Indigenous medical revivalism and its reorganization under the hegemony of western medicine and science led to its institutionalization in the name of Ayurveda. The manner in which reorganization unfolded is replete with various forms of negotiation and contestation and the consequent formulation of identities under colonial dominance. The process of revival and revitalization of Ayurveda medical practice is also integral to the formulation of self and identity under colonialism.

Under the norms and practices of colonial science and medicine, the idea of truth, as a mode of enquiry and a way of life came to be visualized as a single universal entity. The ‘truth’ of the physical body therefore had to be necessarily demonstrated through the visual gaze of the material object. The western notions of the body based on its anatomy structure came into conflict with the Tri-dosha principle based on Sanskrit texts of the past. Here diseases were understood to be a result of the doshic derangement of the human body. This forced the proponents of western medicine to dismiss indigenous medical practices as antithesis to the principles of science. The negation of Ayurveda, as a speculative medicine not supported by scientific rationality, was also accompanied by a colonial ideology formulated to bring about progressive changes in the indigenous society through western medicine aided by the principles of science.

However, the functioning of western medicine in the subcontinent was beset with problems. No sooner than colonialism set itself the political authorities realized that bodily ailments were as serious as the political dissent in the subcontinent. As Europeans as well as its colonial subjects fell prey to the various ‘tropical diseases’, the administrators of the east India company set out to understand and integrate indigenous drugs in the means of finding solutions for ailments in the distant land.

Nevertheless, as integration functioned under the hegemony of western science and its paradigms, there was an implicit acceptance of the standards set by the
colonialists. Such integration also demanded a conceptualization of the contemporary therapeutic practices into an organized form. As indigenous drugs were diverse and subjected to multiple forms of treatment and cure, it became difficult for the proponents of western medicine to identify the most appropriate medicine for diseases according to their priorities. The focus of enquiry therefore was on the nature of the effect of indigenous drugs on the various organs of the human body, which was understood through clinical enquiry. Indigenous drugs were subjected to clinical trials and scrutiny so as to understand the properties ingrained in them, so that they could be made useful for the treatment of diseases. Thus, different categories of western science and medicine were used as litmus in understanding the scientific nature of indigenous drugs.

The colonial search was however fundamentally guided by a realization in the epistemological divide between western medicine and the healing techniques of the indigenous society. This generated a large amount of discourses on ‘science and its detractors’, leading to the emergence of the idea of ‘the quack’. Who constituted the quack and what it meant by quackery continued to be debated, discussed and discarded for the last one and a half centuries. While, for the colonial political authorities, all indigenous medical practices not in conformity with the instrumentalist rationalist of western science was quackery, while for the proponents of Ayurveda all contemporary healing techniques not based on classical Sanskrit texts and not trained in an institutionalized method meant quackery; though the yardstick of determining what is quackery and who constituted a quack changed over time. As per the norms and practices of medicine and health, as internalized and enforced by the state, such practitioners were to be cleansed off in the process of retaining the scientific character of Ayurveda.

II

Colonial political and administrative compulsions necessitated that the subject population were to be trained through an organized pedagogy for the proper
functioning of the colonial administration. This led to the emergence of social elite who had the opportunity to interact with western scientific paradigms and its culture. While colonial political authorities dismissed indigenous knowledge forms and its cultural practices as antithesis to the basic principles of western science, the elite in medicine believed that the assault of indigenous society as detractors of science was an attack on the indigenous self and identity. Proponents of revived medicine felt a compelling demand for the demonstration of the idea of objective truth and the material representation of bodily notions in their attempt at demonstrating the truth claims of the indigenous society. They therefore entrusted themselves with the responsibility of defending the indigenous self and identity and henceforth argued that the basic parameters of indigenous medicine conformed to the principles of science and truth.

No sooner than the process of reorganization was conceived, the revivalists in indigenous medicine realized the complexity of demonstrating indigenous medicine through western medical categories. A complete integration of western medicine into indigenous medical paradigm would mean a loss of self and identity for the indigenous elite. As colonialism provided new forms of economic and bureaucratic opportunities for the subordinate groups and castes of the indigenous society, communities who were alien to the Sanskrit literature and ‘classical tradition’ sought to lay claim to Sanskrit based knowledge as a superior form of truth.

