Chapter II

The Social Base of Encounter: The Malabar Experience

Vaidyashastram valiyavidhya (medical science is the biggest knowledge)—the popular Malayalam proverb, signifies the importance that Kerala society attributed to healthcare. Under colonial modernity, indigenous healthcare practices and its epistemic base came under the scrutiny of western scientific and medical gaze. The nature of colonial interaction and the manner in which it negotiated with the society has been discussed in the previous chapter. This chapter is concerned with the indigenous responses to western challenges in the realm of medicine.

Colonialism as a dominant ideology was conceived by the indigenous society through various forms. The national movement in India, aimed at political freedom has been articulated as a victory of the subject population over colonial hegemony. The manner in which western criticisms of indigenous medicine, was contested or negotiated was part of the larger cultural responses of the indigenous society against western colonialism. However, the extend to which indigenous responses was successful in overcoming the ideological and cultural dominance of the west, both as an ideology and as a practice, remains a matter of intense debate and discussion.

Exploring the varied facets of this interaction is a means towards understanding the ideological processes that constituted and shaped indigenous self and identity under colonialism. As a state of mind, colonialism is an indigenous process released by external forces and its sources lie deep in the minds of the rulers and the ruled.\textsuperscript{159} This chapter is an attempt to understand this state of mind.

Historiography

Studies that examined the process of restructuring indigenous medicine in the light of western science under colonialism, sought to explain it as a process of indigenous modernization. Those who had sought to locate the various processes that took place in the indigenous medical tradition under colonialism placed it within the paradigm of western modernity, underpinned by the ideology of development and progress. This becomes a major drawback of any analysis on indigenous medicine.

Raghava Varier states that the physicians of allopathic medicine trained in the west had their knowledge updated from time to time, on the other hand native physicians continued in their age-old traditions, which did not catered to the needs of the changing society. He points out that the initiatives of indigenous medical practitioners led to the modernization of Ayurveda and made it available to the needs of the time. A similar reading of the functioning of indigenous medicine was made by Panikkar, who argues that the elites in the arena of indigenous medicine—through a process of revitalization, by compiling the scattered pieces of information on indigenous medicine, and through systemic research and development, and also through the organised production and distribution of Ayurvedic medicine, popularized and constituted an indigenous medical paradigm as an alternative to western allopathic medical practice.

Leslie points out that ‘the professionalization of traditional Indian medicine became a self-conscious movement in the last quarter of the nineteenth century, which was initiated by both physicians trained in modern medicine and an urban middle class, predominantly Brahman practitioners of Ayurvedic medicine. However, most

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scholarly analysis fails to make a distinction between indigenous medicine, as contemporary healthcare practices, and Ayurveda, which is interpreted primarily through the sanskrit texts. Here we argue that the ideology of the indigenous medical knowledge and tradition based primarily on Sanskrit and refigured as Ayurveda was a distinct phenomenon of the late nineteenth and twentieth centuries.

Brass writes that, attempts to professionalize indigenous medicine was aimed at constituting a mechanism to develop a uniform standard and to create an organised body of practitioners, so that political pressure could be exerted upon the state and central governments in order to influence public policy relating to Ayurveda and simultaneously counteract the influence of the organized modern medical profession, which was viewed as an entrenched and hostile force. 163 Langford notes that in the new context, 'Ayurveda' acquired a powerful meaning, in the economy of health, politics of culture and in the theoretical projects of the academy, and in the process transformed Ayurveda from medicine to culture. 164 Chatterjee opines that nationalist thought was a recent phenomenon, and the search was for the regeneration of the national culture, adapted to the requirements of progress, which at the same time retaining its distinctiveness. 165 Plamentas notes that the aim of the nationalists in the field of medicine, by imitating western epistemic foundations, was to surpass western superiority and its hegemony. 166

Prakash argues that the principles of science as a culture had a major role in this process of configuring modernity within tradition. He further argues, that with science signifying religion, culture, and the nation, not just laboratory practices, the

166 John Plamentas argues that the attempt (of nationalism) is deeply contradictory. It is imitative in that it accepts the value of the standards set by the alien culture. But it also involves a rejection. ... of the alien intruder as dominator who is nevertheless to be imitated and surpassed by its own standards, and rejection of ancestral ways which are seen as obstacles to progress and yet also cherished as marks of identity. in Partha Chatterjee, Nationalist Thought and the Colonial World, p. 12.
representation of the modern nation as the return of archaic Hindu science became a compelling and enduring trope in the nationalist imagination. The study, attempted here, stems from the fact that the process of modernization of indigenous medicine was guided fundamentally by the imaginations of science. However, the central concern in this context is to trace as to how and why those imaginations of science, manifested as a cultural response to western intervention. The process of reorienting indigenous societies was a complex phenomenon where the whole project of indigenous medical revival cannot be limited to the idea of the attainment of progress, or for retaining the distinct character of indigenous medicine, nor to bypass western hegemony. The process was primarily to ensure the continuance or the creation of hegemony by the indigenous elite using the norms and practices of western modernity.

One of the fundamental characteristics of western science was the visual gaze of the material object. The dissection of the body, the exposition of the human anatomy and the display of its internal organs led to the signification of a material and tangible truth based on visual gaze. This demonstrated the universality and singularity of truth claims about the human body as a superior version against alternative notions and conceptions of therapeutic practices. The contemporary healing techniques, the composition of indigenous drugs and their ability to produce speedy and tangible results and methods of diagnosis etc, were brought to the test of the rational scrutiny of

167 Gyan Prakash, Another Reason, p. 238.
168 Writing about the emergence of clinical medicine in the west, in the nineteenth century, Foucault states that ‘what occurred was not a ‘psychoanalysis’ of medical knowledge nor any spontaneous break with imaginary investments; ‘positive’ medicine is not a medicine that has made an objectal choice in favour of objectivity itself. Not all the powers of a visionary space through which doctors and patients, physiologists and practitioners communicated (stretched and twisted nerves, burning dryness, hardened or burnt organs, the new birth of the body in the beneficent element of the cool waters) have disappeared; it is rather, as if they had been displaced, enclosed within the singularity of the patient, in that region of subjective symptoms, that—for the doctor—defines not the mode of knowledge, but the world of objects to be known. Far from being broken, the fantasy link between knowledge and pain is reinforced by a more complex means than the mere permeability of the imagination, the presence of disease in the body, with its tensions and its burnings, the silent world of the entrails unseeing dreams, are challenged as to their objectivity by the reductive discourse of the doctor, as well as established as multiple objects meeting his positive gaze. Michel Foucault, The Birth of the Clinic, An Archaeology of Medical Perceptions, New York: Vintage Books, 1975. p. vii.
169 In 1836, British officials ordered a fifty round cannon salute to celebrate the first dissection of a cadaver by a group of Indians at Fort Williams Medical College in Calcutta. This can be seen as a major landmark where the students were exposed to the visual gaze of the internal parts of the human body. Langford, Fluent Bodies, p. 5.
western science. The manifestation of the instrumentalist logic of western science in indigenous medicine was to demonstrate that the tridosha siddhanta as depicted through the classical texts was in conformity with the western medical paradigm, primarily its Anatomy and Physiology.

As indigenous medical practitioners found it difficult to exhibit the internal functioning of the human body as depicted through western medical categories, they turned to tradition for defense of their indigenous truth claims. The medical tradition and practice enunciated through the classical texts like Charaka Samhita, Susrutha Samhita and Ashtangahridaya came to be valorized. This visualization of the indigenous medical tradition based primarily on 'systemic' principles became the base from which the reformulation and reorganization of indigenous medical practices emerged. Science thus became not just the framework of nationalist imagination but a cultural practice re-enacted through revived motifs and forms of Hindu religion under colonialism. Hence as Deepak Kumar argues, what makes colonialism real is that even in its rejection there is an implicit acceptance of the standards set by the colonizer. 170

Even when the proponents of western medicine discarded the tridosha siddhanta as unscientific, 171 they recognized the same as the sole philosophical and epistemic paradigm of indigenous medicine of the subcontinent. This gave the indigenous elite in medicine a rallying platform to defend medicine as culture and as truth. The varied facets of the process of defending indigenous medicine as science by the emergent indigenous 'elite practitioners, in effect, led to the formulation of

171 The Indian Medical Gazette criticized indigenous medicine arguing that 'A favorite contention brought forward by the protagonists of Ayurveda is that Anatomy and surgery as taught by Susruta were on a very high level, and the assertion is made by those who ought to know better that the method of dissection enjoined by him is superior to that followed by all over the world today. To brush away, layer by layer, the semi fluid tissues of a decomposing corpse is not the way to arrive at accurate knowledge of the structure, otherwise how could the sages for a moment have asserted that from the navel there run a great number of ducts, carrying Wind, Bile and Phlegm; and how could their commentators have dared to repeat the statement? No one has ever seen these ducts, but their description is there for the entire world to read. It was theories of the origin, progress and termination of disease, based on unstable foundations such as these, that the Ayurvedic medicine is built. Indian Medical Gazette. March 1919, p. 89.
hegemony by a Sanskrit based medical practice and practitioners over contemporary healing techniques. They therefore rejected all claims to alternative bodily notions and therapeutic methods of the contemporary society. The recognition of the Sanskrit based knowledge and practice for the entire subcontinent gave the indigenous elite the opportunity to represent all healing techniques in the name of Ayurveda.

Hence as Langford notes, in the new context, medicine became a cultural form. This cultural manifestation was not simple and straightforward attempts to interpret life, society and medicine through material and tangible forms. The aim however was to re-fashion indigenous societies as replicas of western cultural traits, using the ideas of instrumental rationality, western secularism, concept of masculinity, linear and objective history, universality of truth based on written and 'authentic' texts, etc, in the contexts of an imagination based largely on a unified Hindu religious form. The chapter explores as to how the discourses that took place in the sphere of indigenous medicine were reflections of the processes of recreation of culture and tradition in Kerala during the period under study.

The study is a reflection of the understanding emerged out of archival insights that the reconstitution of the indigenous medical tradition into a new form is in fact the historical process which gave birth to Ayurveda. Like Kapil Raj this is also an attempt to frame as to how knowledges conceived within the epistemic framework of one culture is received, adapted and absorbed by another culture. This is also to explore the concrete compulsions that guided communities and groups to understand and locate tradition within the frames of western science. This work therefore locates as to how

172 Langford, Fluent Bodies, 2001, p. 3.
173 A similar narration on the re-constitution of the self under modernity is demonstrated by Ashis Nandy. He writes that the attempt was to turn Hinduism into an organized religion with an organized priesthood, church and missionaries; acceptance of the ideas of proselitisation and religious conscientization, an attempt to inherit the concept of the book; the acceptance of the idea of linear, objective and causal history; acceptance of the ideas akin to monotheism; and a certain puritanism and this worldly asceticism borrowed partly from the catholic church and partly from Calvinism. Ashis Nandy, The Intimate Enemy. Delhi: Oxford University Press, 1993, p. 25.
recipient cultures perceived science and adapted it towards the social transformation of their society.  

In the modern social situation all forms of indigenous knowledges of medicine in common parlance henceforth came to be called Ayurveda. This context allows us to make a distinction between indigenous medical practices, as seen in its contemporary forms, in general and Ayurveda in particular and suggests the following questions: Can all traditional understandings of health and medicine be called Ayurveda? Can a system of medicine be understood in isolation from the wider socio-political context? Could there be only a single form of traditional medical knowledge and practice for the whole of Kerala? How was western criticism on indigenous medicine perceived and negotiated by the indigenous elite? What were their primary concerns with regard to the possible acceptance, assimilation or rejection of the fundamental norms of western medical practice?

