical Sciences” (DVMS) course if they have either graduated from a recognized college or university or have obtained a diploma in medical science with two years of related work experience. However, I was assured in personal interviews that enrollment was possible at any time, even without medical experience or a degree.⁸⁶ It seems virtually everybody can enjoy the instructions offered. The course’s fees are 1,500 USD for foreign students and 26,500 INR (equivalent to 500 USD) for Indian Nationals. Although the application form for the DVMS course explains that “an average student devoting 12 hours a week” would complete the course in four-and-a-half years (DVMS Brochure-Cum-Application Form 2009), Pillai told me that a student may graduate faster. In one interview he lauded the efforts of some of his most outstanding students, including one Japanese student, who he said was so efficient in preparing for and passing the exams that he finished the DVMS course in less than nine months.

Pillai founded the “International Thanu Foundation” in 1989. In addition to educational facilities, this institution incorporates a dispensary for treating patients for *varmam* related ailments and a unit for producing medicines. The latter, called “Siddha Maguda Laboratories,” supplies medicines to graduates, even those living abroad. Pillai claims to have instructed as many as 500 students in siddha and *varmam* diploma courses and 200 in *varmam* doctorate courses at his institute. According to him, half are residents of India. The other half come from places such as the USA, UK, France, Belgium, Japan and Malaysia. Pillai has not yet achieved state accreditation for his institution or the degrees he offers, which he strives for despite his being in his late seventies. He is convinced that his institution will achieve recognition within the next few years. In attempting this, and in designing the DVMS courses, Pillai has worked

⁸⁶ Personal Interview with Chidambarathanu Pillai in Chennai on 27.03.2009.

to publicize and make *varmam* known and available to people around the world.

Publicizing and spreading varmam

Over the last few decades, Pillai has made several attempts to publicize the concept of the vital spots. The most pronounced of which are reflected in his marriage of Hindu religious icons and words and western science discourses, presumably to make *varmam* accessible to audiences both in India and around the globe, and notably to the effect of creating a distinct niche and brand for thanuology. For example, the front cover of the DVMS course brochure represents the image of god Śiva in a dancing posture with the subtitle “*medicina origini[s]*,” Latin for “medicine of the beginning.” Also reflective of this is Pillai’s renaming of *varmam* for his course as “thanuology,” and in his naming of the degree awarded to successful candidates as “ThD,” Diploma in thanuology, apparently emulating the “PhD” degree.⁸⁷ Pillai declares that *thanu* is a Name of Śiva, the god most revered by Hindus in Tamil South India. Pillai states that the therapies utilizing *varmam* are best identified by the god’s name since he is believed to have created the vital spots. Notably, Pillai’s first name, Chidambarathanu, contains *thanu* as well. Moreover, the term *thanuo-logy* makes *varmam* look *akin* to *physio-logy* and *neuro-logy*, by adding to *thanu* the English suffix *-(o)logy*, from ancient Greek *-logia*, literally meaning “account; explanation,” but which has come to enjoy the meaning of “science.” The coinage of thanuology might have been intended to familiarize the Euro-American scientific community with the vital spots by using a recognizable terminology, and thus exemplary of an often described influence of scientific, biomedical language in India (Alter 2005c: 12; Naraindas 2006).

⁸⁷ See <http://www.varmam.com/courses.php> (last consulted on 05.07.2012) and <http://www.siddhamedicine.com/thanufound.html> (last consulted on 05.07.2012). In earlier publications, Pillai uses the term “Varmology” (Pillai 1970).

On numerous occasions, Pillai has approached the Ministers of Health of both the Central Government and Tamil Nadu to recognize thanuology as a unique medical entity. As early as 1982 he unsuccessfully requested the establishment of a “National Institute of Varmam (Thanuology)” (Citamparatānupillai 1991: 48). During the 1980s and 1990s the Thanu Foundation approached Indian educational institutions directly, trying to urge the Universities of Madras, Poone and Mysore to consider introducing thanuology as a discipline in their academic curricula. After having been presented with a syllabus for thanuology, all institutions declined due to financial reasons (*ibid.* 1991: 58).

During the mid-1980s Pillai also tried marketing thanuology as a “Sports Medicine” to gain the International Olympic Committee’s recognition of it as a sports therapy. Pillai suggested that *varmam*, which he now labeled “Indian Sports Medicine (Thanuology),” ought to be funded by the IOC and utilized during Olympic sports events. The IOC asked Pillai to provide its members with a concise report on “Indian Sports Medicine,” which would then be evaluated by the Olympic Committee (1991: 55). After having assessed this report, an extensive work called “*Thanuology as Sports Medicine*,” the IOC wrote in a letter to Pillai that although its members were very impressed by the report and the practice of thanuology, “as a general rule the IOC Medical Commissioner or indeed the IOC [was] unwilling to promote any one particular type of sports medicine for use during the Olympic Games.”⁸⁸ Nevertheless, the IOC Medical Commission’s publication series, *IOC Medical Commission Collection of Sports Medicine and Sports Sciences*, a bibliography of Sports medicine, mentions Pillai’s report, which is kept in its library, archived as “Indian Sports Medical Science” (IOC 2006: 69).

