CHAPTER THREE
HEALTH CARE SERVICES

Health care is a public right and it is the responsibility of a Government to provide the required health services to all the citizens. Proper health care is essential for an individual to lead a full, healthy and productive life. The purposes of health care services are to improve the health status of population. Health care services are available to the state’s population in health centres, dispensaries and hospitals including teaching hospitals in the public sector. Hospitals include corporate hospitals nursing homes and medical practitioners in the private sectors, hospitals run by Non Government Organizations or Trusts and the Indigenous systems of medicine\(^1\). The public health facilities are spread over the State’s both rural and urban areas, while private sector institutions are largely concentrated in cities and towns, a few in semi urban and rural areas.

The health facilities in India in the public sector operate at three levels, viz. primary, secondary and tertiary care levels\(^2\). Primary level includes Primary Health Centres and Health Sub Centres, secondary level includes District Headquarters Hospitals, Taluk and Non-Taluk Hospitals and Dispensaries and the tertiary level includes teaching Hospitals and speciality Hospitals. Kanyakumari District has the credit of a good net work of Government health care services, district head quarters hospital, taluk and non taluk hospitals, primary health centres and health sub centres after its formation. They were under the control of Joint Director of Health Services.

\(^2\) Muthu, V.K., *op.cit.*, pp. 189-190.
Primary Health Care

A new approach to health care came into existence in 1978 following the International Conference at Alma-Ata. This is known as primary health care, first proposed by the Bhore Committee in 1946 and now espoused world wide by the International Agencies and the National Governments. Alma Ata conference defined primary health care as follows, ‘primary health care is essential health care made universally accessible to individuals and acceptable to them through their full participation and at a cost the community and country can afford’. The best way to provide health care to the people is to develop effective primary Health care services. It is a practical approach in improving the health status of population. The concept of primary health care has been accepted by all countries as a key to the attainment of Health for all by 2000. It has also been accepted as an integral part of the country’s health system and over all economic and social development. Essential components of primary health care are ensuring food supplies and proper nutrition, community education about health problems and their control, safe water supply and basic sanitation, mother and child health care including family planning, immunization against major infections diseases, prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries and provision of essential

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4 Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978, p.34.
drugs for all. Primary health centre and Health sub centre are basic infrastructure for delivery of primary health care.

**Primary Health Centre**

At the time of India’s independence, health facilities serving the rural poor were few. After 1951, India witnessed significant investments in developing network of health centre all over. Health centre is an organization, which provides and integrates preventive and curative services to the people of the allotted area it serves. Therefore, Health Service of the state formed an integral part of its policy which came to be enforced through a network of PHCs. PHCs and HSCs provide basic health services to the rural population. PHC occupies a key position in the nation’s health care system. The PHC aims to attain disease free society at the peripheral level. It is a multipurpose unit established to render preventive, curative and promotive health services to the community and to build up positive health of the community. It forms the base of the integrated structure of medical services in the rural areas based on the principle of “placing people’s health in people’s hand”.

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6 Report of the International conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978, p.34.
Beginning

The idea of establishing a PHC was suggested by Lord Dawson of United Kingdom in 1920, to deliver community health services\textsuperscript{11}. In 1946, the Bhore committee recommended the setting up of the PHCs, as a unit to provide total comprehensive health care (preventive, promotive, curative and rehabilitative) to a community in rural areas. It proposed the establishment of one PHC in rural areas for every 40,000 population\textsuperscript{12}. The PHCs were ultimately established in 1952 as an integral part of the community development programme. During the first, second and third five year plans, a policy was sought to implement, control and eradicate communicable diseases and to provide curative and preventive health services in rural areas through establishment of a PHC in each community development block\textsuperscript{13}. In the sixth five year plan (1980-1985) it was proposed to establish one PHC for every 30,000 population and one PHC for every 20,000 population in tribal and hilly areas by 2000\textsuperscript{14}. In addition, for every 5,000 population, one subcentre was to be established to take the health services to the people’s door steps.\textsuperscript{15}

The National Health policy (1983) proposed the re-organization of PHCs on the basis of one PHC for every 30,000 population in the plains and one PHC for every

\begin{itemize}
  \item \textsuperscript{11} Alka Gupta, M.D, \textit{Community Health Care for Nurses and Health Workers}, Bombay, 1997, p.430.
  \item \textsuperscript{12} Dr. Mathur, T.S., \textit{op.cit.}, 363.
  \item \textsuperscript{13} Sankara Rao, M., \textit{Health and Hospital Administration in India}, New Delhi, 1992, pp.16-17.
  \item \textsuperscript{14} TamilNadu State Administration Report 1989-1990, Government of Tamil Nadu, 1993, p.190.
  \item \textsuperscript{15} Ibid., p.191.
\end{itemize}
20,000 population in hilly, tribal and backward areas for more effective coverage\textsuperscript{16}. So the numbers of the health centres increased in rural areas. The concept of sub centre was developed to carry the health services to the door step of the villagers as the PHC were located in far off places from the beneficiaries. Each PHC comprises of 6 HSCs on an average. HSC is the peripheral outpost of the health care system. It is established on the basis of one centre for every 5,000 population in plain areas and for 3000 population in hilly and tribal areas\textsuperscript{17}. Each sub centres is manned by one male Health worker and one Female Health worker\textsuperscript{18}. These two pair of multi purpose Health workers carryout all the health care delivery services including maternity and child health, nutrition and family welfare. For the purpose of medical care every PHC has an out patient department and an inpatient section with 6 beds\textsuperscript{19}. At the out patient department, the patient is examined and given appropriate treatment. Two Medical officers were appointed for each PHC, so as to render medical help and to meet the health needs of the rural population.

**Functions**

The PHC performs varied functions essential to the health of the people as outlines in the Alma-Ata Declaration. They are medical services, maternity and child health care including family planning, implementation of National Health programmes, improvement of environmental sanitation and provision of safe drinking


\textsuperscript{18} Ibid., pp.370-371.

water, collection and reporting vital statistics, training of health guides, health workers and health assistants, control of communicable diseases, school health services, provide referral services, family welfare programmes and health education programmes. The responsibilities of subcentre are implementing all the national health programmes including family planning, maternity and child health activities, providing assistance during home deliveries, controlling epidemics, organizing health education and providing basic medical care for common illnesses.

**Primary Health Centres in Kanyakumari District**

In Kanyakumari District majority of the people live in rural areas. Health care delivery system to the rural areas starts by 9 block in PHCs, 27 additional PHCs and 267 HSCs. Each PHC consists of three medical officers (ie. Assistant surgeons one for general, other for family welfare and another one to attend public health activities in the villages) and other complementary staff, viz., health inspectors, health visitors, multipurpose health workers (male and female) health assistants, pharmacist and male nursing assistant’s–cum–sweepers. Each HSC will be manned by one male and one female multi-purpose Health worker. The Government of Tamil Nadu has brought down the multi purpose target population to 30,000 from one lakh by each PHC. Each PHC comprises of 6 HSCs on an average. HSCs are established and maintained at the rate of one health centre for every 3000 population in hilly and tribal areas and one for every 5000 population in other areas. According to the population report, 2008, the

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average population per PHC is 40127 and HSC is 5410\(^{25}\) in Kanyakumari District. The details of infrastructure and facilities of PHCs and HSCs are listed below\(^{26}\).