The indigenous responses to western intervention were negotiated through different forms. There was no complete integration of western medicine and its forms by the indigenous societies, though a limited section among them argued that western science would be a liberating force against the diseases of the subcontinent. Similarly, there was no complete rejection of the same though opposition to it emerged from an indigenous movement directed at the revival of indigenous medical tradition which claimed to be part of a superior religion, tradition and history. The attempt made here is to argue that the re-creation of the indigenous medicine and its practices based on the norms and practices of western medicine were guided fundamentally by the hegemony of science under broader colonial domination.

176 Varier regrets at the enthusiasm shown by the physicians of indigenous medicine towards western medicine, as a result of the lack of an institutional framework and structure for the indigenous medicine. He writes that it was the result of alien rule western medical methods came into practice. Efficient doctors were sent to various parts of the country and dispensaries and hospitals were started in various parts of the country. As a result of this the respectable men of the land were impressed by this form of medicine. How can we blame these men, when there was no proper form of Ayurvedic dispensaries, medical colleges or pundits? Danwantri, 1918, p. 244.
177 Langford, Fluent Bodies, p. 21.
The social elites who undertook the responsibility of defending indigenous medicine primarily claimed that the Hindu tradition catered to all the principles of science and was endowed with rationality and logic. They sought to prove that their ancient Sanskrit based medical tradition was familiar with most of the disease familiar with the proponents of western medicine, and had formulated drugs and remedies for them in the distant past, based on a rational and objective truth. Arguing for an autonomous medical identity, independent to western medicine they argued that,

It (Ayurveda) admittedly has tremendous defects; its anatomy and physiology are crude, its practice of midwifery and surgery it has long forgotten. It has no pharmacology, as was the case with western medicine until a few decades ago. Yet its merits are greater than its demerits. It and not western medicine is the medicine of the people. It has age long traditions; it is deep rooted in the customs and habits of the people. Its dietetics especially is based on Indian dietetics and meets Indian requirements as to caste, creed and constitution.

The defense of the indigenous self led to the formulation of tradition, based largely on Hindu motifs. This appraisal of the society as a single homogenous entity, based on a largely Hindu ideology, made the elites among indigenous practitioners to perceive western criticisms as a colonial hegemony and an assault on the unified Hindu religious self, which had to be encountered.

Nevertheless, they internalized the pressing need to establish a bond with western medicine so as to incorporate new modes of understanding and methods in tradition in the process of modernizing. This was because various premises of western medicine were perceived by the indigenous medical elite as hegemonic truths, which had to be integrated into the traditional knowledge system for it to be called 'scientific'. As the medical discourses under colonialism primarily revolved on the dichotomy between the colonizer and the colonized, communities and groups that did not adhere to the dominant versions of truths failed to be figured in the broader framework.

178 Danwantri, October 1913, p. 49.
179 Indian Medical Gazette, November, 1924, p. 563.
180 Danwantri, December, 15, 1917, p. 58.
Interpretations regarding the relationship between western and indigenous ideas often failed to address the internal differences among the substantial heterogeneity of health care practices and methods of various castes and social groups, in a diversified social stratum. As the concept of caste became negated under the overarching framework of modernity, the same was the case with its scholarly enquiries in medicine. The attempt in this context is to argue that, what occurred in the field of medicine was not a mere confrontation between western and indigenous medicine, rather it was a complex relationship intertwined with the social and ritual status of the various caste groups.

Healing techniques in its contemporary contexts was a combination of cultural and religious practices, which were integral to, or independent to the therapeutic practices of the dominant Sanskrit tradition. Interpretations on indigenous medicine and its modernization has thus to be located in its complexity where the unfolding of the idea of modernity has to be seen in conformity with the various stratifications of the society.

The indigenous elite concluded that the process of accepting western medical ideas into the indigenous medical tradition necessitated that certain modes of medical practices had to be replaced by refined ones based on written texts and uniform modes of standard as prescribed by the principles of western science.\footnote{Arnold argues that, 'the very nature of the late nineteenth century medicine contributed to this far reaching medical intervention seeing itself as rational, scientific and universalistic western medicine defined itself in opposition to the presumed irrationality and superstitions of indigenous medicine. David Arnold, Colonializing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India, Delhi: Oxford University Press, 1993, p. 11.} The reconstitution of indigenous medical tradition into the broad framework of Ayurveda therefore ensured that as an institutionalized indigenous medical system it had to differentiate itself from the local health care practices. In the process of creating a uniform standard and practice, they distanced from contemporary healthcare techniques, arguing them to be antithetical to the principles of science.
In directing their strident criticism against contemporary health care practices, the proponents of the revived ‘Ayurveda’ argued for urgent state intervention for the institutionalization of the indigenous medical discipline and discard non Sanskrit based practitioners as quacks. Thus a new bond between the indigenous elite and the political authority was constituted. Situating the onus of defending indigenous tradition on the political authorities, they pointed out,

If the state has to discharge properly one of its primary duties to the public, viz., the duty of protecting it from quackery and dishonourable practice, can it afford to confine its attention to the maintenance of a certain minimum standard of professional qualification and efficiency among the followers of western medicine only and concerned itself about the professional efficiency of the followers of the Indian systems also, who are at least seven times as numerous, and among them whom there are, to every real expert, very many pretentious quacks whose qualifications may be little or nothing at all? Is it not the bounden duty of the state to create an atmosphere favourable to the maintenance of at least a minimum standard of professional efficiency among the practitioners of our Indian systems? 182

This demand for the institutionalization of the indigenous medical practices through a formal structure asserted the hegemony of an indigenous imagination of science in the name of tradition. The realization of this imagination was to be made possible through a systemic reorganization of a Sanskrit based medical practice and its separation from the contemporary healing techniques.

Therapeutic practices of the contemporary society and its etiology was diverse. Koman, who undertook an attempt to codify and make use of the therapeutic practices of the indigenous society, argues that Ayurveda in its original form was intermingled with beliefs in the supernatural and interventions of the evil spirits. He notes that there has been however attempts made by an elite group of practitioners, in recent times, to integrate the psychological functions and pathological conditions in the process of making indigenous medicine a completely secular enterprise. 183 He narrates that,

183 Office of the Honorary Physician, General Hospital and Officer, In charge of Investigation into Indigenous Drugs, Government of Madras, pp. 3-4, Kerala State Archives, Thiruvananthapuram.
Original Ayurveda evinces a firm conviction and belief in the intervention of the evil spirits, and many curious and absurd rules for averting their machinations. The path of investigation is beset with many embarrassment and difficulties. The first embarrassment I (Koman) had to encounter while attempting to study the properties of drugs was in connection with the hypothesis of the three humours, wind, bile and phlegm which forms in Hindu medicine the basis of the aetiology, symptomatology, diagnosis, prognosis and treatment of diseases. All diseases are supposedly caused by the derangement of one, two or all the three humours together. Different interpretations are given to these humours by the eminent Kaviraj, pundits and vaidyans. With no pretensions to whatever any critical study of this subject, I must confess the more I have exerted to make a study of these humours the more I have got into deep mire. Kavirajs and Pandits are doing their level best to reconcile and bring them into accord with the modern views of physiological functions and pathological conditions. But I do not think that they have succeeded and can succeed in their attempt. The hypothesis of derangement of humours in connection with diseases might have formed a working basis in the ancient days of Maharishis and long before Harvey discovered the circulation of blood; but it cannot hold against the rational scientific physiology of the present day.  

Koman's observations reflected the larger perception and understanding of western medical practitioners towards indigenous medicine. Nevertheless it also brought into fore the discourses with which indigenous medical tradition and its practitioners were reformulating themselves. While the basic paradigm for enquiry into indigenous medicine was set by the proponents of western medicine, it also brought into fore the pressing need for a re-interpretation and explanation of the indigenous medical traditions in the light of western medicine. 

In Travancore the findings of Koman were critiqued. As the proponents of Ayurveda maintained that the basic parameters used by the allopathic medical practices cannot be used for the diagnosis through Ayurvedic medicine, it nevertheless strengthened the view that indigenous medicine was also based on a 'system' and paradigm, which was grounded on an epistemic base which had a 'structure' in the same way as that of western medicine. The proponents of indigenous medicine therefore concluded that, 

For the proper study of Ayurveda, it is absolutely necessary to read and digest the original works in Sanskrit for which deep erudition and a thorough knowledge of the

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make ‘meaningful’ comparisons with western medicine. This forced them to examine elements and theories of western medicine and science in indigenous medicines, and its practices.

While indigenous medical practitioners defended their right to integrate western scientific principles into indigenous medicine, in the process of ‘updating’ it with modern technology, they argued that the basic theoretical foundation which informed indigenous medicine in terms of the Tridosha Siddhanta was scientific and perfect. In their attempts to prove that the foundation of indigenous medicine is scientific they drew theoretical inputs from western science and medicine. An exposition of the use of western categories in medicine is amply demonstrated the indigenous medical elite on a critique on Koman’s observations on indigenous therapeutic practices. This is as follows,

a disturbance in the molecular movement of the body produces an altered or abnormal condition, which is called disease... health of the individual or the normal condition of the body is a result of the harmonious molecular movements, and the same, when interpreted in terms of Ayurveda, means the harmonious relationship of the tridoshas. Alteration in the vata-pitha-kapha, constituents causes the disease.\(^{188}\)

They were of the view that the failure of the indigenous medical tradition was not due to the ‘system’ per se, rather it was primarily due to the fact that the indigenous physicians failed to understand the etiology of diseases as has been depicted through the Sanskrit texts. They claimed that,

we do not mean to say that all the drugs in Ayurvedic pharmacopoeia are equally infallible in combating diseases. All I want to show is that Ayurveda is not empirical. The fundamental truth is indisputable; Ayurvedic physicians do fail sometimes in not reading nature correctly i.e. their diagnosis may fail—the law never fails. Failure is the fault of the physician and not of the system.\(^{189}\)

Nonetheless, Koman rejected the theoretical bases of the indigenous medicine on the ground that the tridosha principles enunciated by the indigenous medical...

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\(^{188}\) Remarks on Dr. Koman’s Investigation of Indigenous Drugs, Medical General, Investigating Indigenous Drugs in Government Hospitals, B. 207/423/23. p. 5. Kerala State Archives, Thiruvananthapuram.