⁸⁸ Letter by the Chairman, Medical Commission IOC, dated 31.10.1987. Cited in Citamparatānupillai (1991: 56).

Recently, the Thanu Foundation has begun to promote *varmam* as an emergency and accident medicine (Pillai 2008: 53). It has stated that thanuology is useful for treating ailments caused by injuries and physical impacts, which other medical systems, such as ayurveda, unani, homeopathy and biomedicine only partially understand or redress. In this light, Pillai claims that thanuology is an “emergency remedy,” and would furthermore be useful for forensic analyses and determining the cause of death (2009: 20).⁸⁹

Pillai, entrepreneur and promoter of *varmam* vital spots, attempts, more or less successfully, to publicize and spread *varmam* in different ways. A similar approach can be detected in the creation of a curriculum and in attempts to enroll students for the DVMS course.

Envisaging a student body, creating a curriculum

Rejected by both national academic institutions and international organizations, Pillai set up his own, private education facility in Chennai in the early 90s providing courses in siddha and *varmam*. Initially students came mostly from the city and its environs, and early text-books represented the vital spots against a mythological background, in which god Śiva and his divine family figure prominently. One text reads, for example, “The originator of Varmam (Thanuology) is Lord Thanu, the Creator. It was Lord Velmuruga [Śiva’s son] who mindfully imparted the secret aspects of striking life-centres to seer Agastiar” (Citamparatānupillai 1991: 70). This parallels the idea of siddha medicine’s creation expressed by most siddha practitioners and palm-leaf manuscripts. God Śiva is perceived as having created the knowledge of medicine and having passed it on to the Siddhars—semi-mythological saints, first and foremost amongst which is the mentioned Agastiyar. Thus, Siddhars

⁸⁹ <http://varmam.com/info/index.php/2006/11> (Last consulted on 05.07.2012).

can be seen as mediators between god and humans. Today, one of the textbooks used for the DVMS course reads:

Siddha philosophy goes above religion. It transcends all barriers of caste, colour, community, race, country, including objects – animate and inanimate. It is purely abstract and takes man to the ultimate goal of self-realisation, the very purpose of Birth as a human being (...) Siddha[r]s realised God within themselves (...) (Pillai 1994: 3).

Whether Pillai believes that such a notion is compatible with a creation myth, or whether it is the outcome of a deliberate shift of paradigms is difficult to assess. It is remarkable, though, that the “purely abstract” picture of siddha medicine, which “transcends all barriers,” is present in instruction materials for the thanuology distance course today. Pillai elsewhere writes that the “Siddha system of medicine has been developed purely by the contribution of Siddhars on their own line of thinking and achievements in the field of their research (...) on the basic principles of nature and its elements, after careful and thorough study of the human systems” (1996: 8). Such an argumentation reveals certain aspects of a perceived rational scientificity of siddha, expressed in ideas such as “research,” “careful and thorough study” and “based on scientific facts” (Pillai 1994: 11; compare Weiss 2009: 72).

Varmam practices as depicted from the DVMS material are not only based on a western model or on biomedical discourse, however. In addition to using western scientific nomenclature to describe and promote Siddha and *varmam*, the DVMS application brochure claims that thanuology’s strength lies in its rectification of biomedicine’s shortcomings. Biomedicine, through costly and risky surgical operations, created numerous medical problems which the vital spot methods could treat cost-effectively, non-invasively and safely (Pillai 2009: 3).

Pillai also distinguishes thanuology from other forms of non-western medicine. Acupuncture and acupressure, for example, have become increasingly popular around the world from the 1970s (Adams 2002: 251; Alter 2005b; Scheid 2006; Tang 2006) and have, in most of Europe and North America, gained unparalleled popularity as CAM, “Complementary and Alternative Medicine.” Today, acupuncture in particular is being utilized by many primary care practices and offered to broad sectors of the population (Tang 2006). This is important in our case because foreign DVMS students are often intrigued by a possible structural connection between acupressure, acupuncture and *varmam*, all of which share theoretical and practical approaches to therapeutic spots of the body. Being aware of acupuncture’s growing popularity, Pillai is keen to tell students that acupuncture and acupressure are “fundamentally different from Thanuology,” and that the management of the vital spots is effective in treating ailments which acupuncturists cannot address (Pillai 1994: 11). Interested practitioners of acupuncture, though, Pillai adds, would be gladly educated in the differences between them and on “the need for acupuncture to be complemented by Thanuology.”⁹⁰