<table>
<thead>
<tr>
<th>Details</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number (No) of PHCs</td>
<td>= 36</td>
</tr>
<tr>
<td>No of PHCs functioning in Government Buildings</td>
<td>- 31</td>
</tr>
<tr>
<td>Total No. of HSCs</td>
<td>- 267</td>
</tr>
<tr>
<td>No of HSCs functioning in Government Buildings</td>
<td>-140</td>
</tr>
<tr>
<td>No of HSCs functioning in Rent free Buildings</td>
<td>-1</td>
</tr>
<tr>
<td>No of HSCs functioning in Rented Buildings</td>
<td>- 126</td>
</tr>
<tr>
<td>No of PHCs with 30 bedded facility</td>
<td>- 7</td>
</tr>
<tr>
<td>No of PHCs with Blood storage facility</td>
<td>- 4</td>
</tr>
<tr>
<td>No of PHCs with functional Operation Theatre</td>
<td>- 7</td>
</tr>
<tr>
<td>No of PHCs functioning as Birth and Death Units</td>
<td>-36</td>
</tr>
</tbody>
</table>

The PHC in Kanyakumari District is entrusted with the responsibility of undertaking the following health activities\(^{27}\). They are; Safe Mother-hood and child Survival; Malaria and Filaria Control; Universal Immunization Programme; Oral Rehydration Therapy; Acute Respiratory infection control; Communicable Disease Control; Supervision of public health measures and sanitary arrangement for fairs and festivals; Public health and preventive measures during natural calamities like drought, floods and unseasonal heavy rains; Monitoring of air and water quality by analysis of water and air samples; Prevention of food adulteration by enforcing Food Adulteration Act; Health and Vital Statistics; Community Nutrition and Research


\(^{27}\) Personal interview with Mrs. Sahajini, Health Inspector, Aralvoimozhi PHC, 10 May 2010.
Education; Industrial health and control of dangerous and offensive trades; Health and Family Welfare Education and Training of Health Para Medicals.

List of PHCs functioning in Kanyakumari Health Unit District are as detailed below.


List of HSCs and their location in each block is as follows.

I. Agasteeswaram Block – 27


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II. Thovalai Block – 20


III. Rajakkamangalam Block – 26


IV. Kurunthencode Block-34


30 Ibid., pp.1-2.
31 Ibid., p.2.

V. Killiyoor Block-29


VI. Munchirai Block-35


32 Ibid., pp.2-3.
33 Ibid., p.3.
34 Ibid., pp.3-4.
VII. Melpuram Block – 33


VIII. Thiruvattar Block – 31


IX. Thuckalay Block-32


35 Ibid., p.4.
36 Ibid., pp.4-5.

These HSCs provide services to the population. It is established at the village level to provide health care to the rural population of the district. The State Government supplied drugs to HSCs established prior to First of April 1981 at the rate of Rs. 2000 per centre per annum\textsuperscript{38}. Government of India supplied drugs to HSCs established after April 1981 in the form of kits. Since 1989-1990, instead of supplying drugs, Government of India continues to funds to the State Government for the purchase of drugs to HSCs, at the rate of Rs. 2000- per centre per annum\textsuperscript{39}. One tribal PHC functioning in Kanyakumari District is at Pechiparai\textsuperscript{40}. Seven PHCs in Kanyakumari District, Arudesam, Edaicode, Kuttakuzhi, Killiyur, Chenbagaraman Puthoor, Muttom and Agastheesvaram are designated as “Basic Emergency Obstetric New Born Care (BEMONC) centres\textsuperscript{41}. From first October 2010, PHCs at Agastheeswaram Chenbagaramanputhoor, Thadikkarankanadam and Edaicode have become blood storage centres\textsuperscript{42}.

Registration of ante-natal Mothers, immunization against tetanus toxoid, supply of iron and folic acid tablets during antenatal period, conducting safe delivery,

\textsuperscript{37} Ibid., p.5.
\textsuperscript{38} Dr. Velmani, K.S.K., \textit{op.cit}, p.1320.
\textsuperscript{39} \textit{Ibid.}, pp.1320-1321.
\textsuperscript{41} \textit{Thinathanthi}, Nagercoil, 1 October 2010, p.9.
\textsuperscript{42} Report from the Department of Public Health, Nagercoil, 2010, p.2.
taking birth weight of baby, immunizing baby against diseases, monitoring health of
the child, for diarrhoeal diseases, acute respiratory infection and vitamin ‘A’
deficiency are the primary duties of the peripheral level workers.\textsuperscript{43}

In Kanyakumari all the National and State Health Programmes are
implemented successfully through the 36 PHCs and 267 HSCs. These PHCs and
HSCs provide immediate Medical care in emergencies to people of these villages.
Otherwise they will be deprived of medical care and they have to travel a long
distances to reach the district and taluk hospitals which are away from the
inhabitation.

**Hospitals**

According to WHO “A hospital is an integral part of a social and medical
organization, the functions of which is to provide for the population complete health
care, both curative and preventive, and whose out patient services reach out to the
family and its home environment: the hospital is also a centre for training for the
health workers and biosocial research”.\textsuperscript{44} A hospital differs from a health centre in the
following aspects. In a hospital, services provided are mostly curative, but in a health
centre, the services are preventive, promotive and curative. A hospital has no
catchments area, i.e., it has no definite area of responsibility. Patients may be drawn
from any part of the country. On the other hand health centre is responsible for a
definite area and population. The organization of health care services apart from

\textsuperscript{43} Personal Interview with Mrs. Johnsy, Health Worker, Edaicode PHC, 5 November, 2010.
\textsuperscript{44} Sakharkar, B.M., *Principles of Hospital Administration and Planning*, New Delhi, 2009, p.3.
PHCs and HSCs by the Government sector consists of District hospital, Taluk and Non-taluk hospitals, Teaching hospitals and Speciality hospitals.

In Kanyakumari District, medical health services under Government sector given to the public are Government Headquarters Hospital PadmanabhaPuram, Government Hospital Kuzhithurai, Government Hospital Bhoothapandy, Government Hospital Kanyakumari, Government Hospital Colachel Government Hospital Kulasekaram, Government Hospital Arumanai, Government Hospital Karungal and Government Hospital Seynamvilai\textsuperscript{45}. Among these, Government Hospitals at Bhoothpandy, Kuzhithurai and Kanyakumari are Taluk hospitals and Government Hospitals at Colachel, Kulasekaram, Arumanai, Karungal and Synamvilai are non taluk hospitals. In the Public sector also there is also one Government Medical College and hospital at Asaripallam and a Tuberculosis Hospital at Nagercoil functioning in the District. These hospitals render meritorious medical health services for the people of Kanyakumari District.

**Administrative setup**

Joint Director of Medical Rural Health and Family Welfare Office is the administrative head of all medical activities in Kanyakumari District\textsuperscript{46}. Under the control of Joint Director, Deputy Director of Medical and Rural Health Services (FW), Deputy Director of Medical services, (Leprosy), Deputy Director of Medical services (TB), the hospital superintendent of Government Head Quarters Hospital and

\textsuperscript{45} Report from the Department of Medical Rural Health and Family welfare, Nagercoil, 2010, p.11.

\textsuperscript{46} Year Book 1988-1989, Family welfare programe in TamilNadu, State Family welfare Bureau, Directorate of Medical and Rural Health services, Madras, p.47.
the Medical officers of Government Hospitals are looked after various responsibilities assigned to them. The Joint director of Medical Rural Health and Family welfare visits all Government hospitals in the District periodically to supervise the activities and look after the administration. He also visits PHCs and private hospitals of this district and supervises Family welfare programme, National Blindness control programme, AIDS Control programme, Leprosy control programme, TB control programme, prenatal Diagnostic (scan centres) in Government and private hospitals, immunization programme and Health system project. The Administrative organization chart is depicted below.