\(^{189}\) Ibid. p. 21.
episteme could not be proved by the instrumentalist rationality of western science. The possibility of integration of western science with indigenous medicine was however underlined by a later day intervention into the possible means at reviving the indigenous medicine under state patronage. The committee for the rejuvenation of indigenous medicine set up by the Government of Madras in 1921 argued that the philosophical bases of indigenous medical tradition, as was interpreted by the Sanskrit texts were scientific. However the members of the committee, dominated by the indigenous medical elites, arrived on a consensus that a possible integration of indigenous medicine with western medicine would led to the creation of a truly scientific medicine. Explaining the strengths of the indigenous medical practice, the committee pointed out that,

The question addressed ourselves to be to decide that whether the indigenous systems of medicine were scientific or not. The secretary furnished with a memorandum... reviewing this question in all its bearings and we agree in the main with his two general conclusions, viz., that, 1) from the stand point of science, the Indian systems are strictly logical and scientific and 2) from the stand point of art, they are not self sufficient at present, especially in the surgical line, though in the medical line they are, generally speaking, quite self sufficient, efficient and economical.\(^{190}\)

Defending indigenous medicine as represented through the Sanskrit texts as science, they argued that its revival would be an addition to the world of science. They argued that the contemporary state of affairs in indigenous medicine was a state of decline from a glorious past, which had to be revived and revitalized. They argued that,

Even the up-to-date modern surgeon will be more up-to-date and modern if they take the trouble to acquaint themselves with our learning on the subjects. The chief difficulty is that this valuable learning of our ancients is contained in books written in Sanskrit, without a knowledge of which it is not possible to get the knowledge of the originals; another difficulty is that the texts are mostly aphoristic and require elucidation and elaboration by competent gurus who are now unfortunately very few and far between. It is no doubt, true that the art of surgery has now undergone decay but it can be easily revived. Though the art has decayed it can be resuscitated and rendered efficient in practice, by conducting Ayurvedic research along right lines and taking the aid of modern surgery and modern science generally wherever they are useful.\(^{191}\)

\(^{190}\)Ibid, p. 1.
\(^{191}\)Report of the Committee on Indigenous Medicine in Madras Presidency, Medical Department, 1923, p. 20, Government of Madras, Tamil Nadu State Archives, Chennai, p. 3
The movement for the revival of indigenous medicine was based on the realization that though it had a glorious tradition, in its current state of affairs, it was nevertheless in a state of decline. The leading proponents analyzed medicine through a historical past and conceptualized it in terms of its decline, reasoned the need for scientifically modifying it and sounded the need for urgent reform. Reform of the indigenous medicine meant in unequivocal terms the need to modify the practice using the principles of western science. Gananath Sen, an important proponent of Ayurveda after making a critical enquiry on the current state of affairs pointed out that,

Whatever may have been the past glory of Ayurveda it would be self-deception on our part to think that we still sit on a high pedestal, the fact is unfortunately just the other way. The number of Ayurvedic physicians in India is legion but soundly educated exponents of the ancient system are not numerous. Besides, there is yet a good deal of conservatism, which is contrary to the liberal spirit of Ayurveda and which must be overcome. Much of the old valuable literature has been lost and what exists is not often studied in a scientific spirit. If the sound principles and methods of treating diseases with the time honoured recipes of reliable efficacy were not there, the Ayurvedic system of medicine would have been dead by this time in the struggle for existence. So, let us not be slow in recognizing the crying need for reform. We may have once made great progress in surgery but we may confess that we now sadly lag behind.\(^{192}\)

What baffled the proponents of indigenous medicine under colonialism were in the new discoveries in western medicine and the consequent shifts in the paradigms of the truth claims. Its constantly changing truth claims and the formation of new truths remained an enigma for the practitioners of indigenous medicine. They sought to argue and prove that indigenous truths were permanent, unlike the western one, which was constantly changing, and it was precisely for this reason that the theoretical bases of Ayurveda remained unchanged for thousands of years.\(^{193}\) They argued that Ayurveda is based on natural and immutable laws. Alike the positivist notion of scientific truth, the revivalists argued that once all facts about indigenous medicine are laid bare, its scientific truth could be discovered.

However there was a sense of inability to conceptualize western science. For them, scientific truths were universal and fixed, which cannot be questioned. The

\(^{192}\) Ibid, p. 4.
\(^{193}\) Danwantri, December, 1918, p. 52.
changes that were taking place in western medicine, hence, for them, were not in conformity with the principles of science. The rationality of western science based on its fluctuating character. They argued that,

It (western medicine) cannot be called scientific unless it acquires a scientific character. Most parts of it are continuously fluctuating. If a particular medicine is to be useful for a particular disease, there is bound to be conflicting opinion, which states that the medicine is harmful. Even in British pharmacopoeia we find different opinions as to the use and properties of medicine. The methods of diagnosis, the symptoms that are identified for particular diseases also differ widely.194

They sought to locate the principles of the instrumentalist rationality of objective science within indigenous medical tradition and concluded that the new scientific theories of the west would enable to better understand and interpret the tridosha principles of Ayurveda. On a polemical attack on the findings of Dr. Koman, they argued that,

Modern theories accepted today are exploded the next day. But truth remains unshaken forever. Truth alone exists and it alone escapes dissolution All that seems to be bedside truth do not exist. The truth of Ayurveda is based on Natural law—Immutable law. When the truth is laid bare, there is light in darkness and perfect order in chaos. Nature works everywhere with immense numbers of infinitely small atoms, which can only be perceived by our dull organs of sense when presented to them in finite masses. The smallest image our eye can see is produced by millions of waves of light. The granule of salt, which can scarcely taste contains millions and millions of groups of atoms, which no human eye can ever discern. Spectrum analysis has opened a new field of truth showing matter to be capable of endless division. The wonderful and fundamental molecular arrangement of the body explains the theory of Vata Pitha, kapha which is according to Dr. Koman and his school an exploded theory of antiquity. The theory of the three humours (which translation conveys no sense) which was borrowed in the ancient days from the Hindus, but it being so difficult was imperfectly understood by them and was discarded as it was untenable. The theory of the three humours with the advance of science will be better expounded and understood to the great surprise of the materialistic world.195

The formulation of hegemony within the indigenous society based on the revival of indigenous medicine was primarily instrumental in formulating means through which it could be reorganized, regulated and standardized, in terms of its

194 Danwantri, May, 1917, p. 31.
methods and practices, the production and distribution of medicine, clinical diagnosis of the patient, codifying and rewriting the ancient Sanskrit texts, its pedagogical structure and the means through which it could be regulated and controlled. The most important personality in this process of indigenous medical revivalism in Kerala was P. S. Varier. An enquiry into his life and activities would shed light on the processes of indigenous medical modernization under colonialism.

Varier—Vaidyasala and Reforms

Panniyinpally Sankaran Varier, popularly known as P.S. Varier, a name synonymous with the revitalization movement of Ayurveda in Kerala, was born on 16th March 1869, and died on 29th January, 1944. He lived in an age where the assertion of ideas about the nation and self, were at its prominence. Popular writings as well as most scholarly literature on the Ayurvedic movement in Kerala locates Varier as the foremost proponent who successfully organized the practitioners of indigenous medicine, compiled medical literature of the past and institutionalized indigenous medical practice into the larger framework called ‘Ayurveda’. His activities were not limited to the sphere of medicine alone. In a biography written, in 2003, the present head of the Arya Vaidyasala, Kottakal elaborates the activities of Varier as follows:

Himself a ‘critical insider’, he could, with their help (fellow Vaidyans), rejuvenate the system by integrating it with western epistemology. He introduced systematic study of Ayurveda by his pioneering institutional efforts, disseminated the ancient wisdom through scientific publications and ensured the quality of medicines by adopting modern techniques of manufacturing. His activities were not confined to the medical field. As a

196 Pierre Bourdieu argues that, ‘in any given social formation the cultural arbitrary which the power relations between the groups or classes making up the social formations put into the dominant position within the system of cultural arbitrariness in the one which most fully, though always indirectly express the objective interests of the dominant groups or classes’. Pierre Bourdieu and Jean Claude Passeron, *Reproduction in Education Society and Culture*. London: Sage, 1970, p. 43.
good physician, scholar, poet, dramatist, musician, entrepreneur and philanthropist, his efforts embraced the entire realm of our cultural life."199

Placing Varier as the focus of enquiry, the aim here is to understand as to how the proponents of the revival movement of Ayurveda were not merely practitioners of healthcare, rather, how the ‘entire realm(s) of (our) cultural life’ were reflections of the ideological structures that re-oriented indigenous medicine and tradition. How P.S. Varier became a ‘good’ physician, simultaneously being a scholar, poet, dramatist, musician, entrepreneur and a philanthropist, needs careful observation and interpretation.

Thus the study of the processes of indigenous medical revivalism under colonial dominance has to be placed in the larger contexts of the formulation of the self and identity under the dynamics of socio-cultural activities in which it was located. This would help in understanding the various strands of colonial intervention, and how the indigenous self and identity was constituted under the dominance of western ideas and norms.

Varier’s preoccupation with western medicine and his experiments at modernizing indigenous medicine started much earlier in his childhood. His ideological concerns developed in the late nineteenth century and matured through the first half of the twentieth century. Initially while dealing with his patients, he wished if he could somehow process the medicines he prescribed for them himself and makes it easy for them to start their treatment at once.200 It seems that, as an individual, Varier’s desire for a higher social position within the indigenous society, in the changing context, contributed to a larger extent in the emergence of his multi-faceted personality.

He was restless for other kinds of knowledge, particularly in the area of western medicine (English Vaidyam as it was known then, since it was the British who taught and practiced it in India), which was by then slowly gaining popularity. There had been nothing so far in his background or his experience to awaken an ambition of this kind. This curiosity, this determination to explore avenues of knowledge that were not, strictly

speaking, directly accessible to a young man in his position were to guide him into many uncharted territories and prove the driving forces of his life.\textsuperscript{201}

An exploration on how his restlessness for other kinds of knowledge, curiosity to explore avenues, not directly accessible to him, and how his ventures into uncharted territories simultaneously became the driving forces of his life would help in unearthing the processes of indigenous medical modernization in Kerala.

Varier’s association with Verghese a British Physician of western medicine was of larger influence to him. His outlook towards western science and his individual and social concerns were particularly shaped by his interaction.\textsuperscript{202} In his initial years as a practitioner of indigenous medicine, he sought to make new medicine or to make new combinations of medicines in treating his patients.\textsuperscript{203} As Langford argues, in the process of recreating indigenous medicine, Ayurveda was arranged, institutionalized, and new taxonomies of drugs were formed\textsuperscript{204}. He was of the conclusion that what informed the colonial authorities about the subject population, in terms of healthcare was both the classical medicine as represented through the scriptures as well as folk ballads practiced in the contemporary society. Varier sought to undermine the gaps between the two by claiming that folk knowledge about medicinal plants and their health care practices were quackery and witchcraft that did not conform to the epistemic paradigm of Ayurveda as interpreted through ancient texts\textsuperscript{205}.

