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Brigitte Gille Sébastia

▶ **To cite this version:**

Brigitte Gille Sébastia. A medicine in loss of identity. 2013, pp.IIAS The Newsletter n°65. hal-01423608

HAL Id: hal-01423608
https://hal.science/hal-01423608

Submitted on 30 Dec 2016

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The Newsletter | No.65 | Autumn 2013

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The association of the term siddha with medicine seems a relatively recent phenomenon. The Sanskrit word *siddha* means 'realised' and refers to yogis endowed with supernatural powers called *siddhi*. In the reports of committees appointed by the British colonial government to evaluate the relevance of traditional medicines, the term siddha was first used to refer to traditional medical practices in South India in the Usman report of 1923. Previously, committees' reports, travellers' accounts and old Tamil medical books used terms such as 'Tamil medicine' or 'Tamil Ayurveda'. The word siddha, introduced in the 1920s, could result from the Dravidian movement that opposed brahmanical cultural hegemony in South India. Siddha medicine was and is considered to be a glorious achievement and symbol of Tamil culture. This is mirrored today in the discourses of siddha practitioners and the promoters of siddha medicine.[2]

Brigitte Sébastia

The identity of siddha medicine

The expression 'Tamil Ayurveda' suggests that siddha medicine is similar to ayurveda. However, the textual corpus of siddha is mostly in the Tamil language – though some texts are in Malayalam, the language of neighbouring Kerala – while the texts of ayurveda are written in Sanskrit. Both medical traditions share physiological, diagnostic, etiological and therapeutic practices and concepts, and a large part of the *material medica*. But there are some differences that give siddha its own identity. Firstly, its pharmacopoeia includes many more organic and mineral products, especially heavy metals such as lead, arsenic and mercury. Secondly, the way siddha was transmitted to humanity differs from ayurvedic medical mythology, which states that people inherited ayurvedic knowledge through a line of gods and deities (Brahma-Prajapati-Ashvin-Indra), who passed it on to Dhanvantari, the God of ayurveda, who gave his knowledge to mythical doctors, in particular Caraka and Sushruta. In contrast, siddha medical knowledge and practice were dispersed by *cittarkaḷ,* a class of South Indian tantric yogis, devotees of the Shiva-Shakti cult, who developed supernatural faculties through severe asceticism and the ingestion of mercury pills made while in deep meditation. Thirdly, compared to ayurveda, siddha is more concerned with rejuvenation and longevity, even immortality.

These three specificities of siddha are linked to the social class of *cittarkaḷ* who were experts in alchemy and developed iatrochemical processes for converting minerals and toxic metals into medicines. In these purification processes known as *cutti* [removing the faults of a medicine] vegetal and organic materials are used to induce chemical transformations and make the substance suitable for human consumption (fig. 1). High potency is ascribed to the resulting products and some called *karpam* [panacea] are applied in the treatment of many ailments. These medicines are said to fight the degeneration of body and mind, and to give immortality.

Four products are particularly emblematic of siddha medicine: *rasamaṇi* (mercury pills made by coagulation of mercury), *navapāśaṇam* ('nine poisons', a stone supposedly made of nine sorts of arsenic salts), *kaṭṭu* (an extremely hard and compact stone made of various metals and minerals) and *muppu* (a medicine prepared from earth salt). *Rasamaṇi* is not specific to siddha as it belongs to the world of alchemy, but it is brandished by traditional siddha practitioners as proof of their medical erudition. *Kaṭṭu* are usually inherited from the ancestors; rare are practitioners who know how to prepare these stones. The two other products – *navapāśaṇam* and *muppu* – are esoteric substances and their composition is said to be secret. This secrecy, which is intrinsic to alchemy, has opened the way for the creative imagination. Nowadays, siddha practitioners (*cittamaruttuvarkaḷ*) who are very fascinated by alchemy, perform experiments attempting to rediscover the formula of these mythic products. Their efforts focus especially on *muppu,* a substance prepared with a salt named *punīr* collected from a specific area at full moon in certain months of the Tamil calendar. This substance is said to act as catalyser and enhances the potency of other medicaments. The practitioners involved in the preparation of *rasamaṇi, navapāśaṇam* and especially *muppu* seek to test their proficiency in siddha.