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48 Ibid., pp.1-2.
49 Ibid., p.2.
Government Hospitals

In Kanyakumari District, health care services in the public sector are provided to the people through Government hospitals. The Government headquarters hospital in Kanyakumari District is functioning at Padmanabhapuram. Government hospital at Padmanabhapuram was established in 1894 by the Travancore Government\textsuperscript{50}. It is now located in the Kalkulam Taluk of Kanyakumari District. After the merger of Kanyakumari with the Madras State in 1956, it became a Taluk hospital, extended with an area of 3.43 acres. On 16 June 2004, it was upgraded to a Headquarters hospital\textsuperscript{51}. The following departments are functioning in the hospital, Causality department, Labour ward, Sterilization ward, Paediatric department, Neonatal ward, Skin clinic, Dental clinic, Psychiatry clinic, TB clinic Physiotherapy department, Siddha and Homoeopathy Departments. The bed strength of the hospital in 2009 was 108 and an average number of outpatients daily treated are between 1170 to 1300 and the inpatients are in between 120 to 130\textsuperscript{52}. A well equipped X-ray plant and also a blood bank are also functioning in the hospital.

ECG facility is also available in the hospital. Ortho Department was opened in the hospital in 1990\textsuperscript{53}. In 2006 Government allotted Rs 150 lakhs for upgradation and strengthening of Accident and Emergency services in Headquarters, Hospital\textsuperscript{54}. Two

\textsuperscript{50} Report from the Government Headquarters Hospital, Padmanabhapuram, 2009, p.1.
\textsuperscript{52} Report from the Department of Medical Rural Health and Family welfare, Nagercoil, 2009, p.6.
\textsuperscript{54} Report from the Office of Joint Director of Medical and Rural Health and Family Welfare, Nagercoil, 2009, p.6.
ambulances have been provided towards the upgradation and strengthening of Accident and Emergency facilities. Child Emergency Obstetric New born care Centre (CEMONC) was started in the hospital on 12 April 2007. Now it is considered one of the important hospitals in Kanyakumari District having all the health care facilities for the people of the District. Special Departments and other health care specialties available in the Government medical institutions in Kanyakumari District are detailed below.

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57 Ibid, p.6.
<table>
<thead>
<tr>
<th>SL No.</th>
<th>Hospitals Name</th>
<th>Type</th>
<th>Bed</th>
<th>Services Operation Theatre</th>
<th>ISM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government Headquarters Hospital, Pollachi</td>
<td>TK</td>
<td>108</td>
<td>Y</td>
<td>Y Y Y Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>2</td>
<td>Government Hospital, Brothapet</td>
<td>TK</td>
<td>41</td>
<td>N</td>
<td>Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>3</td>
<td>Government Hospital, Kuzhithurai</td>
<td>TK</td>
<td>88</td>
<td>N</td>
<td>Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>4</td>
<td>Government Hospital, Kanyakumari</td>
<td>TK</td>
<td>51</td>
<td>N</td>
<td>Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>5</td>
<td>Government Hospital, Kollam</td>
<td>NT</td>
<td>38</td>
<td>N</td>
<td>Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>6</td>
<td>Government Hospital, Karungai</td>
<td>NT</td>
<td>36</td>
<td>N</td>
<td>Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>7</td>
<td>Government Hospital, Arunanai</td>
<td>NT</td>
<td>12</td>
<td>N</td>
<td>Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>8</td>
<td>Government Hospital, Senthavoor</td>
<td>NT</td>
<td>21</td>
<td>N</td>
<td>Y Y Y Y Y Y Y N</td>
</tr>
<tr>
<td>9</td>
<td>Government Hospital, Thekkathoor</td>
<td>NT</td>
<td>7</td>
<td>N</td>
<td>N N N N N N N</td>
</tr>
</tbody>
</table>

Type: TK: Taluk, NT: Non-Taluk
ISM: Indian System of Medicine

Y: Yes  N: No
Kanyakumari Government Medical College and Hospital, Asaripallam

To meet the growing demands of public, the Tamil Nadu Government started a new Medical College at Kanyakumari District. The Government TB Hospital campus at Asaripallam in Kanyakumari District, with an area of 100.5 acres\textsuperscript{58} was selected as the site for the proposed Government Medical College. On 11\textsuperscript{th} March 2001 the Government accorded sanction for the establishment of the new Government Medical College at Kanyakumari District during the year 2001-2002 with an annual intake of 100 students for M.B.B.S course\textsuperscript{59}. The foundation stone was laid for the same on 12\textsuperscript{th} March 2001 by the Thalavai Sundaram, the then Honorable Minister of Health and Family Welfare\textsuperscript{60}. Accordingly Union Ministry of Health and Family Welfare, issued permission to start a Medical College at Asaripallam in Kanyakumari District. The College is functioning since 16 August 2004 onwards with an annual intake of 100 students\textsuperscript{61}. Government have also granted permission for the construction of 300 bedded hospital at a cost of Rs.500 crores\textsuperscript{62} and it was inaugurated by Honorable Chief minister of TamilNadu on 8 August 2004.

Until the construction of permanent buildings the college functioned in the temporary building with the following departments as first phase (1\textsuperscript{st} MBBS), Departments of Anatomy, Physiology, Bio-chemistry and Community Medicine and during second phase (11nd MBBS), Departments of Pathology, Pharmacology, Microbiology and Forensic Medicine, Medical Education Department. Besides, the

\textsuperscript{58} Travancore Administration Report 1942-43, Trivandrum, p.129.
\textsuperscript{59} G.O.Ms. No. 82, Health and Family Welfare Department, 11\textsuperscript{th} March 2001.
\textsuperscript{60} The Hindu, Nagercoil, 13 March 2001, p.5.
\textsuperscript{61} “Protophues 07”, Magazine, Kanyakumari Medical College, Asaripallam, 2008, p.5.
\textsuperscript{62} G.O.No. 219 of Health and Family Welfare, 4\textsuperscript{th} July 2002.
College’s also having Lecture hall, Central Library, Administrative Block, separate Hostels for men and women students mess as per the norms prescribed by the Government of India\textsuperscript{63}. To add feather to the Kanyakumari Government Medical College, School of Nursing was started on 3 February 2004 with an annual intake of 50 students per batch\textsuperscript{64}.

At present the following Departments are functioning in the Medical College and Hospital with full faculty members. They are Anatomy, Physiology, Bio-Chemistry, Community Medicine, Pathology, Pharmacology, Micro-Biology, Forensic Medicine, Medicine and allied Departments, Surgery and allied Department, Obstetrics and Gynecology Departments, Pediatric Department, Department of Orthopedics, Department of Ototorhino Laryngology, Department of Ophthalmology Dermatology, Psychiatry and Dental surgery\textsuperscript{65}.

For the training of students studying in this medical college, the PHCs of Rajakkamangalam, Chenbagaramanputhur, Kothanallur and the Urban Health centre Vadiveeswaram are being attached to the College\textsuperscript{66}. Facilities available in the Medical College Hospital at Asaripallam are C.T.Scan, Mammography, Auto analyzer, Arterial blood gas analyser, Ventilators, Multi Para meter Monitors, ETC02 Monitors, well equipped IMCU, ISCU and ICCU with monitors and defibrillators, Seven well equipped air-conditioned Operation Theatres, 24 hours causality services, 24 hours

\textsuperscript{63} Calender 2007-2008, Kanyakumari Government Medical College, Asaripallam, p.3.
\textsuperscript{64} Ibid., pp.3-4.
\textsuperscript{65} Calender 2010-2011, op.cit., p.4.
\textsuperscript{66} Calender 2007-2008, op.cit., p.4.
uninterrupted power supply with generator, Endoscopic surgical instruments and Radiological services including Ultra Sonogram\(^\text{67}\).