\textsuperscript{201} Ibid, p. 29.
\textsuperscript{202} Dr. Verghese a physician of western medicine had a remarkable influence in shaping Varier’s outlook towards western medicine and developing insights towards the possible reorganization of indigenous medicine. Gita KrishnanKutty, A life of healing. Ibid, p .35.
\textsuperscript{203} The simultaneous dispensation of Ayurvedic and western medicine was a tradition that Varier followed as a consequence of the long and intensive internship he had done with Dr Verghese. Varier himself used to dispense mixtures based on prescriptions he had learned during his apprenticeship with the doctor. He gave these mixtures his own names—for example, a mixture given to cure fits was called bhoothasamhara dravakam, a mixture that destroys bhoothams, the evil spirits that cause fits. ‘Agnideepa dravakam’ a carminative mixture, cured indigestion, quelled the ‘agni’, the fire in the stomach. The ‘jvarahari dravam’ contained quinine, to cure a fever. Ibid, p. 118.
\textsuperscript{204} Jean Langford, Fluent Bodies., p. 62.
\textsuperscript{205} The Census of India during the said period speaks volumes about the attempts made by the lower caste to distance themselves from the socio-cultural practices of the castes below them. Census of India, Madras: Government of India, 1921, Vol. XIII, Part I, p. 154.
It was the revival of an indigenous medicine based on Sanskrit literature that produced the idea of the 'quack'. Quackery was an indispensable part of the modern conception of Ayurveda. It was a mark of the modernist notion of authenticity and truth in the newly constituted Ayurvedic tradition. The popular practices were numerous and different. In the rural areas different forms of indigenous health care practices existed and thrived. Professionalized forms of medicine failed to spread widely in the rural areas, where people depended upon a diverse assortment of allopaths, vaidyas, hakims, homeopaths, 'biochemists', practitioners of yoga and nature cure, witch doctors, and outright quacks. These local practices were seen as a tampering with the universal science of Ayurveda, and were corruption on its divine character. Leading the assault on contemporary medical practices Varier observed that,

Certain illiterate people consider contagious diseases like the small pox, malaria, etc, to be the work of evil spirits. It is quite unfortunate to do so. Most of the diseases are the result of an unhygienic atmosphere. And that evil spirits have no role in the occurrence or in the cure of these diseases.

It was under the specificities of colonial modernity that the dichotomy between the proper and corrupt and truth and false emerged. Irrespective of the faith in the ability of medicine to cure, the primary concern of the indigenous practitioners was its conformity with the tridosha principle as expressed through Sanskrit literature. In an article written in 1915, Varier expressed his anxiety on the health care methods and practices of the lower order of the society. He writes that, 'there has been an increase in the number of physicians in recent times and if all of them were proper medical men, Kerala would have been free from diseases, however most of them are quacks.' For the revivalists such aberrations on the divine, on science, on self and lastly on Ayurveda itself had to be cleansed off in order to reinstate Ayurveda to its lost glory. Thus the idea of the Quack remained intrinsic to the process of Ayurvedic revivalism;

206 David Arnold, Colonizing the Body, p. 3.
209 Danwantri, September, 17, 1915, p. 18.
in the same way colonialism ensured its presence in the indigenous medical sphere by directing a scathing attack on its varied practices.

Local Practices in Medicine

Evidence proves that faith, beliefs and other forms of practices were not merely components of the cultural practices of the local and indigenous population of the land, but were intrinsic to the larger social beliefs and practices of the entire population, where even the Brahmans and other caste Hindus were also a part. Nevertheless under colonial modernity the elites among the high castes population distanced themselves from such cultural practices on the pretext that these were entirely a part of the belief systems of the lower sections of the population. A survey of the Castes and Tribes of Cochin contradicts these assumptions. It states that,

The worship of demons is confined to the lower orders and has no connection with the higher forms of Hinduism, and yet this belief in demons is so widespread that not even the Brahmans are free from it. In every part of the state, in Malabar and in Travancore, magicians and sorcerers, form the highest Namboothiri to the lowest Parayan, find employment in ensuring their baneful influences. Among the Panans, Manans and Parayans, magic, sorcery and witchcraft are a hereditary profession, and among the Nambuthiripads of Kattur, Kattumatam and Chemamangalam are to be found special family deities by whose aid they are supposed to avert the actions of demons and spirits. It is curious to note that there are exorcists even among Christians and Mussalmans; and another interesting fact in connection with this is that the high caste Hindus exercise their magic influence by propitiating by the aid of their sacred mantrams, the more refined and sublime manifestations of god, while the low caste men propitiate Kali.210

Similarly, medicine or its practice was difficult to be separated from the larger ideologies of religion and society of the period. An indigenous medicine that had an ability to cure was also in its ritual form believed to expel bad omens and act against cures. For example the ideological notions attached to the plant Njaravara, runs as follows,

The natives are firmly persuaded that if the branch with prior division is given to two men and it is so lacerated that each one retains just half, he may become wet with sweat

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and immediately warms himself; they are mutually attracted towards each other as with a mad love, but if the other of them looses his part or puts aside from him, his love may burn indeed but by the other however is so shield with hatred and indeed with such aversion that he cannot see or think of him without disgust till the other also has set aside his part, which having been done may become friends again fully. Neither as to this only, or it is used also for arousing and exiting several diseases may persons of the same sex by which the friendship between them may become permanent. This mystery is extended so far that they are not ashamed to sew this herb secretly to their dress, shoes and bracelets of those men and women whose friendship they want to win. Besides it is held by them as a shield against all kinds of enchanting incantation, curse, and to be well with all, if only it is used by them according to the rules prescribed.  

In its pre-colonial context a plant species was part of the larger culture and beliefs in its environment. The rejuvenation of Ayurveda in the new situation underlined that medicinal plants should be visualized solely as material objects possessing medicinal properties. Under the influence of western science, flora and fauna were observed in terms of their chemical properties, which act as the cure for diseases. Here cultural beliefs become an aberration on the scientific nature of the indigenous medicine. Attempts by the proponents of indigenous medicine to ‘secularize’ it were aimed at creating an indigenous medical practice devoid of faiths and beliefs.

The medicine practiced in the indigenous societies during the pre-colonial period had a prominent role for the Vaidyan in determining the specific mode of administering treatment, which can be called as Yukti chikitsa. It did not mean that the treatment of diseases was based primarily on the Yukti or Logic of the Vaidyan. The physicians were however operating under a broader cultural platform and enjoyed a reasonable degree of autonomy in the methods of identifying diseases and medicines that are to be prescribed to the patient. Nevertheless there was no standardized method that could be identified as the Yukti chikitsa, rather it was one of the major elements of their methodological practice. Derived from the Yukti of the Vaidyan the treatment of the patients was also done by the Ottamuli (a single medicine believed to have special

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212 Literature on the Yukthi Chikitsa is scarce, for a detailed description of the same see. Who is Who in SNDP, Kollam, 1956(?), pp. 48, 62.
power to cure). The Vaidyan who had the right form of Yukti and were successful in curing diseases were believed to have Kaipunyam (one who was believed to have possessed certain spiritual powers). This was also accompanied by Mantram (incantations, spells), which was recited at the time of administering medicines. Diseases were largely believed to be the work of evil spirits, which were to be warded off by chanting Mantram and applying other magical treatments. These forms were also accompanied by administering medicines as part of the treatment.

Similarly, the production of medicines in the indigenous societies was a collective endeavour, whereby the Vaidyan prescribes medicines to the patient who in turn collects the necessary herbs from his surroundings in order to produce the medicines. Thus health and healthcare of the indigenous societies was a community affair. Varier himself presents a synoptic view of the contemporary medical practices as follows,

Ayurvedic medicines were not at all easy to procure. After making a diagnosis, physicians of the time wrote their prescriptions on palm leaf scrolls. The patients and their relatives had to first arrange for the ingredients for the prescription to be collected. They were of two kinds: those that could be bought in a shop and raw ingredients like roots, leaves and herbs that had to be plucked from the spot where they grew by people who had the knowledge and experience necessary to identify them. Once the ingredients were ready, the medicine had to be processed according to the proportions and methods of the formulation mentioned in the prescription. Special care had to be taken to mix it or heat it over a fire to the required consistency.213

The high caste practitioners who were engaged in the process of rejuvenating Ayurveda leveled severe criticisms against the practices of local physicians who had until then been catering to the needs of the local population. In a caste ridden society with a distinct and different socio-cultural hierarchy, any one in a low social position was likely to be called a quack and thus discarded. As Prakash argues, with the help of science, Hindu elites represented the contemporary division of Hinduism into different sects and cults as illegitimate or superficial differences introduced by the passage of time. In place of these divisions, they invoked the image of a universal and singular

archaic religion, validated by science, to forge difference into unity and multiplicity into singularity.\textsuperscript{214}

In course of time the distinction between Quackery and the 'authentic Ayurveda' was defined and made prominent. The manner in which 'reality' was perceived came to be based on what one visualized rather than what was speculated. The anatomical structure of the human body with its pathology was accepted as the base from which studies about diseases and their causes gained ground, though in theory the Sanskrit \textit{slogams} claimed to have represented Ayurveda in its complete form. Anything that did not fit into the general scheme of Ayurvedic form and structure was necessarily branded as Quackery.

Such aberrations on the divine, on science, on self and lastly on Ayurveda had to be cleansed off in order to retrieve the lost glory of Ayurveda. The revivalists in the indigenous medical tradition sought to distance themselves from the local practices, branding them to anti-thesis to the principles of science. Varier writes that,

\begin{quote}
Everyone is not of the view that smallpox is a contagious disease, some among the Hindus believed it to be the result of the anger of the Devi. Though faith in god helps us in time of despair, ignorance leads to disaster. Ayurveda is not responsible for the misconceptions and blind belief that people hold regarding small pox.\textsuperscript{215}
\end{quote}

Thus indigenous medical tradition within the colonial context was secularized, where beliefs in the supernatural beings were to be discarded. The rejuvenators of the indigenous medical tradition placed a new order and a hierarchy of meanings for the indigenous medical physician to follow and re-orient. For the indigenous medical revivalists, the present was seen as a corruption of the past and the mission of those engaged in the process of rejuvenating Ayurveda was to restore Ayurveda from the follies of the present. They tried to situate medicine within the context of culture and pointed out that,

\begin{quote}
\textsuperscript{214} Gyan Prakash, \textit{Another Reason}, p. 239. \\
\textsuperscript{215} Danwantri, June 14, 1908, pp. 17-18.
\end{quote}
There are two views regarding the origin of Ayurveda, while one claims to be an Upaveda of the Rig Veda Samhita another claims to have been part of the Atharva Veda. Vyasa in his book Charanavyuha says Rigvedayayurveda. Susrutha quotes Ayurvedonama Yadupangamadarvaveda. In either case it is beyond doubt that Ayurveda originated from the Vedas.\footnote{Danwantri, 1918, v. 15, no.3, p. 52.}

Under Colonialism a new history was visualized with a new construction of time where the national self was lost and regained.\footnote{Parekh argues that societies vary in how they individuate the past, define different levels and degrees of pastness, the kind of authority they confer on it, and the way they relate to the present. They also therefore differ in their conceptualization of the nature and authority of tradition. For some, the past begins with yesterday’s sunset and all practices existing since before then are binding; for some others it goes beyond ‘living memory’, that is, beyond the remembrance of the present generation and especially its oldest living individuals; for yet others the past properly so called begins where memory ends and only those practices originating in a remote and hazy past are invested with the prized status of tradition, the rest being mere practices, conventions or usages. Bikhu Parekh, Colonialism, Tradition and Reform: An Analysis of Gandhi’s Political Discourse, New Delhi: Sage, 1989, p. 13.} The revivalists in Ayurveda conclude that India had a rich scientific tradition that existed beyond centuries.\footnote{Gyan Prakash, Another Reason, p. 26.} The loss of scientific character of Ayurveda was concluded to be the result of the historical factors that had brought about the doom. They pointed out that, Ayurveda is built on rocky foundation and that it is a science in its strictest sense. Before the British conquest the condition of India was most unsettled; during that period India sustained great loss in all departments of human knowledge. Many valuable literary works, works on fine arts, Astronomy, Astrology, Mathematics, Medicines, etc, were ruthlessly destroyed. Medicine suffered most; many well-known works on Ayurveda like Aswinasamhita, Danwantharisamhita now exist only in name. The loss is indeed great. Practical side of medicine also deteriorated. Physiology and Anatomy were forgotten. Government encouragement grew less and less.\footnote{Remarks on Dr. Koman’s Investigation Of Indigenous Drugs., Medical, General, Investigating Indigenous Drugs in Government Hospitals, B. 207, File. No. 423/23, 1923, Kerala State Archives, Thiruvananthapuram.}