A hybridized medicine emerged in relation to the needs of the colonized subjects of the indigenous society. While indigenous medicine as conforming to Sanskrit was placed as binary to western medicine, a new discourse developed within the indigenous medical tradition. The newly constituted medicine sought to distance, in a large measure, from the contemporary medical practices. While epistemic differences between western medicine and the indigenous ones led to the negation of contemporary therapeutic practices as quacks, the newly emerged indigenous medical elite sought to distance them from the contemporary healing techniques in the name of quackery. This was also accompanied by individual attempts at mass production and sale of drugs through the market. A leading example of such a reorganization and production and
distribution of medicines was undertaken by P.S. Varier of Kottakal. Varier's initiatives in organizing the Aryavaidya Samajom, the establishment of the Aryavaidya Patasala, the establishment of the Kottakal Aryavaidyasala, and the production and distribution of medicine, his 'humanitarian' concerns and his initiatives in the revival of theatre, drama, and arts were but different manifestations of the same cultural revivalism that took shape in the indigenous society under the hegemony of western science and its episteme.

III

The revival and reorganization process that occurred at the level of an indigenous elite in medicine was given an organized institutional structure by the princely state of Travancore. It was one of the few states in India that set forth to revive indigenous medicine as tradition and disseminated at a popular level. While colonial dominance demanded that indigenous social and individual self be brought to the test of western scientific rationality and truth, similar was the case with the princely state as a political entity. While colonial political dominance in the subcontinent became complete, Travancore lost its political status as a sovereign state. While the social elites in medicine sought to demonstrate indigenous science and self as rational truth, the state on its part set to reorganize and constitute various branches of administration so as to demonstrate itself as a progressive state. By the late eighteenth century the state realized that one of its prime responsibilities were to ensure the physical well being of its subjects in the generation of sovereignty.

While all early forms of western interventions in education and medicine was set up for the members of the royal palace. Individuals trained in western forms of knowledge were also entrusted with the responsibility of manning the various branches of governance. In course of time the state realized the importance of tradition as an important medium in the generation of sovereignty. Almost all early attempts at reorganization and dissemination of a Sanskrit based literature, music, medicine, etc, were through the royal palace. By mid nineteenth century the palace made attempts to
disseminate indigenous medicine based on Sanskrit texts to the people of the state irrespective of their caste differences.

Nevertheless the dissemination of Ayurveda in an organized and institutionalized manner was undertaken by the state from the closing decades of the nineteenth century. The state introduced Ayurveda Patasala (schools) for the creation of a new generation of physicians armed with the 'scientific rationality of Sanskrit based medicine'. The students admitted to the schools were given an elementary training in Sanskrit, which was aimed at presenting it as a 'Scientific discipline'. These new genre of physicians was supported by state aid, introduced as a state policy in 1896, through the grant-in-aid. No sooner than the school was introduced, the practical functioning of imparting western scientific paradigms and its dissemination resurfaced.

The process of reorganization gained momentum by the beginning of the twentieth century. The state realized the need to limit admission to those students who had a thorough knowledge of the physical composition of the body according to western science rather than with training in Sanskrit alone. This was based on the realization that a command over Sanskrit alone would not suffice in understanding indigenous medicine as a scientific discipline. Attempts to create a scientific paradigm were formulated by the committee constituted by the government in 1917, whereby necessary suggestions for the dissemination of Ayurveda through institutionalized means was made. The Patasala was converted into an Ayurveda college, and similar academic and institutional changes were suggested and brought into effect. Such attempts at reorganization were accompanied by the emergence and strengthening of nationalism in India. Among the various methods adopted, by the state, for the reorganization of Ayurveda include the award of scholarship to students for enabling them to have specialized knowledge from different Ayurveda colleges existing in the British presidencies. They also established Botanical gardens to enable the students to be familiar with the medicinal plants. This was also accompanied by the collection of Ayurvedic plants through the forest department for the preparation of drugs.
One of the major interventions towards providing an institutional framework for Ayurveda was the formulation of the concentric system in indigenous medicine. The contemporary healing techniques and etiology were diverse, and the drugs used for cure were also numerous. Institutionalization in the new context became virtually impossible without a grouping of the total forms of understanding the disease and the drugs that could be used. Drugs were prepared on the basis of the properties ingrained in them, using Sanskrit texts as its base. The grouping of medicines, their production and distribution was necessary for the commercialization of medicines in the indigenous medical tradition. Mass production and the sale of drugs altered the existing relationship between the vaidyan and the patient. The earlier relationship between the vaidyan and the patient, where medicines were in most cases prepared by the patient, with guidance from the vaidyan, was henceforth curtailed.