The hospital has 600 beds. Specialists in Surgery, ENT, Ophthalmic, Ortho, Paediatrics and Medicine are appointed in the hospital. Average outpatients treated per day in the hospital comes to 2149, in patients treated per day are 623 and average admission per day is 81\(^\text{68}\). As per the statistics of 2009 major operations conducted per month in the hospital are 454, minor operations 2122 and deliveries per month 226\(^\text{69}\).

A new milestone in the history of Kanyakumari Medical College was the introduction of D.N.B. Courses in the following eleven departments. They are Anatomy-2, Physiology -1, Micro Biology-1, Pathology-1, ENT-2, General Medicine -2, O and G -2, Paediatrics-2, Orthopaedics-1, Anaesthesiology-1 and Psychiatry-1\(^\text{70}\). This Government institution is providing all facilities and providing good health care services to almost all the people of Kanyakumari District.

**Government Tuberculosis Hospital, Asaripallam**

Government Tuberculosis hospital is one of the earliest TB Hospital established in South India. This hospital is at Asaripallam, about 5k.m. away from Nagercoil town. The foundation of the hospital was laid by Her Excellency, the

\(^{67}\) Reports from the Medical Records Department, Medical College Hospital, Asaripallam, 2009, p.6.

\(^{68}\) Personal Interview with Mr. Arumai Nayaham, Medical Record Officer, Kanyakumari Medical College Hospital, Asaripallam, 10 November 2010.

\(^{69}\) Reports from the Medical Records Departments., op.cit., p.8.

Marquis of Linlithgow in 1939 and it was opened by Seth Ambalai Sarabai in 1941\textsuperscript{71}. Until the merger of Kanyakumari District in November 1956, the hospital was under the administrative control of erstwhile Travancore State. Consequent to the reorganization of States, the hospital was taken charge by the Government of Tamilnadu, and it is under the supervisory control of the Director of Medical services and Family welfare, Madras. A well equipped laboratory with facilities to do sputum culture and also an X-ray plant are setup in this hospital\textsuperscript{72}. Prior to 1958, there was no regular out patient department and only after then regular outpatient department started to function in this hospital. The inpatient department of the hospital consists of 370 beds. The patients are given anti-tubercular drugs\textsuperscript{73}. Patients in general ward are given diet, free of cost, if their monthly income is below Rs. 300. More people get good service from this hospital every year. The location of the Government hospitals, Medical College, Asaripallam, PHCs and HSCs are marked in the following Kanyakumari District Map.

\textsuperscript{71} Travancore State Administration Report 1941-1942, op.cit., p.134.
\textsuperscript{72} Travancore State Administration Report 1942-1943, op.cit., p.129.
\textsuperscript{73} Travancore State Administration, 1943-1944, op.cit., p.131.
Private Sector

The people of Kanyakumari are lucky enough to have a large number of private hospitals and nursing homes with modern equipments. The inadequate facilities in the Government health care system, unhealthy conditions of the Government hospitals, inadequate staff and medical officers and doctors referring the patients to private hospital are some of the reason for the private practice boon in the District. Further, a large number of training institutions have mushroomed, particularly in the private sector for paramedical personal with various skills.

As regards private medical practitioners in the district, the services rendered by Dr.M. Gopala Pillai in Medicine, Dr. M. Mathias in Surgery and Dr. M.E. Naidu in Maternity in the first half of this century are praise worthy. The services of Dr. Thayammal Yesudin, the first lady doctor of the district, in the field of maternity and child health is really remarkable\textsuperscript{74}. Dr. S. MuthuKaruppa Pillai, another famous doctor has also rendered commendable service in the field of medicine particularly to rural people in Agastheeswaram and Thovalai taluks. He set up a clinic at Therur in 1933 and used to visit the surrounding villages in a bullock cart. He was the first recipient of the Dr. Bhandary award which was introduced in 1982 for outstanding rural medical services in the State\textsuperscript{75}.

There are more than 60 approved nursing homes and also one private Medical College in Kanyakumari district. Though there are several medical institutions in the district the following are noteworthy for their best services. They are Kanyakumari

\textsuperscript{74} Gopalakrishnan.M., (Ed.), \textit{op.cit.}, p.1092.
\textsuperscript{75} Ibid., pp.1092-1093.
Medical Mission Church of South India hospitals at Neyyoor, Nagercoil, Marthandam, Kulasekaram and Karungal, Catherine Booth Hospital, Vadasery, Gopalapillai Hospital Nagercoil, Jeyasekaran Hospital and Nursing Homes, Nagercoil, Mathias Hospital, Nagercoil, Hindu Mission Hospital, Suchindram and the Leprosy Hospital, Colachel etc. These famous hospitals and other hospitals in Kanyakumari district render successful health care services for the public.

**Sree Mookambika Institute of Medical Sciences**

Sree Mookambika Institute of Medical Sciences (SMIMS) is one of the fastest emerging, Medical teaching Institutes in South India. Sree Mookambika group of Institutions are run by Padanilam Welfare Trust, Kulasekaram in Kanyakumari District. The Trust was formed to promote welfare of the minority Malayalam speaking community and to provide quality medical education to rural students. The culmination of determined efforts of the trust in the field of higher medical education has borne fruit in the form of Sree Mookambika Institute of Medical Sciences. The Trust was formed by late Shri K.V.Krishnan Nair, father of Dr. C.K. Velayudhan Nair. Other institutions functioning under the roof of the Trust are Sree Mookambika Institute of Dental Sciences, Sree Mookambika College of Nursing and Sree Mookambika College of Physiotherapy.

The Medical College and Hospital are located in a campus known as Velayudhan Pillai Memorial Hospital complex. It covers an area of 56 acres, adjacent to the market Junction of Kulaseharam. Every year 100 students are educated.

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76 Prospectus, Sree Mookambika Institute of Medical Sciences, M.B.B.S Degree Course, 2009-2010, p.1.

77 Ibid., pp.1092-1093.
(35 general, 15 NRI and 50 by Government allotment) for the MBBS course from India and abroad. The clinical and non-clinical departments are manned by highly qualified teaching staff and are well equipped with laboratories with sophisticated equipments.

The Non Clinical Departments are Human Anatomy, Human physiology including Biophysics, Biochemistry, Pathology including Blood Bank, Microbiology, Pharmacology, Forensic medicine including Toxicology and community medicine. The clinical departments are Paediatrics, Psychiatry Dermatology and Venereology. A 350 bedded hospital caters to the needs of the poor.

The various specialties functioning in the hospital are General Surgery, General Medicine, Obstetrics and Gyngcology, Orthopaedics, Antenatal Care, Paediatrics, ENT, Ophthalmology, Dermatology, Gastroenterology and Diabetic care with provision for free immunization. The hospital provides free transport to people from far of places to the hospital. In addition a well equipped international standard Laboratory, Pharmacy, Ultra Sonogram, ECG, X-rays, CT scan and Ambulance facilities are also available. There are four fully Air-conditioned operation theatres functioning on a regular basis. More people from the hilly regions are benefited from this hospital. SMIMS is one of the private medical colleges in Kanyakumari District giving medical education to the students of Kanyakumari District.