The revival of indigenous medical knowledge along with the resurgence of ancient cultures created a situation whereby the society was conceived as a singular unit, with a singular tradition.\footnote{In an article to Danwantri, Varier writes that, ‘There have been demands for the reform of Ayurveda from various corners of the country, particularly from Calcutta and in recent times such demands were heard from Madras too. Even in Cochin and Travancore the need for reforming Ayurveda has been felt. The conditions in Malabar has been much low compared to the people of other parts of India and the reason for this can be attributed to our low economic status compared to other parts of India’. Danwantri, 15 December, 1916, p. 10.} History was visualized as an age where the indigenous
medicine in its ancient past was at its peak of glory, consequent to a fall and subsequent decline.\(^{221}\)

The new project of defining and representing science and medicine under colonialism was in tandem with the emergence of the national identity. The new national identity though gained its strength from tradition, represented and functioned under a framework of western science, as the whole project of nation building and the re-creation of the colonial self remained closely connected to the idea of progress as it was understood in the west.\(^{222}\) To Varier, the fall of indigenous medicine was not due the weaknesses of its science, rather it was due to the inability of the Indian political authority to offer a defense, militarily and politically, against external aggressions. He concluded that,

Though *Aryavaidya* is ancient and spiritual, due to the invasion of the foreigners its elegance was diminished. As in most states as well as locally, there were the prevalence of wars and problems for a long spell of time. None were able to rectify the problems that occurred to Ayurveda. In due course a large number of books and sources of knowledge vanished from India.\(^{223}\)

The nation came to be visualized as a single homogenous cultural entity. It was this defense of indigenous medicine under the broad framework of culture that forced Varier to identify India as a nation with systemic medical tradition endowed with scientific truths. Anything that compromised the homogeneous character of Ayurveda was a corruption and hence differences were to be encountered, identified and eliminated. A historical lineage was drawn that bypassed the present. In one of his articles on Varier stated that,

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\(^{221}\) Danwantri, 1915, p. 32.

\(^{222}\) Ernest Gellner argues, Nationalism is essentially, the general imposition of a high culture on society, whose previously low cultures had taken up the lines of the majority, and in some cases the lines of the totality of the population. It means that generalized diffusion of the school-mediated, academy-supervised idiom codified for the requirements of reasonably precise bureaucratic and technological communication. It is the establishment of an anonymous, impersonal society, with mutually substitutable atomized individuals, held together by a shared culture of this kind, in place of a previous complex structure of local groups sustained by folk cultures reproduced locally and idiosyncratically by the micro groups themselves. Partha Chatterjee, *Nationalist Thought and the Colonial World: A Derivative Discourse*, Delhi: Oxford University Press, 1986, 1996, p. 4.

\(^{223}\) Danwantri, 17 October, 1918, p. 28.
The *Tridosha Siddanta* was prevalent in other countries too. And this might have gone from India. Hippocrates, the Greek physician had brought this to Europe and the English too undertook the treatment based on this phenomenon. Instead of the word ‘*dosha*’ ‘Humor’ was used. Then all physicians in Europe and the English too undertook the treatment based on this phenomenon. The *Shastras* of Hindus can be understood only by them and thus the English could not understand the philosophy of the *Tridoshas*. For the *Pitha*, they called as bile. However there is much difference between the two, there are many more constituents in *Pitha* other than bile; it is to be understood that the English has not been able to understand this completely.\(^{224}\)

Hence as Ashis Nandy argues, most ‘social reformers of India tried to Christianize Hinduism, particularly the dominant Hindu concept of the desirable person. In doing so, they identified the west with power and hegemony, which in turn they identified with a superior civilization. And then they tried to ‘list’ the difference between the west and India and attributed the former’s superiority to these differences. And predictably they found out Indian culture being the complex, open-ended system. Thus some of the valued traits in Hinduism were but deemed to be lost to the ‘unworthy’ contemporary Hindus.\(^{225}\)

Western epistemic knowledge gained prominence in Ayurvedic thinking under colonial dominance. The indigenous elite sought to prove that even in theory indigenous medicine resembled the same notions of science, and perceptions of diseases. A tradition was perceived and created that was historicized with a distinct beginning and end. A tradition based on ‘rationality’ was invoked in the new context. Invoking a rational tradition was necessary to negotiate with the principles of western modernity. Varier argued even during the time of Charaka and Susrutha, Ayurvedic practitioners had understood that ‘microbes in the form of antibodies were the cause of disease, He notes that,

> It is true that in ancient times the knowledge about the cells and other micro-organisms was not developed in the east as that of the west. Nevertheless the physicians of the east were convinced of the existence of certain elements that were invincible to the naked eye and these were the causes of the diseases. Charaka an *Aryavaidya*, who believed to have


\(^{225}\) Ashis Nandy, *Alternative Sciences*, p. 25.
lived 320 years before Christ was of the opinion that the same type of diseases are likely to affect the same place but having different lifestyle, health conditions, food, behaviour, etc, and it is these invisible cells that are the causes of these diseases, which are contagious through air, water etc.\textsuperscript{226}

Thus the modes of encountering western medicine were formulated through the use of the same western medical and epistemic categories. They also argued that for almost all diseases found in the tropics, indigenous drugs would be more efficient that western medicine. It was such a conclusion that made Varier to opine that,

Most of the medicines mentioned in the British pharmacopoeia can actually be replaced by ordinary medical herbs that are found around us and in most cases these medicines are more effective. Other than the English medicine called digitalis we do not need any other foreign medicine. And even for this we can actually make medicine by mixing up two or more medicines.\textsuperscript{227}

Irrespective of the manner in which indigenous physicians perceived the constitution and the internal functioning of the human body, there was a necessary shift in the basic paradigm in which the anatomical structure of the body was formed and functioned. This was because the truth of the body was not just a matter of perception rather it became an experience through the visual gaze. This was a hegemonic truth that the indigenous physicians found it rather difficult to overcome. This truth predominated all Ayurvedic claims of a superior antiquity.

The discourses on indigenous medicine were primarily aimed to confirm the practice to the paradigms of western science. Unable to demonstrate its superiority indigenous elite turned to culture in order to gain strength and superiority. The revival of culture rather than medicine signified a defeat of the self with regard to colonialism in the debates on indigenous medicine. The indigenous medical practitioners were battling against the psychological hegemonization of western medicine. Varier expressed his frustration at loosing the ideological battle that he was waging with western medicine. He regrets that ‘English medicine had taken us over completely’.\textsuperscript{228}

\textsuperscript{226} Danwantri,1918, v. 15, no.3, p. 62.
\textsuperscript{227} Danwantri, 1914, p. 195.
\textsuperscript{228} Ibid, pp. 111-2.
The practitioners of indigenous medicine tried to overcome this psychological domination either through providing geographical and cultural explanations for the existence of differences in the medicinal practices. The ‘fall of scientific culture’ was deemed to be corollary to political defeats that occurred in later stages of its history, particularly in the Middle Ages. Beyond the various justifications that were offered by the indigenous medical practitioners, there was a sense of defeat and loss in terms of the relationship with western medicine and its scientific paradigms.

The reorganization of Ayurveda

It was his deep sense of disgust at the failure to overcome the hegemony of western medicine that forced Varier to introspect at the state of affairs of the contemporary healthcare practices. Identifying the problems of indigenous medicine and exploring the possibilities of restructuring it remained one of the greatest tasks of Varier throughout his life.

$^{229}$ Varier writes that the English medicines (allopathic) are made according to the biological condition of the Europeans. They need medicine that is hot as they live in temperate climate. As we live in the tropics we need medicines that are cold. It is for this reason that in our Vaidya Sastras it is stated that the medicines in the Himalayas are more suited than the Vindyas. Moreover in every region certain diseases are commonly found while in other regions the diseases differ. And god has created of the specific nature that suits the bodily conditions of specific areas. The activities of our daily life are based on Ayurveda and hence if we are able to live according to those precepts we can get rid of most diseases. There is a saying that in the Malayala land it is the Brahmans who encourage the use of Payasam (made out of milk and sugar) but the number of people who suffer from diabetes is comparatively small among them. Ever since the influence of western ways of life there has been a slow and steady degeneration in our health conditions and this can be proved from the differences in the health conditions of those who had studied English and that of an ordinary lay man. Moreover, an alien physician is incapable of providing opinion to our doubts with regards to our daily life. Religious aspects have to be kept in mind while taking medicines, our medicines are vegetarian in nature and wine and meat are generally avoided. The westerners do not hesitate to use the essence of beef as medicine. It is sure that during ancient times, our ancestors were conscious of the human body. They examined the dead and understood it closely. It was during the age of Buddha that there occurred an end to the practice of examining the dead. It was Asoka who was responsible for banning this practice. Danwantri, May 14, 1917, p.12.

$^{230}$ Varier depicts a glorious history of the indigenous medicine in India and states that, those countries that claim to be at the peak of civilization were not born with that advancement. Instead the advancements were acquired through ages and they too had a period which might be called the dark ages. Even at those ages or ages that preceded it as far as intellectual capital was concerned the prime place among all these countries was held by India and those texts that exist even today is a testimony to it. Danwantri, 1916, v.13, n.7 p. 146.
There was no standardization of medicines, as the preparation of the medicines was done by the patient himself. Varier tried to replace this by mass production and marketing of medicines. Another important reason identified to be the cause for the downfall of Ayurveda was the lack of proper diagnosis and treatment by the indigenous physicians. He stated that,

Though many held the view that the factors responsible for the downfall of Ayurveda are the great interest shown by Indians to western culture and secondly the government's declared policy of promoting the cause of English medicines. The prime reason for the decline can be sited as the role of the Ayurveda physicians themselves. They do not take much care as far as the diagnosis or treatment is concerned and nurtures a general lethargy towards it. They give a long list of herbs and plants to the patient who himself has to acquire it as well as to make the medicine himself.231

Attempts were henceforth made to reorganize an indigenous medical paradigm that is centralized, regulated and coordinated and which was in conformity with the principles of western medicine and science. The indigenous physicians had to be relieved of their passivity and had to be integrated into an active system in motion. However in course of time Varier had to accept that it was not merely the historical factors or the climatic conditions nor the passivity and lethargy of the contemporary medical practitioners that were the reasons for its unscientific character, but certain assumption of the body often mentioned in the Ayurveda, did not conform to 'scientific' truths. This underlined that indigenous medicine was to be rationally reorganized. In one of his article to Danwantri, Varier writes as follows,

It is no secret that all-important concepts in English medicine are finally accepted only after many worthy doctors pass different kinds of examinations and a majority of them agree on these concepts. And that is not all. They hold discussions with the practitioners of every kind of Vaidyam current in modern countries. Also, they have the facilities to obtain and dissect dead bodies in order to study them. Because of all this, what physicians trained in English medicine says at the moment is more worthy of belief than what indigenous physicians say, especially in the field of anatomy. Those who say that Sushrutha's anatomy is completely correct should look at the meaning of the sloka given below and judge its veracity:

Pundareekena sadrisham hridayam syadadhomukham
Jagrathasthadvikasathi svapathascha nimeelathi

The meaning of this is: 'the heart is like a lotus, and hangs face downwards. When it is awake, it is fully opened; when asleep, it closes.' Now, if the heart is fully open and hangs down, even a small child will know that it cannot hold anything. Then how can it contain a fluid force like energy? How can it deal with the flow of blood? It is very difficult to agree on such matters. There are so many contradictions like this.