As Laurent Pordié (2012) has shown in the case of the wellness industry, commercial success may depend on “branding,” that is, on differentiating therapies, services or locations through building of a unique identity. Similarly, the way the DVMS course is promoted carefully avoids coinciding with either a western or non-western medical practice. This might be Pillai’s attempt to create a distinct sphere of influence and importance for thanuology. With regard to prospective foreign students, who may not be Hindus except for Diaspora Indians, Pillai emphasizes a kind of rational secularity over Hindu mythology and at the same time delineates *varmam* from both biomedicine and

⁹⁰ Personal Interview with Chidambarathanu Pillai in Chennai on 27.03.2009.

other alternative treatment modalities.⁹¹ Somewhat unsurprisingly, therefore, Pillai notes in a recent publication that “Thanuology is an independent medical science” and even goes so far as to say that “[t]he view that Thanuology (Varmam) is a part of Siddha Medicine has been ruled out in as much as the techniques used in Varmam are quite different from other systems of medicine [but] unique of its own” (Pillai 1996: 4).

Translating the vital spots

Pillai admits to having designed the correspondence program to suit the needs of non-Indians. *Varmam* has become subject to translation in this endeavor. Much of the correspondence course materials required linguistic and terminological translations, such as the creation of the concept of thanuology. For instance, the therapeutic entities of the course, the vital spots, are called “life centres” or “nerve centres” throughout the instruction material (Pillai 1995b; 1995a; 1996). While most hereditary practitioners would agree on a *varmam* being a location of life (*uyir*), the case is more complicated with regard to “nerve centres” the term primarily used in DVMS textbooks. Since the material is in English, it never becomes clear whether “nerves” of these “nerve centres” correspond to *narampu* (nerves, in Tamil). This ambiguity is important to consider because *narampu* are recognized by hereditary practitioners as crucial aspects of *varmam*. Some vital spots, so I was told, are nerve-related, as these coincide with nerves, *narampu*. But not all *varmam* concur with nerves, others might relate to bones, *elumpu*. *Varmam* manuscripts divide the vital spots into those which are primarily composed of flesh (*māmicam*), vessels (*cīrā*), bones (*elumpu*), joints (*canti*) and nerves (Kaṇṇaṅ Rājārām 2007a; 2007b). Translating *varmam* into “nerve centres” creates a particular problem since it prioritizes nerves before other vital spots, intentionally or not, while other

⁹¹ Yet, interestingly, several studies on transnational Asian medicine stress that it is often their spiritual, religious characteristics of Asian medicines which appeals to both practitioners and patients in foreign contexts (Adams 2002; Janes 2002).

anatomical categories such as bones and joints are at least taxonomically underrepresented.

Prāṇa is a central concept in South Asian medicines. *Varmam* spots are generally perceived as permeated by it, as being “seats of *prāṇa*.” *Prāṇa* has been denoted as “vital breath,” or “air” in scholarly accounts (Rao 1987: 167). More recently, it has convincingly been argued that *prāṇa* transcends these concepts, denoting more closely “vital energy” (Zarrilli 1995), or “life” itself (*uyir*), as many *ācāṅs* put it. Integral to the functioning of the *varmam* loci, *prāṇa* resembles “electric currents” rather than breath, and, if stimulated, many vital spots trigger “current-like sensations”, as I was told by many patients after *varmam* manipulations in Kanyakumari district. Though always circulating through the body, *prāṇa* is concentrated at specific times at particular spots. These very places where *prāṇa* concentrates are *varmam* loci, which, when inflicted by physical impact, obstruct or block the flow of *prāṇa*. This obstruction has immediate consequences to a person’s health and, in severe cases, can lead to a quick death. In publications of the Thanu Foundation, *prāṇa* is labeled “oxygen” and it is described that “an impact at a nerve center obstructs the flow of oxygen and therefore life is at stake” (Pillai 1994: 12). Possibly to make the terms more accessible to people around the world, Pillai has translated concepts which figure in the practices and the textual sources of *varmam*, and some of these appear to have been replaced with his own understanding of biomedical concepts of anatomy and pathology. More examples of both linguistic and conceptual translations could be provided. However, I will analyze another case of translation at stake, one which is even more striking.

As described earlier, hereditary practitioners value practical and experiential learning more than textual knowledge. Even manuscripts dealing with *varmam* are said to be of no value if not complemented by the initiation of an accomplished *guru*; such manuscripts point out numerous aspects, such as the

stimulation of *varmam* spots, which can only be studied under the guidance of an experienced teacher. Yet, the same manuscripts are collected, edited, and translated into English and figure as important parts of the DVMS course's textbooks.⁹² The biggest leap of translation hence, I would argue, lies in the modes *varmam* knowledge and practices are transmitted. Consider a quote from a brochure for the correspondence course:

We have qualified and experienced tutors (...) who (..) examine students answer papers. They point out weaknesses and mistakes (...). We have many letters on our files showing how, as the course progresses there develops a strong bond of friendship between the tutor and the student, though they may never meet (International Thanu Foundation 2009).