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78 *Thina thanthi*, Nagercoil, 08th September 2011, p.13.
79 Report from Sree Mookambika Institute of Medical Sciences, Kulasekaram, 2010, p.2.
Kanyakumari Medical Mission (CSI-Hospital Neyyoor)

Among the major services of the London Missionary Society Missionaries, the medical mission plays a pivotal role in the evangelistic activities. Having been fully aware of the inadequate medical facilities to maintain health and hygiene as well as to prevent the spread of contagious diseases, which devastated the life and property of many people, in olden days, the Missionaries adopted timely measures to save people from annihilation. Therefore, they started dispensaries to provide all patients, rich or poor, high or low caste to receive best treatment. The pride of being the first medical missionary to Travancore goes to Dr. Archibald Ramsay who landed in Neyyoor on 6\textsuperscript{th} April 1838 with his family and he founded the hospital at Neyyoor on that year itself.

Dr. Charles Leitch, who collected money from public and built a hospital, followed his work. In March 1853 he opened his first dispensary at Neyyoor. Dr. John Lowe followed him and got a grant for the hospital from Travancore Maharaja Ayilyam Tirunal (1860-1880) and started a Medical school in 1864 to train Medical assistants to work in dispensaries in Santhapuram, Kottaram and Agastheswaram. Next to Lowe, Dr. Thomas Smith Thomson, Dr. Sargood Fry expanded the hospital with a new building with dispensaries at Kulasekaram, Marthandam and Thittuvilai,

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Dr. Arthur Fell, who came to Neyyoor in 1893, opened a separate Maternity Block. Dr. Samuvel joined the Medical Mission in 1923 and spent nearly twenty five years at Neyyoor. This brilliant surgeon was an asset to the Neyyoor Hospital. The services rendered by Indian doctors like Dr. Jeyasekaran, Dr. William and Dr. Kingsly in the Kanyakumari Medical Mission are also to be placed on record.

The present bed strength of the hospital is 250. It has got all facilities for undertaking surgery, obstetrics, gynaecology, general medicine, ophthalmology, dermatology, Paediatric, radio diagnosis, anaesthetic, dental surgery, orthopaedic, physiotherapy, intensive care unit and blood bank. The average strength of out patients treated per day is 250.

CSI Hospital Marthandam

The L.M.S Missionaries opened a hospital on 5th August 1883 in a small building at Thoduvetti, to extend medical facilities to the local people. This was the first hospital in Vilavancode taluk established by Dr. P. Vethamonickam, a trained medical evanjalist. Considering the increasing need of the people, it was shifted to the new building at Marthandam in 1892. With the arrival of Dr. G.M. Moses in 1944, the hospital recorded a rapid growth. During his tenure, a maternity cum women’s ward with 22 beds was constructed and then a new pay ward with four beds was added. In 1976, the Tamilnadu Government recognized the hospital for carrying out

85 CSI Kanyakumari Diocese, Thanks Giving day Celebration Souvenir, Nagercoil, 1996, p.21.
the family planning programme. To improve the surgical side of the medical mission, a new operation theatre was dedicated to the people on 22 August 1991. It is a general hospital, having all medical facilities, including laboratory and X-ray. Till today, this hospital has remained as the custodian of the economically weaker sections by rendering medical service.

**CSI Hospital, Kulasekaram**

Realizing the inadequate of medical facilities the people, especially the labourers in and around Kulasekaram, Dr. Thomas Smith Thomson, established a hospital at Kulasekaram on 26th October 1881. Dr. S.G. Manual was the first Indian Medical Evangelist who served in this hospital for about 22 years. Now this hospital has out patient department, general ward, operation theaters, X-ray and laboratory facilities.

**Charles Pease Memorial Leprosy Hospital, Colachel**

This hospital located at Udiyarvilai near Colachel serves as a rehabilitation centre for leprosy patients. It was first started in a shed in 1890 by Dr. Edwin Surgood Fry at CSI hospital Neyyor for protecting a few houseless leprosy victims, when the number of patients increased, this centre was shifted to the present site at Colachel. This hospital is named after Mrs. Charles Pease of Ireland, because

she donated 250 pounds for the construction of the leprosy hospital\textsuperscript{91}. Now the hospital has facilities to accommodate 200 inpatients at a time. On 30 January 1987, the medical treatment for leprosy with Multi Drug Therapy was started in the hospital for the inpatients and outpatients\textsuperscript{92}. In the leprosy hospital a skin clinic is functioning to treat the skin disease\textsuperscript{93} and other patients also come for consultation and treatment. If the leprosy patients wish to stay in the hospital due to severity of their sickness, they are admitted in the hospital. More than eighty leprosy patients are fed daily and given treatment in the hospital and is considered as an important specialist institution. Managed by the Medical Mission, Kanyakumari CSI Diocese, facilities is providing to leprosy patients not only in Kanyakumari District but also to other districts of the state.

**International Cancer Centre, Neyyoor**

The International Cancer centre was established in 1963 at Neyyoor\textsuperscript{94}. It was controlled by a Trust of London. Dr. Jenkins was the founder and the first Joint Director of the centre. In 1965, the cancer centre, attempted to find cancer patients in Kanyakumari District with the financial help of WHO, 443 cases were registered but only 245 patients received treatment. In 1985 another Cobalt machine named Theratron 80 was provided to the centre with the help of Gotthardt, W.E.M. West Germany\textsuperscript{95}. In 1991, International Cancer Centre was partially brought under the control of the Kanyakumari Medical Mission to facilitate mutual exchange of

\textsuperscript{91} Golden Jubilee Souvenir, 2009, op.cit., p.135.
\textsuperscript{93} Annual Report, Leprosy Hospital, Colachel, 2001, p.90.
\textsuperscript{94} Desapakari, Nagercoil, February, 2008, p.28.
\textsuperscript{95} Annual Report of International Cancer Centre, Neyyoor, 1986 p.4.
services⁹⁶. Due to the arrival of more patients, a special ward was started in June 1992. Another mile stone in the development of the International Cancer Centre is the installisation of Dual Energy Linear Accelerator on 9 September 2011⁹⁷. It is the latest technology radiation equipment by which, cancer patients, are treated effectively and precisely.

**Catherine Booth Hospital, Putheri**

The Salvation Army’s Catherine Booth Hospital, an outstanding medical institution in the medical world of TamilNadu was established in 1893 by Harry Andrews at Putheri near Vadaseri in Nagercoil. Mr. Harry Andrew came to India as a missionary. When Andrew came to India, the Nation was besieged with an out break of cholera, smallpox, typhoid and thousands of people died for want of proper medical attention as there was no hospital in and around Nagercoil. He started this hospital in a tiny bathroom with a view to afford medical facilities to the poor and the downtrodden⁹⁸. When more patients stepped in to this small bathroom dispensary, in course of time, it was too inadequate to treat them all.

At the end of 1895 General William Booth, the founder of Salvation Army came to Travancore and he was apprised of the need for medical service among these most backward area. The first building was erected in 1897 and it was named as the Catherine Booth Dispensary, in memory of Catherine Booth, the wife of the founder of the Salvation Army General William Booth. This was the beginning of Salvation Army’s medical work as well as the beginning of Catherine Booth Hospital at Putheri

⁹⁶ Annual Report of International Cancer Centre, Neyyoor, 1992, p.44.
⁹⁷ Thinathanthi, Nagercoil, 9 September 2011, p.13.
near Vadasery. Dr. Percy Turner, the first qualified Salvation Army Medical Missionary doctor arrived in India and took up his medical appointment at the Catherine Booth Dispensary, Nagercoil in 1898. Dr. Turner developed this institution which was started as a dispensary. In 1901, the dispensary became the Catherine Booth Hospital. Since 1901 the hospital has grown by leaps and bounds to the present status of a 300 bedded hospital, with a good team of dedicated and well trained medical and paramedical, staff. Since 1938, a school of Nursing was started here, which turns out 25 qualified graduate nurses every year. It is a general hospital with special departments such as gynecology, ophthalmology, isolation ward, physiotherapy and spinal injury ward.