Thus tradition was not accepted uncritically. It was analyzed and examined in the light of science and it had to be reconstituted and recreated. The elite physicians among the indigenous medical tradition took up the responsibility of organizing, regulating and controlling indigenous medical tradition. With a process of collecting and compiling the scattered pieces of indigenous knowledge on medicine. These elite indigenous practitioners sought to organize and regulate indigenous medicine into the framework of Ayurveda. They identified that the physician needed to have 'scientific' and practical knowledge of all forms of medical knowledge. Varier identified that,

Physician, medicine, disease and cure are the four important constituents of treatment. The most important among these is the physician. The physician should have scientific and practical knowledge of all other fields. The conditions that prevail in Ayurveda do not entail for practical experience.

Hence his prime concern was to create a situation where practical experience and scientific knowledge could be inculcated to the physicians. Through Danwantri, Varier constantly appealed to the indigenous medical practitioners to contribute their knowledge of medicines so that the process of institutionalization could be made a reality. In one of the pieces he urged the people to send their knowledge of indigenous medicines and plants so that they could be incorporated into the process of constituting Ayurveda. He wrote that,

The Vaidya system of Kerala had many peculiarities and the most important among them was that the ancestors had identified and had brought into practice many medicines in course of time. Hence it is clear that the Ayurveda system of treatment has undergone substantial change. But it is doubtful, whether the practitioners are clear about the quality and method of treatment of these medicines. The reason being, there is no proper method to co-ordinate and monitor the system. At present even the numbers of physicians who have knowledge about those medicines are few and those who are

232 Danwantri 17 October, 1913, p. 119.
233 Danwantri, April-May 1914, vol. 12, no 9 pp 213-217.
present are old. At this rate the peculiarities of the Malayalam treatment would go into oblivion. Hence those who have first hand knowledge of herbs, medicinal plants and other forms of knowledge may kindly write to us. So that we could compile those information that would have otherwise fall into oblivion.}

By the beginning of the twentieth century, his ideas, with regard to re-organization of indigenous medicine, were taking concrete shape. Explaining his vision of restructuring indigenous medicine into Ayurveda, Varier noted in 1916 that,

Firstly we have to send young men to the old reputed physicians before their time comes to an end. Secondly we have to compile and publish the old books before they are lost or destroyed. Thirdly we have to acquire and borrow knowledge from other forms of medicine and enrich Ayurveda. The prime among these is to train students properly and to make them good physicians.

His basic understanding and desire was that the reorganization of the indigenous medicine on the lines of western medicine would in the long run enable them to replace western medicine with Ayurveda. However he regretted that,

Knowledgeable vaidyans are growing fewer in number. Even those who are considered knowledgeable, when compared to the old-time vaidyans, do not deserve to be called vaidyans at all. If we make a close search, one or two might be seen to have learnt something from the worthwhile physicians of old. With the next generation, we cannot even hope to make any effort in this direction. So there is no doubt at all that the first thing we should do is to establish a vaidyapatasala. If the objective of this Patasala is to be fulfilled, it is an indisputable fact that there must also be a hospital and a centre to process medicines attached to it.

He concluded that it was only through the centralization of the indigenous medical practice and its imparting through a proper system that the indigenous medicine be situated to its lost glory. He forcefully argued that,

Vaidyashalas should be brought under a centralized control and the conditions of these have to be improved so that the public would get the maximum benefit from them. Certain measures have to be undertaken to relieve the people from the influence of the quacks. The activities of the quacks are doing more harm than good to the people. Their ignorance and irrational activities have often affected the glory of Ayurveda and has negatively affected the faith of the people in that branch of science. These problems

234 Danwantri, 15 December, 1917, p. 58.
235 Danwantri 15 December 1916, p. 112.
have to be rectified without delay. It is beyond doubt that the Ayurveda form of treatment is the most preferred, given the health conditions of the people as well as that of the tropical climatic conditions. Therefore taking the welfare of the people into consideration our government should intervene and devote more grants for its improvement. 237

Similarly replacing the guru-kula system with the organized teaching of Ayurveda he demanded that there should be separate teachers for the teaching of different subjects. Analyzing the contemporary medical practices of the indigenous society, Varier stated that,

The present method of a single teacher taking class for a whole day is not advisable. It is a great task to give education to children in all subjects and all aspects of Ayurvedic medicine. Hence there should be separate teachers to take separate subjects like that of what prevails in the colleges. Those who are currently teaching in the Padhalas should be appointed as teachers or junior teachers. Persons from outside who specialize in the subject should also be appointed. For the teaching of subjects like anatomy and chemistry are concerned it would be better if people who have at least a working knowledge of English be appointed. There should be proper criteria as to who should be given appointment in the schools. Generally people who have some knowledge of Amarakosham, Siddharoopam and who can recite a few verses in Sanskrit is generally given admission. This however lowers the quality of students. A medical student should acquire all knowledge of the worldly affairs and should have an open mind to things that happen around him. Those of whom, who practice English medicine (allopathic) will get all basic knowledge that are necessary for the pursuance of medical studies from the lower classes in the school. But as far as Ayurvedic medicine is concerned it is not the case. In such a situation, those who have a strong basic knowledge on Malayalam and a working knowledge of Sanskrit be given admission and the entrance examination should be conducted towards this end. The lowest age limit for admission should be eighteen and the highest be twenty-one. 238

Thus the long engagement of Varier with the principles and practice of western medicine and of the intellectual and social concerns that were churning up in the second half of the nineteenth century took shape through the institutionalization of the indigenous medical practice in the name of the Arya Vaidyasala at Kottakal. His vision regarding the indigenous medicine and its rejuvenation took concrete shape through the establishment of the Kottakal Arya Vaidyasala in 1902 and the Aryavaidya Samajam in 1903.

237 Danwantri, 1918, v. 15, no.3, p. 93
The Aryavaidya Samajam

The need for an organized community of physicians was deemed as an important factor in the establishment of the truth claims of indigenous medicine. The aim was to defend the identity and superiority of indigenous truth on the basis of the strength of an organized body of physicians. As Brass argues, the reorganization was, among other things, a forum to demand favorable intervention from the government for the improvement of indigenous medicine. A resolution passed at the Malabar district conference urged the government of Madras that,

As the ordinary people can easily afford as well as receive the benefits from Ayurveda the conference strongly requests the government to provide the same treatment that it had meted out to western medicine. The government should start Ayurveda Dispensaries and hospitals and provide sufficient health care to the people.239

The establishment of the Samajam was to create a community of Vaidyans in order to organize the indigenous medical tradition on modern lines. Here any truth should necessarily be discussed and conclusions arrived. This underlined that the truth has to be endorsed by a community of physicians. In its meeting held in 1903, the Aryavaidya Samajam decided to hold examination in Vaidyam every year for students who wished to study the subject.240 They also started the publication of a journal, Danwantri in the same year for the propagation of indigenous medicine. This was deemed ‘as a means towards the spread of the indigenous medical knowledge among the people as well as to interact with the large number of the indigenous medical practitioners’.241 However the means towards the organization of these Vaidyans was not aimed at the restoration of the medical practices of the contemporary society, rather

239 Danwantri 14 May, 1917.
240 Gita Krishnankutty, A Life of Healing. p. 57.
241 Dhanwantri, 1924, p. 21.
to find out means towards the revival and restoration of indigenous medicine, based on the ancient Samhita texts on the lines of western medical practice and norms.  

Similarly, though the primary aim of the journal seemed to be to function as a means for interacting and communicating with the medical practitioners of indigenous societies, in its actuality the print culture and the written word circulated ideas, which tended to generate social dominance for the ideas and institutions of the norms and culture, under colonial modernity.

Arya Vaidya Patasala

By the second half of the twentieth century, the discourses regarding the possible reorganization of indigenous medicine were taking concrete shape. The ideas that were gaining maturity through the functioning of the Arya Vaidya Samajam, and the Aryavaidya Sala were to be reproduced through a pedagogy and curriculum. This led to the establishment of the Arya Vaidya Patasala on 14 January 1917.  

As told in his biography,

When classes in the Patasala began to function, Varier felt there was an acute need for textbooks on Anatomy and Physiology. He therefore began to translate Gray's Anatomy, the most well-known textbook of the time, from English and portions of these translations appeared in successive issues of the Danvantri magazine. His ultimate objective was to do a full translation of this textbook in eight volumes, but he knew even this would not be enough and there was far more work to do. He felt strongly that the advantages available to students of western medicine had to be taken into consideration while planning a textbook for students of Ayurveda.  

The students of the patasala were introduced into the world of both indigenous and western medicine. They were to make comparison between different streams of

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242 Brass argues that though the revivalist leaders have great respect for the truly competent traditional physicians, for their abilities to heal and some of their methods of healing, and for the traditional guru-disciple (or pupilage) system of teaching, the primary orientation of the supporters of the Ayurveda is towards the revival, restoration, and further development of the ancient science rather than to the maintenance of contemporary traditional practices. Paul P. Brass, The Politics of Ayurvedic Education, p. 244.

243 Gita KrishnanKutty, A Life of Healing, p. 85.

244 Ibid, p. 114.
medical practices. The first step in this direction was the integration of the courses of study by arranging the curricula in such a way that 'whatever is weak in the indigenous system would be supplemented and strengthened by the integration of western system of medicine'. Though they argued that these two systems were different and any form of criticism between these different streams of medical knowledge was impossible, in reality, they accepted the idea that a comparison between the two would help the students to arrive at truth about the indigenous medical tradition.

Indigenous medicine was imparted to the students as a form of culture rather than as a medicine. This cultural instruction and its mode of practice were to ensure the hegemony of the dominant caste within the indigenous society. Students were to internalize that indigenous medicine as represented through Ayurveda was at its peak during the Vedic period. The pedagogy was not limited to creating a new Ayurvedic community; rather it was designed for the creation of a community of physicians who claimed that the newly constituted Ayurveda was a replica of a glorious past that encapsulated the principles of western science as representing truth.

The first step towards reorganization of the indigenous medicine was its institutionalization under centralized control. The centralization of the indigenous medical practice into a broad framework through proper monitoring and control ensured that a unified curriculum was promoted. It was the rational critique of tradition that was attempted by the proponents of the revival movement.