Whereas hereditary knowledge transmission presupposes the student to live with his *guru*, the *tutors* of the DVMS correspondence course are "as near as [a student's] corner Post Box" (*ibid.* 2009). Students are expected to score at least 70% on each exam paper sent to them by either post or e-mail, which must be retaken if the student fails. The correspondence course has traded gurus for tutors; learning is done by reading and writing rather than by touching, the sense prized most by hereditary practitioners. Hence, one of the starkest translations made by Pillai in the forming of his course is his exchange of the senses, touch and kinesthesia for vision and mental reflection.

For hereditary practitioners, *varmam* consists equally of "healing" and "fighting," and the knowledge of one aspect supports and enables sufficiency in the other. However, due to the potential danger involved in *varmam* techniques capable of healing and killing, related knowledge is kept restricted by *ācāns*. They reveal their practices only to their students, who they select with the

⁹² For instance, Pillai (1995c) and (1995b) seem to be close translations of the manuscripts *Varma oṭimur̥iōu n̄ānam* and *Varma tiravukōl tirattu*.

utmost diligence and scrutiny. For hereditary practitioners morality and ethics play a crucial role in the instruction process. This does not appear to be the case for the DVMS course, as virtually anybody can enroll. An interest in the subject and a student's solvency, rather than trust and morality, are decisive factors which Pillai takes into consideration when selecting new students. Instead of being carefully selected, students of DVMS are enlisted by the conductors of the DVMS course. One of the most marked characteristics of the course is the way in which it transforms the siddha learning relationship from that of a moral economy into a market economy, a cash-and-carry commodity.

It is significant that, despite noted martial practices of many hereditary *ācāṅs* of Kanyakumari district, the course offered by Thanu Foundation is restricted to apparently therapeutically relevant aspects. The textbooks deal with *varmam* spots, relevant locations, ailments and treatment techniques. This excludes aspects of a combative applicability of the vital spots. Of course these would be difficult, if not impossible, to be integrated into books, or examined through exam questions. It is moreover interesting to acknowledge that in shifting the focus of attention in instructing *varmam* from the tactile, sensory capacity of students to discursive, mental and visual faculties, secrecy is being considerably de-emphasized. At the same time, it is precisely this shift from secrecy to openness that enables the translation from an instruction based on the physicality of life and the body to a physicality of texts and pictures in the first place. Nevertheless, if we bear in mind the non-verbalizable knowledge which most hereditary *ācāṅs* speak of, their emphasis on transmission via hands-on learning and mimesis, and the bodily nature of knowledge involved, we cannot but expect dramatic changes in both instruction and content of *varmam* through a medium such as the Internet, which is incompatible with the aforementioned aspects.

While the depicted modalities have only been briefly adumbrated here, they would deserve an in-depth analysis in order to understand contemporary ways of negotiating the theory and practice of *varmam*. Moreover, they allow for a reconsideration of processes of transfer and translation of knowledge.

Transnationalizing, transmitting, and translating varmam

The analysis of two modes of knowledge transmission reveals conflicting views on instruction, secrecy, theory and the practice of *varmam*. We see that aspects of *varmam* have been altered to fit the needs of the correspondence course. Such changes include the concealment of knowledge and the closed circles of knowledge transmission within lineages. They also include the experience-based, long-term instruction periods. Hereditary instruction requires the student to practice over a long period of time in order to train his or her body to *physically* learn the experience, thus attempting to meet the kinesthetic and tactile requirements of *varmam* practices. This is not part of the correspondence curriculum. In contrast, the correspondence curriculum is based on comparably short-term courses, which are conducted using the Internet as a space for transnationalization to bridge long distances between instructor and learner in the DVMS correspondence course. Rather than kinesthetically, students learn textually according to the correspondence curriculum. As a result, this evolving system of knowledge transmission factors out aspects which are of considerable importance to patients in South India: patients approach a particular physician for the medicine he or she administers. This includes issues of his or her popularity, age, lineage, social influence, reputation and moral conduct—issues which are often crucial for patients in deciding which practitioner to approach for which ailments.