In general, patients turn to siddha medicine for the treatment of chronic ailments such as skin diseases, digestive disorders, sexual troubles, bone and joint pains, as well as bone dislocations/breaks. More recently and increasingly, they approach them for ailments related to lifestyle diseases, such as diabetes, obesity, cardiovascular disorders, and cancer. While many practitioners are generalists, some have specialised in eye conditions, mother and child ailments, insect and serpent bites, mental illnesses, bone and joint pains, bone setting, and acupressure.

The institutionalisation of siddha medicine

Siddha is not as widespread as ayurveda and has not been institutionalised to the same extent, mainly due to its esoteric nature and because access to it is restricted to Tamil speakers. At the beginning of the twentieth century, āyurvedic practitioners promoted their medicine "on a nationalist platform by arguing its unique connection to Indian cultural identity".[3] Like the propagators of āyurveda and unani, siddha practitioners protested against British imperialism and demanded recognition and support for their medicine. This was partly successful as the creation of siddha, unani and āyurvedic schools and colleges, shows. In South India, the first traditional medical college was established in Madras Presidency in 1925, but only after heavy debates by committees appointed to look into the worth of traditional medicine. An important objection against the recognition of Indian medicine was that these traditions were considered to be unscientific compared with the medicine of the British.

Siddha medicine was taught as a branch of ayurveda in this first traditional medical college in South India. There were three reasons for this; firstly, the conceptual similarities between ayurveda and siddha; secondly, the existence of ayurvedic textbooks – opposed to the medical corpus of siddha that was still in the form of palm leaf manuscripts *(ōlaiccuvāṭi)* (fig. 2); thirdly, the predominance of ayurveda in the Madras Presidency, which included parts of the present states of Andhra Pradesh and Karnataka where Tamil is not spoken. The fact that siddha has metals in its pharmacopoeia and that its reputation is engrained in magic and esotericism, also impeded its recognition.

The first college of Indian medicine, in what is now known as the Indian state of Tamil Nadu, was several times renamed and transformed and did not have a long existence. It was only later, under the pressure of Muttukaruppa Pillai, a traditional practitioner who dedicated his life to the enhancement and spread of traditional medical knowledge, that siddha was given more recognition. A new college cum hospital for Indian medicines in Tamil Nadu was established in 1965 at Palayamkottai in Tirunelveli district. Because of its location in the southern part of Tamil Nadu, this institution did not attract students from ayurveda and unani – unlike in Madras, currently known as Chennai. Consequently, this institution became entirely devoted to siddha medicine. Then, two other siddha colleges with teaching hospitals were established in Chennai. The one established in 1985 at Arumbakkam also teaches ayurveda and unani and is attached to the Central Research Institute for Siddha; the most recent, the National Institute of Siddha, established in 2005, lies in Tambaram, Chennai. Like biomedical and āyurvedic colleges, these siddha institutes offer two medical degrees: BSMS (Bachelor of Siddha Medicine and Surgery) and MD Siddha (Doctor of Medicine Siddha). Students who opt for the BSMS degree receive no clinical experience as their curriculum is purely theoretical. To complete their education, they must undertake a medical internship, which most of them do in biomedical hospitals and clinics.

The level of institutionalisation differs between siddha and ayurveda. This is due to the late recognition of siddha, the limited number of siddha institutions and available seats in siddha colleges. As a result, there are more traditional siddha practitioners (*cittamaruttuvarkaḷ*) without a college education, than siddha doctors with a BSMS or MD (Siddha) degree. (fig. 3) These *cittamaruttuvarkaḷ* have acquired their knowledge through the *paramparaiya* system (traditional apprenticeship),



Fig. 1 (below left): Extraction of mercury from cinnabar.

Fig. 2 (below right): Consulting a siddha palm leaf manuscript.



Regulating and reviving South Indian traditional medical knowledge[1]



which means that they are trained within their extended family or in the *kurukulam* system, i.e., by a *guru* (teacher), who is either an expert in siddha medicine or in related disciplines such as alchemy, botany, pharmacopoeia, yoga, and pulse-reading. Some of these *cittamaruttuvarkaḷ* are highly educated and their knowledge not seldom exceeds that of those with an officially sanctioned degree in siddha (BSMS or MD Siddha). Some of them have also followed medical courses in homeopathy, naturopathy or in alternative medicines. These courses allow them to increase their botanical and medical knowledge, but also for some, to use their diplomas to open a siddha hospital or clinic and legitimise their practice, despite the fact that these diplomas are not recognised by the government.