The new pedagogy designed to train students in indigenous medicine was a process of mimicking the western methods of imparting knowledge. Students were

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245 Danwantri, 15 May, 1917, p. 27.
246 Pierre Bourdieu argues that 'education acts as a medium in ensuring the transmission of cultural capital across generations and to stamp pre-existing differences in inherited cultural capital with a meritocratic seal of academic consecration by virtue of special symbolic potency of the title (credential). Functioning in a manner of huge classificatory machine which inscribes changes within the purview of the structure, the schools help to make and to impose the legitimate exclusions and inclusions which form the basis of the social order.' S Pierre Bourdieu and Jean Claude Passeron, Reproduction in Education Society and Culture, London: Sage, 1970, p. 9.
247 The students of the Patasala in their examination held in 1918 were they had to prove with evidence that the Hindu medical system is the most ancient of all systems of medicine. And to write the names of
to make comparisons between various cultures and medical systems of the world and were to arrive at the conclusion that medicines prevalent during the Vedic period were the greatest and the most ‘scientific’ in the world.\textsuperscript{248} They were to internalize that their ancient religion discovered and incorporated scientific truths.\textsuperscript{249}

Irrespective of the fact that attempts were made to prove that indigenous medicine as represented through Ayurveda was of a higher level in terms of science. The proponents of the indigenous medicine who sought to revitalize it in the name of Ayurveda found it difficult to get physicians trained in the Sanskrit knowledge rather most of the practitioners in the indigenous society were practicing contemporary healthcare methods and had scarce knowledge about the medicinal practices mentioned in the ancient texts. In 1917, Varier regretted the scarcity of vaidyans and noted that,

If we are able to get a few good native Physician to our Ayurveda College and hospital we do not need to employ western Physician as teachers. The role of these Physicians (western) can however be limited to explaining to the students how operations and other treatment can be done.\textsuperscript{250}

The detailed rules of the Arya Vaidya Patasala explained by Varier signified the way in which the reconstitution of the indigenous medicine was to take shape. The basic medium of instruction for the student was in Sanskrit. However, what was imparted to the students was the physical properties of medicines, pharmaceutical properties of raw materials, surgery, anatomy, physiology and the formulation of the compounds of drugs.\textsuperscript{251} In the syllabus were included, Sanskrit texts like, \textit{Charakam, Susrutham, Samgraham, Rasaratnasamachayam, Bhavaprakasham Ashtangahridaya} four medicines brought by the Mohammedans to India and also cite the names of eight medicines taken from India by the Europeans. They were to make comparison between the opinions of the Hindus and that of Galen with regard to pulse.....citing examples (they were to) state that during the Vedic period Aryavaidya was at the peak of its glory, they were also to Explain and state with evidence that the people of Ancient India were conscious of cleanliness. Important stages of the curative practices of the people of the Indus and prove that the method of cure of the Indus was modern and developed. They were also to write the names of the important and unimportant medicines used by the Arya Vaidyas. Danwantri, March 1918, Vol. 4, No. 6.\textsuperscript{254} Ibid, Vol. 4, No. 6.\textsuperscript{254} Gyan Prakash, \textit{Another Reason}, p. 58.\textsuperscript{250} Danwantri, Feb-12,1917, Vol. 14, No. 3, p. 1.\textsuperscript{255} Gita Krishnankutty, A Life of Healing, pp. 116-7.

\begin{footnotesize}
\begin{itemize}
\item[$\textsuperscript{248}$] Ibid, Vol. 4, No. 6.
\item[$\textsuperscript{249}$] Gyan Prakash, \textit{Another Reason}, p. 58.
\item[$\textsuperscript{250}$] Danwantri, Feb-12,1917, Vol. 14, No. 3, p. 1.
\item[$\textsuperscript{251}$] Gita Krishnankutty, A Life of Healing, pp. 116-7.
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Shareeranithanangal Susruthasareeram and Ashtangahridayauttarasthanam. Models, pictures as well as the dead body was dissected and shown to the students as part of practical training. In addition to it, Physiology, Anatomy, Chemistry, clinical analysis of drugs along with the varied facets of western medicine was also taught in the patasala.\textsuperscript{252}

The course of study was for a five-year period and the instruction was designed in both Sanskrit and Malayalam. The basic subject that was taught in the Patasala was Ashtangahridaya. In addition to it Ashtangasamgraha, Charakam, Susrutham, Bhavaprakasham, Madhavanidhanam, Sharangarasamhita, Rasaranasamachaya, Nadeevijnana, yoga, the method of treatment and moral code were also taught in the Patasala. Students would be trained in Dhara, Pizhichil, Navarakizhi, Pothichil, Uzhichil, treatment against snake bite, fits etc., as part of the Malayalam treatment. Dhara, Pizhichil, Navarakizhi, Pothichil, Uzhichil etc., which were integral to the local and indigenous treatment of the land, were incorporated into the general schema of institutionalized Ayurvedic medical knowledge. The various commentaries to the Charaka-Susrutha texts became the broad framework from which the syllabi were designed. In its design and course content, it remained a conglomeration of the western medical paradigms and of the Sanskrit texts, separated largely from contemporary medical practices.\textsuperscript{253}

Sanskrit Knowledge, Hindu Religion and Scientific Truth

The most important medium through which the revival of indigenous medicine was made possible was through the Sanskrit language. The new knowledge based on Sanskrit, distanced itself from other folk knowledge thus making it unintelligible to the local medical practitioners. This claim to Sanskrit knowledge was a claim to tradition of the indigenous elite and in a way a claim to superiority. Even when the indigenous elites claimed to be representing the indigenous society in the arena of science, medicine and culture they were in effect trying to distance themselves through the articulation of a form of knowledge, which was alien to the contemporary socio-cultural practices of the society. Whether the basic methods of treatment practiced even by the Brahman vaidyans were based entirely on the Samhitas needs further explanation. Ananthakrishna Iyer’s examination of the cultural practices of the caste and tribes elaborates the social life of the Brahmans as follows,

\textsuperscript{252}Danwantri, October 1917, vol. XIV, No. 3.
\textsuperscript{253}Danwantri, October 1917, vol. XIV, No. 3.
He, (Brahman) was taught to read and write short sentences on cadjan leaves (ola
elzuthal). He was made to commit to memory short verses, and lessons in arithmetic
were later added to his curriculum. Thus the youngster acquired a fair knowledge of
reading, writing and arithmetic, in about 2 years, and was thereafter recommended to an
advanced course of studies, which consisted of study of Sanskrit, the perusal of the
puranas, and also arithmetic sufficient to enable him to calculate the position of the
planets and help him in the casting of horoscopes.254

Hence it seems doubtful, whether a healthcare practice based on the Sanskrit
literature existed among the high caste population even in the pre-colonial days. The
Varier caste whose traditional occupation was that of temple service, by the late
nineteenth century was trying to emulate the cultural practices of the Brahmans. Iyer
testifies that 'being in close contact with the Brahmans, they (Variers) learn (ed) to
conduct themselves as the Brahmans do, and their morning and evening baths and their
worship in temples are as punctual as those of the priestly class.'255

Thus the process of sanskritization whereby the castes below the Brahmans
accepted their cultural practices, accompanied by a process of revival of the ancient
Sanskrit literature was an entirely nineteenth century phenomenon which is testified by
the literature of the nineteenth century. The interventions of P. S. Varier in the arena of
indigenous medicine as a defense against the hegemony of western medicine, and also
as a means towards the revival of indigenous medicine in the name of Ayurveda was
primarily driven by a desire for a higher social status in the contemporary society.

From Eco-centrism to Ethnocentrism

One of the most important shifts that occurred in the indigenous medical tradition was
the shift from an eco-centric society and culture to an ethnocentric one. It was the
configuration of the idea of 'India' that made the indigenous physicians to overlook the

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regional and local specificities in medicine. In this process the relationship between the occurrence of the diseases and their ecological background was largely negated.

It was such an understanding of the eastern societies that made even Marx, a critic of western capital, to accept British colonialism as a necessary stage in the history of India. It was such an understanding that made even Marx, a critic of western capital, to accept British colonialism as a necessary stage in the history of India. Man being one with nature signified that he was subject to the unforeseen maladies of nature. His beliefs about nature were not in conformity with the principles of science. Culture on the other hand demonstrated the victory of man over nature.

It was also the history of the victory of man over nature or the victory of truth over evil. History here became not just a passive notion of time, rather a continuous progression of victories. Untruth had to be eliminated and the complete dominance of truth had to be established, in the same way as the complete dominance of science is established. This notion of the victory of man over man, by good over evil and of truth over untruth was part of the fundamental premises of the principles of colonialism. Thus as Chatterjee argues, under colonialism the norms and philosophy of enlightenment Europe were re-enacted in the indigenous societies.

The indigenous physicians who were in the forefront of the movement for rejuvenation of the indigenous medicine established gardens for the upkeep of

256 Commenting on the indigenous societies of India, Marx argued, these little communities, ...brought about a brutalizing worship of nature exhibiting its degradation in the fact that man, the sovereign of nature, fell down on his knees in the adoration of Kanuman (sic), monkey, and Sabbala, the cow. It followed according to Marx, that 'whatever may have been the crime of England she was the unconscious tool of history, Karl Marx, 'The British Rule in India' (1853), Karl Marx and Frederic Engles, Articles on Britain, Moscow: Progress Publishers. 1971, quoted by Ashis Nandy, The Intimate Enemy: Loss and Recovery of Self under Colonialism, Delhi: Oxford University Press, 1983. pp. 171-2.

257 Partha Chatterjee argues that the problem of nationalist thought becomes the particular manifestation of a much more general problem, of how knowledge was conceived in a 'rational' way, which was established in the post enlightenment period of European intellectual history, as the moral and epistemic foundation for a supposedly universal framework of thought which perpetuates in a real and not merely a metaphorical sense, a colonial domination. It is a framework of knowledge which proclaims its own universality; its validity, it pronounces, is independent of cultures. Nationalist thought in agreeing to become modern accepts the claim to universality of this 'modern' framework of knowledge. Yet it also asserts the autonomous identity of a national culture. It thus simultaneously rejects and accepts the dominance, both epistemic and moral of an alien culture. Partha Chatterjee, Nationalist Thought and the Colonial World, p. 11.
medicinal plants. In the pre and early colonial contexts, the knowledge of indigenous medicines was shared both between the physicians and the general society at large. However, in the context of the institutionalization of indigenous medicine, knowledge became a prerogative of the physician alone. This was because mass production of medicine and their preservation as well as the availability of readily made medicines in the market curtailed the need of wider community knowledge. Under the colonial situation medicine became a different mode of experience that was differentiated from the intimate relationship between the physician, the society and the environment. Even the students of Ayurveda were not to identify the medicines from the natural environment in which they were living.

Medicinal plants were collected and grown in gardens and herbariums for the understanding of the students. Varier opined that 'as the government has a botanical garden (at Palode) it can however be used by the students in generating an understanding regarding herbs and leaves'. The herbs and leaves used in Ayurvedic treatment, in the new situation became a museological object where the plants were separated from their original habitat and planted at places that were attached to the Ayurvedic colleges and Patasalas in the name of botanical gardens.

A new understanding on society and science emerged which argued that even when a particular herb is replaced from the origin of its habitat it can produce the same medicinal results and hence medicine, irrespective of its geographical location, can have medicinal properties that are universal. In the new context, it was not merely the fact that medicinal plants were uprooted from their original habitats for the convenience of the students of Ayurveda, rather the basic ideology that guided individual to think and act as being part of the ecology and nature was transformed.

The Print Culture and the Fear of the Epidemics

The outbreak of epidemics like Plague strengthened the move towards institutionalization. Allopathic medicines were widely used in the process to contain it. This further brought to the fore the question as to whether indigenous drugs could effectively contain the diseases and epidemics as understood through its modern parlance. The official government machinery in most instances depended completely on western medicines for quick intervention to eradicate diseases.