Whereas hereditary practitioners carefully choose and accept their students, so as to conceal potentially dangerous and secret knowledge, virtually anybody

can enroll for the correspondence course. Secrecy exhibited by *ācāns*, can, at least partially, be explained by their strife to conceal the potentially lethal spots from misuse. This quality of secrecy is contested by Pillai, who insists that knowledge ought to be spread and saved for the benefit of humankind. What is more, and what makes a shift from concealment to publicity possible, is the fact that *varmam* medical practices are disconnected from martial practices that are part and parcel of a combined practice for many hereditary vital spot practitioners. Pillai's quest in the transnational instruction of *varmam* is thus one for transnational compatibility, or supra-cultural compatibility, in order to make *varmam* understood abroad. Amongst others, this is done by trying to constitute thanuology as *scientifically* effective and by de-emphasizing Hindu religious aspects at the same time, which helps to transform knowledge into a marketable commodity.⁹³

In contrast to the hereditary mode of *varmam* education, which largely places the aim and meaning of instruction on a personal, educational rapport, similar to the "humanist model of education" of Herman Nohl (1949)⁹⁴, we undeniably see a relationship of financial interests and of payment and supply of services in the case of the DVMS. This paper therefore argues that not only practices of medicine and medical substances must be seen as valuable market commodities, but also *knowledge*. Both Asian medicines and the transmission of their knowledge have become marketable commodities. thanuology in this regard can be compared to other innovations of traditional knowledge, especially in transnational contexts. Transnational commercial yoga, for instance, has been described by several scholars as a particular type of yoga which has arisen out of international commercial exchange (Alter 2004; De Michelis 2004; Fish 2006: 190). This means to acknowledge the market demand in North America, Europe, Japan and several other countries for indigenous

⁹³ On the relation between clinical research, Asian medicine and the making of commodities, see Pordié (2010: 62).

⁹⁴ See also Wulf (2003).

alternative healthcare practices. Thus thanuology can, at least in part, be seen as a transnational commercial interpretation of *varmam* therapeutic techniques and its value as a commodity. The example of commercial forms of yoga, a multibillion-dollar industry, in this regard may be of importance for triggering entrepreneurial transnational efforts. Such entrepreneurial forces, though, have hitherto not been satisfyingly explored with regard to siddha medicine, which scholars have described as largely influenced by Tamil nationalist agendas and development strategies (Weiss 2009; Hausman 1996). They have argued that siddha medicine in Tamil Nadu has increasingly become a cultural property, tantamount to “Tamil medicine” (Weiss 2009). To assert their legitimacy, practitioners demarcate themselves through their discourse from not only biomedicine but also, and especially, from ayurveda. Siddha medicine is closely related conceptually to current Tamil revivalist, nationalist strands within India. Therefore, while mainstream, state-level efforts appear to promote and develop siddha alongside a Tamil nationalist agenda, it is interesting to find within the siddha medical tradition individual, private efforts to go beyond this agenda.

Comparatively short-term courses are conducted using the Internet as a space for transnationalization to bridge long distances between instructor and learner in the DVMS correspondence course, which utilizes material in text form. This space, a virtual classroom in our case, is similar to the academic world: it is highly ocularcentrist and logocentrist—prioritizing the vision and the logic of the word or text. The case at hand affirms Regina Bendix, who notes that “logocentrism, generated in conjunction with ocularcentrism has contributed to a certain amount of neglect of culturally shaped sensory knowledge” (2005: 7). Linda Harasim has described online education as a “new environment, with new attributes and [which] requires new approaches to understand, design and implement [instruction]” (1990: 7). This new environment is the “virtual classroom,” a space—the cyberspace, to be

precise – which requires adaptations and new approaches to teaching a subject matter. This is not just the case with regard to *varmam*, although the adaptations may be all the more apparent here. Studies on on-line education have pointed out various transformations happening in the processes of instruction, the different forms of teaching available through the Internet, for instance, or the new possibilities of virtual textbooks (Rossman 1992). I would furthermore like to suggest that such changing forms of education transform their subjects. The case of *varmam* distance education exemplifies how an instruction medium may influence how the message, or content, is perceived, and how the Internet shapes the kind of knowledge that can be transmitted. This happens, for example, by selecting from the corpus and by thus transforming it, but also by translating a particular concept so that it may be transmittable, receivable and understood globally, via a medium such as the Internet. Thus, instead of inquiring into the re-appropriation of knowledge in a different scenario, I argue for a need to enquire into the re-appropriation of medical knowledge as communicated, that is, to understand ways in which education and instruction are shaped. In this respect, Marshall McLuhan's well-known dictum, "the medium is the message" (1973), holds true.