Rivalry among siddha practitioners

Cittamaruttuvarkaḷ are not much appreciated by siddha doctors, who judge them to be quacks, as they have no official degrees and are mostly not registered with the medical board,[4] and therefore strictly speaking, practise medicine illegally. *Cittamaruttuvarkaḷ* admit that BSMS and MD (Siddha) doctors are more educated in the official meaning of the term, but they are also of the opinion that their knowledge is only theoretical, and heavily tainted by biomedical knowledge. They accuse them of mimicking biomedical physicians. Indeed, the officially recognised siddha doctors often speak with great enthusiasm about the immense knowledge of the *cittarkaḷ* in terms of alchemical processes, botany, diagnostic methods, and disease taxonomy – unfortunately their own medical education does not make them competent in preparing complex siddha medicines, or in applying traditional diagnostic methods such as pulse-reading, or in traditional therapies such as *varma* [acupressure], yoga and food prescriptions.

Their strong opposition to the *cittamaruttuvarkaḷ* may be conditioned by disrespect, but also by the Indian context of job scarcity. While *cittamaruttuvarkaḷ* attract a large private clientele because of their link to siddha tradition through many generations, government sanctioned siddha doctors do not. For a job, they depend upon government positions in public hospitals or Primary Health Centres where they have to practise both biomedicine and traditional medicine. In order to gain some legitimacy they sometimes link themselves to the siddha tradition through the use of symbols and icons, such as *ōlaiccuvāṭi,* millstones and mortars, pictures of mythical siddha practitioners, *rasamaṇi,* and *kaṭṭu*. It is quite ironic that these objects are collected from *cittamaruttuvarkaḷ*. Nevertheless, most patients prefer to consult practitioners known for their family medicines. The possession of potent medicines identifies a good practitioner in the eyes of his clients and the general public.[5]

The institutionalisation of siddha medicine has had a homogenising effect. In contrast, the medical knowledge and practice of *cittamaruttuvarkaḷ* is very heterogeneous because it varies according to family tradition, the practitioner's experience, and the extent of a practitioner's additional training. For many *cittamaruttuvarkaḷ*, notably those living and practising in villages, medicine is performed alongside other activities, such as farming. However, there are also *cittamaruttuvarkaḷ* who treat forty to eighty patients a day, or who run hospitals with ten to eighty beds.

Institutionalisation has given siddha a certain level of recognition. It offers treatments to patients who have confidence in traditional medicines, and to those who have lost faith in biomedicine after bad experiences (e.g., failed treatments and severe side effects). However, by mixing siddha and biomedical knowledge, and establishing curricula in which certain specificities of siddha medicine are neglected, educational institutions are producing a new form of knowledge and practice that diverts from tradition. This is reinforced by the fact that medicines based on metals and minerals, which are iconic for siddha, are neglected in favour of herbal *material medica*. This reflects the value attributed to the herbal therapies that make ayurveda attractive in the eyes of many, both in India and in the West. To avoid any risk of intoxication by preparations using heavy metals, some *cittamaruttuvarkaḷ* have even ceased their preparation of these medicines. These changes have eroded the identity of siddha and blurred the frontier with ayurveda. This development is resented by *cittamaruttuvarkaḷ* who feel deeply connected to the *cittar* traditions.

Egilane, a traditional practitioner who claims to have developed his knowledge through asceticism under the guidance of a yogi expert in siddha medicine, told me one day while he was anointing earthen pots with crushed leaves for extracting mercury from cinnabar *(liṅkam):* "Today siddha doctors and even *cittamaruttuvarkaḷ* refuse to prepare medicines with metals. They invoke risks of intoxication. But those who say that do not know how to prepare them. If they had the correct knowledge, they would not have fear. Years and years, my guru taught me and I learned a lot through yoga, so why would I fear to prepare these medicines?" The loss of knowledge not only concerns metal and mineral preparations, but also the neglect of other classical therapeutic techniques. In addition, nosological and aetiological Tamil terminology has been partly replaced by English biomedical terms.