When new diseases emerged, indigenous practitioners sought to prove that its descriptions were described in the ancient texts, with different names, and that the Aryavaidyans were familiar with their identification and cure. When plague spread in Malabar in 1908-9, Varier wrote that,

Those measures that were discussed to cure plague and other epidemics are derived from the opinions of the western medical practitioners. However it is important in this context to take into consideration the opinion of the Aryavaidya physicians. There has been doubt from certain quarters regarding the existence of this disease during ancient times. In reality there is no disease that is not mentioned in the Ashtangahridayas and the Aryavaidyans knew about this disease from ancient times in the name of Agnirohini.259

Thus the claims made by the indigenous medical practitioners were to prove that it was a replica of western forms of medicine. This was because the spread of print spread the fear of the spread of the contagious diseases rather than its actual spread. As western medicines and its notions spread, it also gave wider space for the spread of the newly revitalized indigenous medicine in the name of Ayurveda. This was because it was the indigenous elite who had the necessary literary knowledge to communicate and discuss the possibility of its eradication. Such a situation also underlined the need for institutionalization and centralization of the indigenous medical practices on the premise that only through a coordinated effort can the spread of the contagious diseases be 'effectively' countered.

259 Danwantri, 1908, June, p.130.
Secular Medicine and Secularisation of Life

Under colonialism and the dominance of science the culture of secularism as an integral part of its philosophy was demonstrated. Secularism as a co-existence of different forms of tradition and history becomes possible under the overarching framework of the norms of colonialism. Varier’s secularism emerged out of the new conceptions of science and society. Over the arched gateway of his house, Kailasamandiram, the symbols of Hindu, Muslim and Christian religious symbols are drawn over a verse, which says that:

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\begin{align*}
\text{Dharmo} & \text{jayathi nadharma} \\
\text{Satya} & \text{m jayath} \text{inamrit} \text{ham} \\
\text{Kshama} & \text{jayathi nakrodho} \\
\text{vishnu} & \text{jayahi napara}.
\end{align*}
\]

Only dharma can triumph, adharma cannot; 
Only truth can triumph, untruth cannot; 
Only patience can triumph, anger cannot; 
Only Vishnu can triumph, no one else can.

It was from his ‘secular and philanthropic’ concerns that he provided medicines free of cost to the poor Hindus and Muslims around. However what needs to be understood in this context was that the concept of the sale of medicine or its large scale manufacturing and distribution, in its contemporary form was, alien to the functioning of indigenous medicinal practice. Manufacturing and marketing of medicine associated with the Kottakal Aryavaidyasala was inextricably linked to the principle of the functioning of western capitalism.

Varier’s Experiments with Theatre

The colonial categories of knowledge and understanding were visible in every aspect of life. The revivalism of the culture and its demonstration particularly through the theatre was the most important medium through which the norms and practices of western

\footnote{Gita Krishnankutty. *A Life of Healing*, p. 210.}
modernity was carried forward. As Partha Chatterjee argues that nationalism though sets out to assert its freedom from European domination, in the very conception of its project, it remains a prisoner of the prevalent European intellectual fashions.\textsuperscript{261}

A movement of standardization similar to the one in the arena of indigenous medicine was taking shape in the field of music, theatre and Kathakali under the patronage of P. S. Varier.\textsuperscript{262} The Parama Shiva Vilasam Nataka Company, which was born in 1909,\textsuperscript{263} was transformed into the Parama Siva Vilasom Natya Sangham in 1939. Its history is also a history of the revival, institutionalization and the hegemonization of a Sanskrit based literature in theatre. Varier set the songs, composed music, chose actors to play the parts and trained them to sing as well as to act.\textsuperscript{264} There was a selective re-creating of the past. The stories were retold in the light of western (colonial) conceptions and categories of life, society, ethics and morality. Most of the stories that were re-enacted in the stage were from epics or from the literature of the Gupta period, which is considered as the ‘golden age’ of Indian (Hindu) literature and culture.\textsuperscript{265}

\textsuperscript{261} Partha Chatterjee, \textit{Nationalist Thought}, pp. 9-10.
\textsuperscript{262} Audiences of this period appreciated these (local) performances, but most of the professional musicians who sang for them were ignorant of the meaning of the words of the songs. If the songs were in Sanskrit, they paid little attention to the pronunciation and let the words run into one another in such a way that they made no sense to anyone who knew the language. However, when P.S. Varier learnt these songs, he had, with his passion for perfection, trained himself to enunciate each word clearly, attending to the poetic form. But these efforts were completely lost on his listeners, who had grown so used to hearing garbled, indistinct versions of the songs that they actually thought Varier was singing them wrong. Gita Krishnankutty, \textit{The Life of Healing} pp. 76.
\textsuperscript{263} Ibid, p. 77.
\textsuperscript{264} The Malayalam stage had hardly any repertoire of its own. P.S. Varier decided to remedy this situation, to write Malayalam plays that Kerala audiences would appreciate and have them performed. The first play he chose was Kalidasa’s Shakuntalam, which he translated into Malayalam. He set the songs, composed music for it, chose actors to play the parts and trained them to sing as well as to act. The play was performed successfully and was the only one he wrote whose text was published, first in the Kavanakaurndi, the poetry magazine edited by P.V. Krishna Varier, and then as a book in 1913. Ibid. p. 78
\textsuperscript{265} The Ramayanam contributed many plays to the troupe’s rapidly enlarging repertoire. Using Thunchath Ezhuthachan’s Malayalam rendering of the Sanskrit \textit{Adhyatma Ramayanam}, a text that is widely read and deeply loved in Kerala, Varier wrote the \textit{Paduka Pattabishekham} (The Coronation of Rama’s Sandals), the Sugreeva Sakhyam (The Contract between Rama and Sugreeva), the Lanka Dahanam (The Burning of Lanka) and the Ravana Vadham (The Killing of Ravana). He tried to retain Ezhuthachan’s original verses wherever he could, setting them to music, choosing with care the ragas he thought would suit the mood of each. Initially, these four episodes were done as different plays on four consecutive days. Later, he condensed them into a single play, the \textit{Sarapoorna Ramayanam} (The Complete Ramayanam), to be performed in one evening’. Ibid, p. 80-81. ‘Varier also wrote plays which
The Art and Theatre was to stage colonial values and norms through the means of tradition. He wrote the \textit{Sangeeta Shakuntalam} in 1913 as a dance drama, for his drama troupe. It was not just a translation from Sanskrit into Malayalam rather the text was rewritten in an entirely different style, from prose to poetry. His justification for the re-creation of a prose literature with radical changes in its form and content was aimed ‘to write a model play which will suit the current trends in Kerala’.\footnote{Vaidyaratnam P.S. Varier: \textit{Sangeeta Shakuntalam}, Norman Printing Bureau, Kozhikode, 1913, p. 79} Thus the reproduction of a Sanskrit based literature in a new form and content was not limited to the sphere of indigenous medicine, rather it was part of the entire cultural awakening that was reflected through different mediums of social and cultural life. Similarly, over a period of time one finds the institutionalization of the elite cultural forms and its accompanied hegemonization of local and cultural forms over the local knowledge forms and practices.

The dance drama, in course of time, shifted its focus entirely to \textit{Kathakali}, an art form whose audience constituted entirely of the elite sections of the population. The P.S.V. Natya Sangham came into being in 1939 as a result of this transformation\footnote{The next experiment P.S. Varier tried was to have his actors specially trained to present episodes from the Mahabharatham in a style evocative of Kathakali. He chose songs from the repertoire of Kathakali, well-known lyrics written by Irayimman Thambi and Unnayi Varier. Kuthanoor Karunakara Panikker, a reputed actor of the period, particularly skilled at playing women’s roles, was engaged to teach the men who played the women’s roles in these plays special dances in the slow, sensuous ‘lasya’ style. But plays of this kind, that belonged neither to the drama nor the Kathakali tradition, failed to please audiences. Sensing that the power of drama was dying and knowing that he had to make a radical change before it was too late, Varier decided to make his drama troupe a full-fledged Kathakali troupe. Ibid. pp. 71.}.

The idea of the mother remained intrinsic to the configuration of the new social order. Sexual morality was glorified and the life of the mother became intrinsic to the family. She took care of the health of the members of the family and was seen as the
most important factor in the sustenance of each individual. The idea of the mother gave new meaning to the ways in which recreation of the past was designed. The responsibilities of the mothers in keeping and maintaining the household was in tune with the emergence of a new form of relationship within the family. This was also an attempt to overcome western conceptions of the indigenous society as having loose morals.\textsuperscript{268} The responsibility of the mother as the corner stone of the household thus emerged and the importance of family came to be glorified.\textsuperscript{269}

How Medicine transformed

A shift occurred from the household production of medicine by the patient to largescale production in the Vaidyasala. Treatment of the patient in the pre-colonial era was not for monetary gains. This transformed towards medicine becoming a saleable commodity to the production, sale and distribution of medicine with the aim of profit. There was a process of engaging with disease, creation of medicine and the practice of cure, to the objectification of disease, medicine and cure. There was a transformation in the organization and characterization of the pedagogy and the curriculum of Ayurveda, from the observation of the disease, its reflection on the body, towards a clinical diagnosis and their interpretation. The way in which the body was observed changed rapidly and fundamentally. The clinical observation of indigenous medicines became

\textsuperscript{268} Said argue that the notion of sexuality that was in existence in the colony was an important aspect in framing the European perception on the 'orient'. He writes, 'the eccentricities of orient life with its old calendars, its exotic spatial configurations, its hopelessly strange languages, its seemingly perverse morality were reduced considerably when they appeared as a series of detailed items presented in a normative European prose style....in most cases, the orient seemed to have offended sexual propriety; everything about the orient ....exuded dangerous sex, threatened hygiene and domestic seemliness with the ‘excessive freedom of intercourse’ more repressible than usual’. Edward W. Said, Orientalism: Western Conceptions of the Orient, New York: Penguin, 1978, p. 167.

\textsuperscript{269} Michael Foucault argues that the ideal woman took care of her household, cleaned her house and looked after her husband. The family in the new situation was seen as not just a system of relations inscribed in a social status, a kinship system, a mechanism for the transmission of property; it is to become a dense saturated, permanent, continuous physical environment that envelops, maintains and develops the child’s body...the new “conjugality” lies, rather, in the link between parents and children. The family seen as a narrow, localized pedagogical apparatus consolidates itself within the interior of the great traditional family-as-alliance. And at the same time health-and principally the health of the children-becomes one of the family’s most demanding objectives. Michel Foucault, Power, The Politics of Health in the Eighteenth Century, pp. 96-97.
an important part of the rejuvenation process.\textsuperscript{270} While in the earlier context the quality of the medicine was tested according to the ability of the medicine to act successfully against any disease, in the new context the chemical components of the various herbs and the metals used in the preparation were verified according to clinical examination and research. The validity of indigenous medicines was upheld according to its chemical content and the trial conducted on the patient through successive stages.

The object of enquiry was primarily to situate the tangible and the material against the natural and the hypothetical. The cause of the ‘downfall’ of the indigenous medicine was seen as the result of the lack of a proper mechanism for proper observation, regulation and control.

\textsuperscript{270}Hence as Jean Langford argues that in modern Ayurvedic hospitals, however techniques of quantification are being applied to discipline this body, to map and tabulate the formations of bodily tissues and flow of the dosha. As the poetics of the body is translated into scientific equations, so do the rythmic aphorisms of Ayurvedic texts are translated into textbook explanations, Jean Langford, \textit{Fluent Bodies}, p.12