Conclusion

A major ground and cause of translation of South Asian healthcare can be found in the transport of medical practices across borders, or rather, the transmission of knowledge underlying these practices. The modes of transnational transmissions described here appear to bring about modifications in the way siddha medicine is perceived, and presumably in the way it is practiced. It is the interests of the persons, groups or institutions of instruction, based on alleged perceptions and expectations of potential foreign recipients of the course, which shape the subject of instruction. Such perceptions therefore influence the way siddha is transmitted and communicated. Previous studies

on transnationalization of medicine have largely focused on practices and their flows. Regarding healthcare, transnationalism thus has been understood as the promotion and spread of medicines and medical practices beyond the national borders of a conceived area, where a particular medicine is found to be at home—a notion, in itself highly awkward and delicate, as it regards nation-states and a particular medicine as congruent (Alter 2005a). The case presented here however shows that knowledge itself becomes transmuted and it is argued that this happens not only in the course of this transfer, but as a *necessity for the transfer of knowledge*. In the case of *varmam*, a long-term instruction by apprenticeship and through esoteric, secretive lineages seems hardly practicable in a transnational scenario, and therefore the instruction offered by Thanu Foundation appears as one alternative, feasible option.

While initially transnational studies have focused on processes of transformations of commodities and practices of European and North American origins being transported and adapted elsewhere, in this, a “unidirectional bias” (Howell 1995) was soon detected and a considerable amount of studies on non-European or North American commodities and practices were identified, which flow to the aforementioned, being likewise transformed in the new setting. It has been argued that whereas the general trend in transnational discourses emphasizes a hegemony of North American and European culture and thought (the “West”) (Fardon 1995; Høg and Hsu 2002: 206), a number of case studies, especially of transnationalized Asian medicine helps to countervail such an argument. Glocalizations of Asian Medicine, it is stressed, are examples of a spread of technology transfer and knowledge and practice streams not from the West to the East, but vice-versa, from the East to the West. Of primary attention are religious, spiritual and medical practices in this regard. This is also underscored by many of the findings of this paper. But the assumption underlying the aforementioned publications is largely that (re-)adjustments of commodities and practices are being conducted within new settings and “upon

transfer” (Adams 2002: 248; Høg and Hsu 2002: 212). Indirectly, these works argue that diversification and re-contextualization happens in the recipient culture alone. There are notable exceptions, some of which point to conscious decisions of re-defining traditions when Asian, and other, medical practitioners are writing or performing for western audiences and in order to satisfy the desires, or again the sensory experiences of foreign clients and to be exported globally (Pordié 2011; 2012; White 2006). As Asian medicines are introduced into new settings, they are transformed and re-contextualized not merely in the new localities. The case of *varmam* shows that such re-contextualizations occur according to modes of instruction, possibilities and economical market considerations, and through the transmission of knowledge itself. This includes gaps of cultural understanding and translations, and, what is more, the appropriation under the influence of a particularly transnationalist type of learning: the Internet. This, also, is a reason why the outcome practices of the DVMS course and the medical techniques utilized by a holder of the said degree in the USA, Japan, or Germany are moot in this paper, as it is assumed that this is not the sole, but rather another, second ground of translation.

Reconstructions of *varmam* are occurring simultaneously in individual attempts by self-styled *gurus*, teachers, and instructors, in the modes and forms of instruction available to those, in expectations and ongoing correspondence with students and in discourses and notions of medicine and science. These are important sites for the study of transnational healthcare and its transmission.

This paper therefore demands the recognition of not only patient agency, practitioner agency or institutional agency as crucial factors in the processes of the globalization of Asian medicines but also of the agency of the instructor/teacher/*guru* on the one side and of students, the recipients of knowledge, on the other. The teacher-student relationship appears as especially important in this regard as it is able to control a potential commodification of

medicine and to “produce a synthetic discourse of theoretical innovation”
(Alter 2005b: 26).

References

- Adams, Glyn 2002: Shiatsu in Britain and Japan: Personhood, Holism and Embodied Aesthetics, in: *Anthropology & Medicine* 9 (3), 245-265.
- Alter, Joseph S. 2004: *Yoga in modern India: the body between science and philosophy*, Princeton: Princeton University Press.
- Alter, Joseph S. (ed.) 2005a: *Asian Medicine and Globalization*, Philadelphia: University of Pennsylvania Press.
- Alter, Joseph S. 2005b: Ayurvedic Acupuncture–Transnational Nationalism: Ambivalence about the Origin and Authenticity of Medical Knowledge, in: Alter, Joseph S. (ed.): *Asian Medicine and Globalization*, Philadelphia: University of Pennsylvania Press, 21-44.
- Alter, Joseph S. 2005c: Introduction: The Politics of Culture and Medicine, in: Alter, Joseph S. (ed.): *Asian Medicine and Globalization*, Philadelphia: University of Philadelphia Press, 1-20.
- Bendix, Regina 2005: Introduction: Ear to Ear, Nose to Nose, Skin to Skin–The Senses in Comparative Ethnographic Perspective, in: *Etnofoor* 18 (1), 3-14.
- Castells, Manuel 1996: *The Rise of the Network Society*, Cambridge: Blackwell.
- Citamparatānupillai, S. 1991: *Taṭṭuvarmat tiraṭṭu: Striking Nerve Centres in Varmam*, Ceṇṇai: International Institute of Thanuology.
- Crook, Nigel 1996: *The Transmission of Knowledge in South Asia: Essays on Education, Religion, History, and Politics*, Delhi: Oxford University Press.
- Daniel, E. Valentine 1984: The Pulse as an Icon in Siddha Medicine, in: *Contributions to Asian Studies* 18, 115-126.
- De Michelis, Elizabeth 2004: *A History of Modern Yoga: Patañjali and Western Esotericism*, London: Continuum.
- Dolby, Nadine/Cornbleth, Catherine 2001: Introduction: Social Identities in Transnational Times, in: *Discourse: Studies in the Cultural Politics of Education* 22 (3), 293-296.