**Dr. Gopala Pillai’s Hospital, Nagercoil**

Dr. Gopala Pillai was the first to have established the concept of modern health care for the people of Kanyakumari District. He commenced his practice in medicine in 1934 at Kottar. Later in 1939 he established a 30 bedded hospital at Ramavarmapuram. After his demise in 1960, his eldest son Dr. Surendran and his daughter in law Indra Surendran continued this sacred service. At present this hospital is having special departments such as Medicine, Psychiatry, Obstetrics, Gynecology, Anesthesiology and Radiology. The Department of medicine has intensive care unit and E.C.G. unit care. The department of obstetrics and gynecology has modern facilities such as laparoscopy, hysteroscopy and micro surgery. The department of family planning attached to the gynecology unit has been approved by the

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100 Personal interview with a Dr. Indra Surendran, Dr. Gopala Pillai Hospital, Nagercoil, 2 October 2010.
Government of TamilNadu. This hospital caters to the needs of the rich as well as the poor sections of the society.

**Dr. J. Mathias Hospital, Nagercoil**

Dr. J. Mathias was the founder of the hospital which was started in 1928 at Kottar, Nagercoil. In 1950, it was shifted from Kottar to Ramavarmapuram where he started a 150 bedded hospital of which 20 beds were set apart to give free medical treatment to the poor and needy. The departments functioning in the hospital are General surgery, Gastro entomology, Urology, Nephrology, Obstetrics, Gynecology, General Medicine, Paediatrics, ENT, Psychiatry, Orthopedics, Trauma care, Anesthesia, Neuro Surgery and Neurology. The facilities available in the hospital are Endoscopy, Laparoscopy Cystoscopy, Dialysis, Dedicate obstetrics, Gynecology, Infertility clinic, Intensive care unit with ventilator, 24 hour emergency care and Ambulance facility.

**Jeyasekaran Hospital, Nagercoil**

In 1965, Dr. Jeyasekaran founded Dr. Jeyasekaran hospital the southern most district of India. It is now called as Dr. Jeyasekharan Medical Trust and includes, Dr. Jeyasekharan Hospital and Nursing home, the School of Nursing, Radio – Diagnostic Technology, Anaesthetic Technology Training and Laboratory

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101 Personal interview with Dr. Suresh Jay Mathias, M.S., Director, Dr. J. Mathias Hospital, Nagercoil, 10 November 2010.
102 Thinathanthi, Nagercoil, 29 April 2010, p.20.
103 The Hindu, Trivandrum, 29 April 2010, p.6.
104 Thinathanthi, Nagercoil, 26 November 2011, p.15.
Technology. It is a multi specialty hospital having departments of Bronchoscopy, Cardiology, Dermatology, ENT, Neurology, Obstetrics and Gynecology, Oncology, Ophthalmic Surgery, Orthopaedics, Paediatrics, Paediatrics Surgery, Plastic Surgery, Psychiatry, Pulmonology, Radiology and Urology.

There are 18 fulltime consultants, 20 medical officers and 30 visiting consultants serving in the hospital. The average out patient attendance per day is 530 and about 50 patients are admitted or discharged daily. Approximately 3000 major and 10,000 minor surgeries are carried out annually. Renal Transplants and open heart surgeries are also performed here. Various Intensive and Intermediary care units are in the hospital namely, M.I.C.U (Multi Intensive / Intermediate care Unit), I.C.C.U. (Intensive / Intermediate coronary care unit), P.I.C.U (Paediatric Intensive care unit, P.S.D.W (Paediatric step down ward), P.O.W (Post Operative ward, N.I.C.U (Neonatal Intensive care Unit) and a labour Unit. 24 hours causality service with Resident and senior Doctors are also available in the institution.

The Institution prides itself in being the first private hospital in southern TamilNadu to set up a water treatment plant, biogas plant and incinerator and implemented other anti-pollution measures. On the social and welfare front, the institution conducts medical camps, immunization and awareness programmes regularly. The hospital is recognized by the Central Government to give treatment to the employees of Indian Space Research Organization (ISRO) and Bharat Sanchar.

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106 Thinathanthi, Nagercoil, 26 November 2010, p.15.
107 Personal interview with Dr. Ranjith, Jeyasekharan Hospital, Nagercoil, 12th October 2010.
108 Report from the DR. Jeyasekharan Medical Trust, Nagercoil, 2010, p.3.
Nigam Limited (BSNL). It maintains an Emergency Accident Relief Centre (EARC) at Kanyakumari, which provides free Emergency Ambulance service. At present Jeyasekharan Medical Trust is considered as a famous medical institution offering quick, affordable and appropriative health care to patients in Kanyakumari District.

Added to this, for the health care services in Kanyakumari District, number of private hospitals function in and around Kanyakumari District. These hospitals render meritorious services for the health care of the people of the Kanyakumari District. Other important private hospitals providing medical care to the people are Vijayakumar Hospital, Swamiyarmadam, Bensam Hospital Nagercoil, Bethasda Hospital Nagercoil, James Hospital Colachel, PPK Hospital Marthandam, Kanyakumari Hindu Mission Hospital, Suchindram, Dr. M.E. Naidoo’s hospital, Kottar, Holy cross Hospital, Vettoornimadam and others.

**Indigenous System of Medicine and Homoeopathy**

Indian system of Medicine had reached a high level of perfection and excellence in Ancient India. It is very popular among the rural population. They consult hereditary Vaidyas, who practice medicine as a profession. The term Indian system of Medicine and Homoeopathy comprises of six different systems namely Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homoeopathy. During the pre-independence era, the western system of medicine had dominated health care system in India. After Independence Indian systems of medicines regained their importance by the efforts put forth by the Government of India. Government of Tamil Nadu is

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also paying special attention for the growth and development Indian Systems of Medicine and Homeopathy especially Siddha System of Medicine.

The National Health Policy recognized the importance of Indian systems of Medicine and Homoeopathy in the delivery of primary health care in the context of the national target of achieving Health for all by 2000\textsuperscript{111}. In Tamil Nadu a separate Directorate of Indian Medicine was formed and is functioning from 1970 at the campus of Arignar Anna Government Hospital of Indian Medicine, Madras. It is a technical department dealing with teaching as well as providing health care in the four systems of medicines, ie. Ayurveda, Siddha, Unani and Homoeopathy\textsuperscript{112}. In addition, this Directorate is also dealing with Naturopathy. The main functions of the departments are to establish and maintain Indian Medicine and Homoeopathy wings in District Headquarters Hospital, Taluk and Non-Taluk Hospitals, controlling the growth of sub standard institutions and providing medical relief through Yoga and Naturopathy and other traditional practices. In Kanyakumari District also this Indian system of Medicine is very popular from the early times and the people continue to follow this system even today for their health care.

**Ayurveda**

The medical systems that are truly Indian in origin and development are the Ayurveda and the Siddha Systems. Ayurveda is practised throughout India but the Siddha system is practised in the Tamil – Speaking areas of South India. Ayurveda, the Indian Indigenous system of Medicine has been an integral part of Indian Culture.