Safeguarding tradition

Confronted by all the changes, the deterioration of traditional siddha medicine, and the increasingly poor reputations of siddha practitioners, some *cittamaruttuvarkaḷ* are undertaking promotional activities. They are working on improving siddha practices and increasing the attractiveness of siddha for patients. The siddha knowledge of the relatively small community of *cittamaruttuvarkaḷ* is gradually disappearing due to the lack of knowledge-sharing inside the community – which is the consequence of both its institutionalisation and the loss of confidence among the Tamil population. Many children of *cittamaruttuvarkaḷ* have not continued the work of their parents. They have turned to other professions or taken a government job that assures regular income. Interestingly, some Tamils, upon retirement, approach reputed *citta-maruttuvarkaḷ* in their desire to learn the medicine of their forefathers; they are often either motivated by a sense of 'communal identity' (siddha as the great knowledge of Tamil Nadu) or by a sense of *cēvai* [service/duty to the people].

There are existing associations that serve as platforms for *cittamaruttuvarkaḷ* and students (fig. 4). They organise weekly meetings where practitioners are invited to share their knowledge about siddha anatomy and physiology, botany, the composition and preparation of medicines (with a focus on the purification of metals), and siddha diagnoses and treatments. The associations aim to tackle the secrecy of siddha, which in their eyes will eventually lead to the decline of siddha knowledge. Some students of siddha colleges also attend these meetings, to complement their education and to benefit from the knowledge of highly proficient practitioners. These associations seek to improve the image of *cittamaruttuvarkaḷ*, and subsequently stop the decline of siddha knowledge. Some *cittamaruttuvarkaḷ* train others in *varma* [acupressure] and massage, therapies highly neglected in siddha colleges and hospitals, as well as in the art of making traditional siddha medicines. They also see the collection and preservation of *ōlaiccuvāṭi* (siddha medical corpus) as a priority. Some of them are involved in deciphering these abstruse texts, in the hope of developing new formulas. They dream of (re)discovering *muppu, kaṭṭu* or *navapāśaṇam* that have been swallowed up by the past.

Brigitte Sébastia, French Institute of Pondicherry, India; Member of the CEIAS and the LISST (EHESS, Paris), (brigitte.sebastia@ifpindia.org)

Fig. 3 (above): Traditional Siddha practice.

Fig. 4 (below): Starting a healers' association.

All images courtesy of Christian Sébastia; except fig. 4 courtesy of Maarten Bode.



Notes

1 This article is based on research on various modalities of transmission of siddha medical knowledge, carried out between 2005-2007 at the French Institute of Pondicherry (IFP), which also financially supported this research. For more information about the outcome of this project, see:
Sébastia, B. 2011. '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', *Revue de l'anthropologie des connaissances* 5(1):71-98
Sébastia, B. 2012. 'Competing for Medical Space. Traditional Practitioners in the Transmission and Promotion of Siddha Medicine', in V. Sujatha & L. Abraham (eds.) *Medicine, state and society. Indigenous medicine and medical pluralism in contemporary India,* 165-185. Delhi, Orient BlackSwan
Hausman, G. 1996. *Siddhars, Alchemy and the Abyss of Tradition: 'Traditional' Tamil Medical Knowledge in 'Modern Practice',* unpublished thesis, University of Michigan.

2 Weiss R.S. 2009. *Recipes for Immortality. Medicine, Religion and Community in South India.* New York: Oxford University Press.

3 Langford, J. 1995. 'Ayurvedic Interiors: Person, Space, and Episteme in Three Medical Practices', *Cultural Anthropology* 10(3):330-366 (see p.333)

4 The notification No. V. 26211/4/1976 dated 10.9.76 added to the IMCC Act of 1970 put an end to the registration of traditional medicine practitioners. Only those with degrees from colleges are now allowed to register and officially practise medicine.

5 Siddha doctors prescribe medications that patients must buy from siddha and ayurveda shops. Most siddha doctors do not know how to make medicines except for those who are knowledgeable about siddha *materia medica* and traditional preparation methods (*kuṇapāṭam* – 'pharmacognosy').