- Fardon, Richard 1995: *Counterworks: Managing the Diversity of Knowledge*, London: Routledge.
- Fish, Allison 2006: The Commodification and Exchange of Knowledge in the Case of Transnational Commercial Yoga, in: *International Journal of Cultural Property* 13, 189-206.
- Halliburton, Murphy 2002: Rethinking Anthropological Studies of the Body: Manas and Bodham in Kerala, in: *American Anthropologist* 104 (4), 1123-1134.
- Harasim, Linda M. 1990: *Online Education: Perspectives on a New Environment*, New York: Praeger.
- Hausman, Gary J. 1996: *Siddhars, Alchemy, and the Abyss of Tradition: "Traditional" Tamil Medical Knowledge in "Modern Practice"*, PhD Thesis, Michigan: University of Michigan.
- Held, David (ed.) 1999: *Global Transformations: Politics, Economics and Culture*, Cambridge: Polity Press.
- Høg, Erling/Elisabeth Hsu 2002: Introduction, in: *Anthropology & Medicine* 9 (3), 205-221.
- Howell, Signe 1995: Whose Knowledge and Power? A new Perspective on Cultural Diffusion, in Fardon, Richard (ed.): *Counterworks: Managing the Diversity of Knowledge*, London: Routledge.
- International Olympic Committee 2006: *IOC Medical Commission: Collection of Sports Medicine and Sports Sciences*, Lausanne: International Olympic Committee.
- International Thanu Foundation 2009: *Doctorate in Varma Medical Sciences: Brochure-Cum-Application Form*, Madras: Thanu Foundation.
- Irājēntiraṇ, T. not dated: *Caracūkśattiravukōl – 36*, Maṇali: Kastūri piras.
- Janes, Craig R. 2002: Buddhism, Science, and Market: The Globalisation of Tibetan Medicine, in: *Anthropology & Medicine* 9 (3), 267-289.
- Kaṇṇaṇ Rājārām, T. 2007a: *Varma maruttuvam (ciraṇṇu) Varma Medicine (Special)*, Muñciṇai: A.T.S.V.S. Citta Maruttuvakkallūri.

- Kaṇṇaṇ Rājārām, T. 2007b: *Varma maruttuvattiṇ aṭippaṭaika!* (Fundamentals of Varma Medicine), Muṇṇirai: A.T.S.V.S. Citta Maruttuvakkallūri.
- Krishnamurthy, K.H. 1984: Siddha System of Medicine: A Historical Appraisal, in: *Indian Journal of History of Science* 19 (1), 43-53.
- Mariyajōcap, A. not dated: *Varmakkaṇṇāṭi - 500: mūlamum uraiyum*, Maṇalikkurai: Muttu nūlakam.
- McLuhan, Marshall 1973: *Understanding Media: The Extensions of Man*, London: Abacus.
- Naraindas, Harish 2006: Of spineless babies and folic acid: Evidence and efficacy in biomedicine and ayurvedic medicine, in: *Social Science & Medicine* 62 (11), 2658-2669.
- Nohl, Herman 1949: *Pädagogik aus dreißig Jahren*, Frankfurt am Main: Schulte-Bulmke.
- Obeyesekere, Gananath 1992: Science, Experimentation, and Clinical Practice in Ayurveda, in: Leslie, Charles/ Allan Young (eds.): *Paths to Asian Medical Knowledge*, Berkeley and Los Angeles: University of California Press, 160-176.
- Pillai, Chidambarathanu S. 1970: *Varma kaimuṇṇai ēṭu* (Handbook of varmology), Madras: International Institute of Thanuology.
- Pillai, Chidambarathanu S. 1994: *Philosophy of Thanuology (varma kuravanji)*, Madras: International Institute of Thanuology.
- Pillai, Chidambarathanu S. 1995a: *Intellection in Thanuology*, Madras: International Institute of Thanuology.
- Pillai, Chidambarathanu S. 1995b: *Retrieval Techniques in Thanuology*, Madras: International Institute of Thanuology.
- Pillai, Chidambarathanu S. 1995c: *Wisdom on Dislocations, Breakages and Damages in Thanuology*, Madras: International Institute of Thanuology.
- Pillai, Chidambarathanu S. 1996: *Pulse Reading in Thanuology (varma naadi)*, Madras: International Institute of Thanuology.
- Pillai, Chidambarathanu S. 2008: *Siddha System of Life* 32 (4).