Major changes were brought about in the curriculum whereby western notions of the human Anatomy, physiology, chemical analysis of the drugs, etc. were imparted along with the Sanskrit texts to the students. This was based on the expectation that a comparison between the fundamentals of western medicine and the Sanskrit based medicine would enable the students to arrive at the truth of the human body. Irrespective of the fact that major changes were attempted in the curriculum of Ayurveda and the attempts at its institutionalization, the dissemination of indigenous medicine on scientific lines were often stumbled by the practical problems attached to the integration of two different epistemic paradigms.

IV

The reorganization of indigenous medicine and its institutionalization through an organized medium was a result of the high level of response shown by the state and its subjects towards western scientific epistemic paradigms. The popularization of the notions of western science occurred in Kerala in a vigorous manner than other parts of the subcontinent. This is attributed to the high level of social intervention on the part of
the western protestant missionaries in the state. Missionary intervention in Kerala was possible in a rigorous manner due to the prevalence of an indigenous Christian population in the state who both the social elites and constituted around one-fourth of the total population of the state.

Though the focus of missionary initiatives was the formulation of Christian living according to biblical interpretation, in reality, missionary intervention led to the scrutiny of the various cultural practices and belief systems of the indigenous society. As medicine was an important part of missionary activity, in their larger project of enabling religious conversion, various Christian images were used as means of attacking the cultural practices of the society. While the idol of George, eliminating a dragon was used to convey to the indigenous society that snake was an object of evil and hence had to be eliminated and not venerated—which was hitherto the practice of the indigenous societies. Similarly, the martyred image of Sebastian was used by the church as an image against the spread of contagious disease, particularly small pox. The fight against the 'forces of evil' by the missionaries was directed against the cultural practices of the indigenous societies. As medicine for the indigenous society was culture and diseases were considered to be the cause of the evil spirits, the new critique on indigenous cultural practices led to the reorganization and institutionalization of indigenous medicine based on a textual tradition. Thus missionary presence made the popularization of scientific rationality in indigenous medicine.

V

The nature of the internal purification process in the indigenous medical tradition occurred in a vigorous manner among the Ezhavas that any other caste group in Kerala. It was among them whose profession was largely of toddy tapers, palm climbers or agricultural labourers that movement for social reform took its most strident form. Social reform was guided primarily by a desire for a higher social position with the hierarchy of castes. The community engaged in self-purification, whereby a large
number of their cultural practices, including medicinal ones were integrated into the medical practices of the higher caste which was based on a Sanskrit literature and text. Literature available of the mid-nineteenth century points out that the community practiced medicine along with other cultural practices, which included propitiation of ferocious images of gods like the Madan, Bhagavati, etc. However, the movement directed at internal purification was primarily aimed at getting rid of many of the cultural activities with which the community was engaged in. Thus, the reorganization of indigenous medicine in the name of Ayurveda as the medicine of the people was also guided by the desire of various communities and groups towards modernizing their tradition and culture.

While it is clear that Ezhavas as a community practiced medicine as an occupation from very early times, archival insights lead to the fact that the community in question did not adhere to a Sanskrit based medical practice. The hegemonization of the indigenous practices by a Sanskrit based medicine and the subsequent negation of the contemporary therapeutic practices as quackery was a nineteenth century phenomenon. Fragmented pieces of information available from pre-colonial and early colonial period attests the fact that the practices did not necessarily conform to a text-based practice, nor did it adhere to the Sanskrit literature of the past. Rather there were multiple forms of understandings, representation and practices of medicine.

The institutionalization of indigenous medicine therefore provides one of the most important visual sites for the representation of tradition within the context of modernity. This was negotiated through the hegemonic functioning of western medicine as an epistemic enquiry.