It is a system of traditional medicine, native to the Indian sub-continent and practiced in other parts of the world as a form of alternative medicine. In Sanskrit, the word Ayurveda consists of the words ayus meaning life and veda meaning science\textsuperscript{113}. So the literal meaning of the word Ayurveda is science of life\textsuperscript{114}. Hence, it is a science dealing not only with treatment of some diseases but is a complete way of life. Its origin dates back to Pre-Aryan times\textsuperscript{115}. The earliest literature of Ayurveda appeared during the Vedic period (1500 B.C) in India. The Sushruta Samhita and Charaka Samhita\textsuperscript{116} were monumental master piece on rational medicine during this era. Aartharvana Veda\textsuperscript{117} also contains 114 hymns or formulations for the treatment of diseases. Ayurveda or the Indian Science of life is originated and developed from these hymns. It emphasizes more on life and health than treatment.

In course of time, Ayurveda, which started as a magico – religious practice, matured into a fully developed medical science. By using Ayurvedic and herbal medicines, one can ensure physical and mental health without side effects. The natural ingredients of herbs help to bring arogya\textsuperscript{118} to human body and mind. The chemicals used in preparing allopathy medicines have impact on mind as well. Ayurveda has

\textsuperscript{113} Dr. Rita Singh, Vedic Medicine, New Delhi 1998, p.23.
\textsuperscript{116} Charaka Samhitas by Sage Charaka, deals the prevention and treatment of Disease. Sushruta Samhita by Sage Sushruta, deals Ayurvedic Surgical procedures, Rajiv Misra, op.cit., p.179.
\textsuperscript{117} Aarhatana Veda-One of the four most books of Indian knowledge.
\textsuperscript{118} Arogya means free from disease.
been used to treat aches, allergies, asthma, arthritis, chronic fatigue syndrome, colds, colitis, constipation, depression, diabetes, flu, heart disease, hypertension, immune problems, inflammation, insomnia, nervous disorders, obesity, skin problems and ulcers.

The *Ayurveda* system of treatment is more popular in Kanyakumari District. Therefore, Government has also taken keen interest for rendering medical relief to the public under the Indian system of Medicine and Homoeopathy. They have accordingly opened *Siddha, Ayurvedic* wings as well as Homoeopathy dispensaries in Kanyakumari District. *Ayurveda* wings and dispensaries functioning in Kanyakumari District are District Headquarters Hospital (Ayurveda Medical College campus, Nagercoil), Government hospital, Kulasekaram, Government PHCs at Arumanallur and Killiyoor, Government Ayurveda Dispensaries at Thirupathsaram, Munchirai and Suchindram. Under NRHM scheme, which was started in Kanyakumari District for Indian system of Medicine in October 2009, *Ayurveda* wings were started in the Government PHCs at Kannanor and Kollamcode and are functioning weekly on three days, i.e., Monday, Wednesday, and Friday\(^\text{119}\). In 2010, total patients treated under *Ayurveda* are 11,14,322\(^\text{120}\). Private *Ayurveda* practitioners in Kanyakumari District are also giving medical relief to the people under this system.

\(^\text{119}\) *Thinathanthi*, Nagercoil, 7 July 2011, p.9.

\(^\text{120}\) Annual Report from the Directorate of Indian Medicine and Homoeopathy, Madras, 2010, p.15.
Government Ayurveda Medical College, Nagercoil

Government of Tamil Nadu started the first Government Ayurveda Medical College in 2006 in Kanyakumari District\textsuperscript{121}. It was another milestone in the development of Ayurvedic system of medicine. Located in the Heart of the city, Nagercoil, the hospital consists of 100 beds, 60 for gents and 40 for ladies and infrastructure facilities such as laboratories, library, nursing Staff, lab technicians and doctors\textsuperscript{122}. It also has a botanical garden established on five acres of land with variety of medicinal plants and herbs at Kulaseharapuram near Suchindram\textsuperscript{123}. The first year BAMS Course was started in the academic year 2009-2010 with the sanctioned strength of 50 students\textsuperscript{124}. Now, the hospital attached to this Medical College provides medical care to the people of the District under Ayurveda system of medicine.

Siddha

Siddha Medicine is one of the ancient systems of medicine in the world. It is similar to Ayurvedic in its fundamental principles. The unique nature of the system is its continuous service to humanity, for centuries, in curing disease and maintaining the physical, mental and moral health. The word *Siddha* comes from the word *Siddhi* which means an object to obtain perfection, hence, those who attained perfection or the great super natural powers are called Siddhars or sages. Agasthiar is considered to be the head of the Siddhars\textsuperscript{125}. For centuries together, the Siddha literature was

\textsuperscript{121} Thinamani, Tirunelveli, 1 July 2009, p.5.
\textsuperscript{122} The New Indian Express, Madurai, 1 July 2009, p.3.
\textsuperscript{123} Thinathanthi, Nagercoil, 19 November 2009, p.14.
\textsuperscript{124} Thinakaran, Nagercoil, 17 November, 2009, p.16.
written on palm leaves. The period of Siddhars could not be fixed accurately as they existed even before the birth of Jesus. The Siddha system of Medicine was founded by Siddhars who lived in various parts of India in general and Southern India in particular. Siddha system is largely therapeutic in nature. Siddha medicine includes some metals and minerals which are unknown in Ayurveda. Pulse reading and Urine testing are important features. Pulse reading helped for the proper diagnosis and prognosis of diseases. This system also deals with the concept of salvation in life.

The Government of Tamil Nadu has extended special patronage to Siddha medicine. The Government abolished the Tamil Nadu Siddha Medical Board, Madras and in 1989 merged it with the Directorate of Indian Medicine and Homoeopathy, and all works under Tamil Nadu Siddha Medical Board have been attached to the Directorate of Indian Medicine and Homoeopathy. In Kanyakumari District the following siddha wings and dispensaries are functioning under the control of the District Siddha Medical Officer at District Headquarters Hospital, Nagercoil. They are Government Headquarter hospital, Padmanabhapuram, Government Hospital Kuzhithurai, Bhoothapandi, Senamvilai, Arumanai, Cloachel, Karungal, Kanyakumari, Government PHCs at Aralvoimozi, Arudesam, Agastheeswaram, Chenbagaramanpudur, Edaicode, Kuttakuzhi, Krunthancode, Kothanallur, Vellichanthai, Ganapathipuram, Singalayarpuri, Rajakkamangalamthurai, Muttam, Azhappapuram, Thengaipattinam, Naduvoorkarai, Thadikarankonam and Kottaram and two dispensaries namely Government Rural Siddha Dispansary, Poovancode and

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Government Siddha Dispansary, Thingalchanthai\textsuperscript{128} Under NRHM Scheme, Siddha wings were started after 2009 in seven PHCs. Government PHCs at Surulacode, Pechiparai, Pathukani, Marungoor and Keezhkulam are functioning on Monday, Wednesday and Friday and the Government PHCs at Nattalam and Thovalai functioning on Tuesday, Thursday and Saturday\textsuperscript{129}. Siddha wings at the PHCs of Keezhkulam and Surulacode were started in 2011. These Government institutions have specialized in the treatment of paralysis (\textit{Vatham}) Polio, skin diseases, liver ailments, lung problems, stomach problems etc. They also conduct special free medical camps in the villages with the help of voluntary social service organizations. The patients treated under the Siddha system of medicine in the year 2010 were 717996 in the Government institution in Kanyakumari District\textsuperscript{130}. In addition to that a number of private Siddha institutions are also functioning in Kanyakumari District.