- Pillai, Chidambarathanu S. 2009: *Siddha System of Life* 1 (1).
- Pordié, Laurent 2010: The politics of therapeutic evaluation in Asian medicine, in: *Economic & Political Weekly* 45 (18), 57-64.
- Pordié Laurent 2011: Accentuations et pragmatisme: Le savoir médical tibétain à destination des étrangers, in: *Revue d'anthropologie des connaissances*, 5 (1), 99-130.
- Pordié, Laurent 2012: "Branding Indian Aromatherapy. Differentiation through transnational networks", in: Scheid, Volker/Hugh MacPherson (eds.): *Integrating East Asian Medicine into Contemporary Healthcare*, London: Elsevier/Churchill Livingstone, 199-213.
- Pordié, Laurent/Jean-Paul Gaudillière in press: The Reformulation Regime in Drug Discovery: Revisiting Polyherbals and Property Rights in the Ayurvedic Industry, in: *East Asian Science, Technology and Society*.
- Rājēntiraṅ, Ār. 2008: *Varmakkalai: putumaiyāna tarkāppu muraikaḷ*, Cennai: Capariś pāraṭi.
- Rao, S.K. Ramachandra 1987: *Encyclopedia of Indian Medicine: Vol.2, Basic concepts*, Bangalore: Parameshvara Charitable Trust.
- Robertson, Roland 1995: Glocalization: Time-space and Homogeneity-heterogeneity, in: Featherstone, Mike/Scott Lash/Roland Robertson (eds.): *Global Modernities*, London: Sage.
- Rossmann, Parker 1992: *The Emerging Worldwide Electronic University: Information Age Global Higher Education*, Westport/London: Greenwood Press.
- Scheid, Volker 2006: Chinese Medicine and the Problem of Tradition, in: *Asian Medicine* 2 (1), 59-71.
- Sébastien, Brigitte 2010: Governmental Institutions vs. Associations: The multifaceted expression of Siddha Medicine in Tamil Nadu. <http://halshs.archives-ouvertes.fr/halshs-00408677/fr/>.

- Sébastien, Brigitte 2010: Le Passage des Frontières de Médecines pas très Douces: Prévenir l'innocuité ou Préserver l'authenticité? Le Problème des Formulations Iatrochimiques dans la Médication Siddha, in: *Revue d'anthropologie des Connaissances* 5 (1), 71-98.
- Selby, Martha Ann 2005: Sanskrit Gynecologies in Postmodernity: The Commoditization of Indian Medicine in Alternative Medical and New Age Discourses on Women's Health, in: Alter, Joseph S. (ed.): *Asian Medicine and Globalization*, Pennsylvania: University of Pennsylvania Press, 120-131.
- Subramanian, S.V. 1986: *Heritage of the Tamils: Education and Vocation*, Madras: International Institute of Tamil Studies.
- Sujatha, V. 2009: The Patient as a Knower: Principle and Practice in Siddha Medicine, in: *Economic & Political Weekly* 44 (16), 76-83.
- Tang, Suzanne 2006: "From Outcast to Inboard": The Transmission, Professionalisation and Integration of Acupuncture into British Medical Culture, in: *Asian Medicine* 2 (2), 254-276.
- Weiss, Richard S. 2003: *The Reformulation of a Holy Science: Siddha Medicine and Tradition in South India*, PhD Thesis, Ann Arbor: University of Michigan.
- Weiss, Richard S. 2009: *Recipes for Immortality: Medicine, Religion, and Community in South India*, New York: Oxford University Press.
- White, David Gordon 2006: *Kiss of the Yoginī: "Tantric Sex" in its South Asian Contexts*, Chicago: University of Chicago Press.
- Wulf, Christoph 2003: *Educational Science: Hermeneutics, Empirical Research, Critical Theory*, Münster: Waxmann.
- Zarrilli, Phillip B. 1995: Traditional Kerala Massage Therapies, in: *Journal of Asian Martial Arts* 4 (1), 67-78.
- Zarrilli, Phillip B. 1998: *When The Body Becomes All Eyes: Paradigms, Discourses and Practices of Power in Kalarippayattu, a South Indian Martial Art*, New Delhi: Oxford University Press.

Zimmermann, Francis 1992: Gentle Purge: The Flower Power of Ayurveda, in:
Leslie, Charles/Allan Young (eds.): *Paths to Asian Medical Knowledge*,
Berkeley: University of California Press, 209-223.