\textbf{ATS VS Siddha Medical College, Munchirai}

The first Siddha College in India was started in Kanyakumari District during Travancore Administration. Akila Thiruvithanchore Siddha Vaidya Sangam (ATSVS) was established by Dr. Nithiyanantha Swami in 1936 and this sangam started in 1946 Diploma and certificate courses on Siddha medicine\textsuperscript{131}. BSMS degree course was started by this \textit{sangam} during the academic year 2000-2001 with the total strength of 40 students (65\% government quota and 35\% management quota), affiliated with

\textsuperscript{128} Thinathanthi, Nagercoil, 7 July 2011, p.9.
\textsuperscript{129} Ibid., p.10.
\textsuperscript{130} Annual Report from the District Siddha Medical Office, Kottar, Nagercoil, 2010, p.5.
\textsuperscript{131} Muthar Chankhu (Tamil monthly), May 2010, p.13.
MGR Medical University\textsuperscript{132}, Chennai and then this Sangam was called as ATSVS Siddha Medical College, Munchirai. It was a private college and nearly an average of 125 patients daily is coming to this college hospital for treatment.

**Homoeopathy**

Homoeopathy System of treatment was also developed in Kanyakumari District. “Homoeopathy is a system of treatment of diseases, by drugs usually prescribed in minute doses that in a healthy person would produce symptoms like those of disease”\textsuperscript{133}. The Homopathic way of healing was first devised by the Great German Physician Dr. Christian Frederick Samuel Hahnemann of Leipzic in 1796\textsuperscript{134}. Despite its European origin, it has taken a firm in India and is recognized by the Government also.

Homoeopathic system of treatment was first introduced in India in 1839 by Dr. J.M. Honigberger\textsuperscript{135}. During his visit to India he cured Maharaja Ranjit Singh of Punjab when the native physicians failed to do that\textsuperscript{136}. So this system of treatment spread successfully not only among the poor people but also among the civil and military personnel. It is economical and the medicines have got no side effects. So the

\textsuperscript{132} Personal interview with Dr. T. Mohanraj, Correspondent / head of the sangam from 1989, Munchirai, 27 April, 2010.


people of India wanted official recognition of Homoeopathy and such a resolution was passed by the Constituent Assembly in 1948 and later on by the Parliament and incorporated it as one of the national system of Medicine. A number of commissions, committees and associations were formed to popularise this throughout the country. The Central as well as State Governments took more initiative to introduce it in fuller sense. As a result, a number of dispensaries were opened throughout the country to provide Homoeopathic treatment for various diseases.

In Kanyakumari District Homoeopathy wings are functioning in the District Headquarters Hospital, Nagercoil, Government Headquarters Hospital, Padmanabhapuram, Government PHCs at Melpuram and Thoothur and under NRHM scheme, Homoeopathy wing is functioning in the Government PHC Olavilai on Monday, Wednesday and Friday\textsuperscript{137}. Total number of patients treated by these Government institutions under Homoeopathy system of medicine in 2010 were 1,60,591\textsuperscript{138}. In addition, two private Homoeopathic Medical Colleges i.e., White Memorial Medical College, Attoor and Saradha Krishna Homoeopathic Medical College, a self-financing Linguistic Minority Institution, Kulasekaram are also functioning in Kanyakumari District. The Central Council of Homoeopathy, New Delhi recognized these institutions and is affiliated to Dr. MGR University, Madras. The White Memorial Homeopathic Medical College was started in the year 1978 at Attoor and it was the first private homoeopathic Medical College in Tamil Nadu\textsuperscript{139}.

\textsuperscript{137} Thinathanthi, Nagercoil, 7 July 2011, p.9.
\textsuperscript{138} Annual Report from the Directorate of Indian system of Medicine and Homoeopathy, Madras, 2010, p.15.
\textsuperscript{139} Hand Book 2008, White Memorial Homoeopathic Medical College, Attoor, p.2.
The hospital situated in the Medical College Campus provides free medical care to the people of rural areas.

**Unani**

Unani system of Medicine originated in Greece\(^{140}\) Under the patronage of Hippocrates (460 B.C – 377 B.C) and Galen in the 4\(^{th}\) and 5\(^{th}\) Century B.C. This system is based on the Humoural theory that good health depends on the balance of the four humours, blood, phlegm, yellow bile and black bile in the body\(^{141}\). Like Ayurveda, this is a holistic system including promotive, preventive and curative interventions. Every body has got a unique humoural constitution which represents the health state of humoural balance of the body. The Unani medicine plays a vital role when an individual experiences human imbalance. Its main emphasis is on diagnosis of a disease through pulse. (Nabz), Urine (Baul) stool (Baraz) etc\(^{142}\).

The Government of India recognized the Unani system and attempted to develop it as a viable system of medicine for National Health care. The State Government also established dispensaries and hospitals. In Kanyakumari District. Unani wing is functioning at the Government PHC, Thiruvithancode and under NRHM Scheme this facility is available in the Government PHC, Thiruvattar\(^{143}\).


\(^{143}\) Thinathanthi, Nagercoil, 7 July 2011, p.9.
Naturopathy and Yoga

Naturopathy is often referred to as drugless treatment of diseases. It is not mainly the system of the treatment but a way of life. It is based mainly on the ancient practice of the application of the simple laws of nature. The system is closely linked to Ayurveda so far as fundamental principles are concerned. The advocates of Naturopathy pay particular attention to eating and living habits, adoption of purificatory measures, use of hydrotherapy, baths, massage and a variety of measures based on their innovative talent.

The system of Yoga is also as old as Ayurveda. It consists of eight components namely restraint, observance of austerity physical postures, breathing exercise, restraining of sense organs, contemplation, meditation and samadhi\textsuperscript{144}. These steps in the practice of Yoga play a potential improvement of social behaviour, improvement of better circulation of oxygenated blood in body, restraining the sense organs and there by the mind and inducing tranquility and serenity in the mind\textsuperscript{145}. The ultimate object of Yoga is self-realisation by spiritual development.

The National Health Policy recognizes the role of Naturopathy and Yoga for promotion of health and prevention of diseases. Under NRHM Scheme, Yoga and Naturopathy wing started in 2011 in the Government PHC Kuttakuzhi is functioning on Monday, Wednesday and Friday\textsuperscript{146}. All these six systems of medicines including the allopathy medicine in the hospitals both private and Government institutions and

\begin{footnotesize}
\begin{enumerate}
\item India 1998, A Regrence Annual, op.cit., p.182.
\item \textit{Thina thanthi}, Nagercoil, 7 July 2011, p.9.
\end{enumerate}
\end{footnotesize}
PHCs and HSCs have become an integral part of the health management in Kanyakumari District. The Government public health and medical service facilities are listed in the following table.

<table>
<thead>
<tr>
<th>No</th>
<th>Institutions</th>
<th>Allopathy</th>
<th>Ayurveda</th>
<th>Siddha</th>
<th>Homoeopathy</th>
<th>Unani</th>
<th>Yoga and Naturopathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospital including T.B. Hospital</td>
<td>12</td>
<td>2</td>
<td>9</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>Primary health centres</td>
<td>36</td>
<td>4</td>
<td>25</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Dispensaries</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Health Sub Centres</td>
<td>267</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Government Medical College</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Thus the Government health care system is highly organized in Kanyakumari District. It mainly focuses on rural mass. It is based on the National Health Policy of 1983. The private health facilities are concentrated mainly in urban areas. But both of them are working for curative, preventive and promotion of health. An over all analysis shows that Kanyakumari District is performing well in many areas of health care.