Introduction

The reorganization of indigenous medical tradition, under the influence of western medical episteme in Kerala,\(^1\) offers one of the most complex processes through which indigenous knowledge forms were re-figured, systematized and reorganized under colonial modernity. The complexity of the process stems from the fact that western intervention radically altered notions and parameters of social, cultural and ideological life of the indigenous societies. Though the sphere of intervention was diverse, the basic epistemic paradigms that guided and formulated colonial objectives were based on the instrumentalist logic rooted in the visual gaze of the material object. This was in sharp contrast to the manner in which social and ideological life was perceived in the indigenous society.

The term indigenous medicine in the colonial context has been variously defined.\(^2\) It oscillated between the large compendium of health care practices followed locally, regionally, and in caste and tribal specific contexts and the dominant health care tradition that traced its lineage from the *Samhita* texts. This latter compendium of knowledge was deemed to represent the entire corpus of indigenous medical knowledge under the name of Ayurveda.

Indigenous medicine and Ayurveda as categories of understanding has to be distinguished in its totality. In the modern social situation all forms of indigenous knowledge of medicine came to be called Ayurveda. The attempt here is to argue that Ayurveda—as understood in its modern terminology—emerged out of the terms and

---

\(^1\) The State of Kerala, in the south-western part of the Indian sub-continent, for over a long period of time, has been a matter of interest to anthropologists, sociologists and particularly those concerned with development studies. This is precisely because the state consistently maintained a high level of developmental indices, in terms of literacy, healthcare, etc.

\(^2\) The term indigenous medical tradition is used to denote the large number of localized healing techniques that largely did not adhere to the Sanskrit texts of the past. The basic argument of the thesis is to distinguish Ayurveda as a medical practice to be a later day invention, which resulted from a rejuvenated and revitalized medicine of the past. Charles Leslie also makes a similar distinction. See Charles Leslie, *Asian Medical System: A Comparative Study*, Delhi: Motilal Banarasidass, 1998, p. 358.
categories of its interaction with the parameters of colonialism. It is for this reason that the term indigenous medicine is used in this context instead of the term Ayurveda. The most fundamental distinction between indigenous medicine and Ayurveda stems from the fact that the latter is specified according to the Brahmanical texts. The process of hegemonization of these texts over indigenous medical knowledge is understood to be a modern phenomenon.

One cannot overlook the fact that indigenous society was neither homogenous in terms of culture, geography or social modes, nor did the subcontinent have a single health care method and practices. It however remained an ensemble of local practices of the various caste and social groups. The encounter of traditional health care practices with western medical ideas and methods under colonial rule acquired diverse forms. Related to the wider social reform movement and its impact on indigenous knowledge systems, these encounters can be seen as being closely interconnected with the process of caste mobilization, and the augmentation of social aspirations under colonial modernity. The nature of the interaction between different medical traditions in Kerala, namely: the Brahmin-Ambalavasi-Nair combine that comprised the caste Hindus and the Ezhavas, the numerically dominant among the lower castes, illuminates the way in which those debates unfolded under colonial influence.  

Contrary to the notions of illness and cure that emerged during the period under discussion, the human body in its pre-colonial understanding was the site of various socio-cultural markers, associated with the ailments of the body and its various forms of therapeutic practices. These markers were the outward signs of the ideological and philosophical bases with which the material and spiritual world of the indigenous society was constituted.

Healthcare for the indigenous societies meant critical engagement with the bodily conditions, its ailments and the nature and practices of cure along with the

socio-cultural and religious practices. Bodily ailments and its cure therefore had multiple meanings enmeshed into the broader cultural frame of its social life. The internal functions of the body were subjected to the emergence, constitution and the reproduction of the religious and cultural symbols of life. The notions of the body and the therapeutic practices were therefore integral to the belief systems associated with religion, morality, law and ethics. These combined notions of life, society and forms of community living, in its entirety, formulated the way in which indigenous life was constituted. It was here that the human body was presented as an object of material gaze. Religiosity and spirituality attached to medicine had to be replaced by the new notion of science. Under colonial modernity these were interpreted as witchcraft, mantras and magic.

While all aspects of the socio-cultural life underwent 'reform', it was the therapeutic practices of the indigenous societies that were brought to the test of western scientific scrutiny in its most intense form. Human body became the most important object of material gaze, as an artifact where the symptoms of the diseases peculiar to the indigenous society was inscribed. The metaphor of identifying, controlling and regulating the attack of diseases was tantamount to the generation and constitution of colonial notions of power and its hegemonic control over the colonial subjects.

The dissection of the human body opened up and exposed the internal parts for enquiry. The physicians of the indigenous society henceforth tried to compare and contrast different medicines and sciences in order to arrive at the truth of the bodily compositions and diseases. This formulation of the indigenous medical practices based on the notion of universal science led to the emergence of a medical form and order for indigenous medicine.

---

Historiography

Early analysis on the relationship between the colonizer and the colonized failed to locate the ideological nuances that sustained colonial hegemony and medicine as a site of scholarly enquiry, underpinned by the role of science remained relatively marginalized. It was by the eighties of the twentieth century that scholars, influenced largely by the writings of Foucault, sought to seriously engage themselves with science, and medicine as its offshoot, in understanding the intervention of colonialism in India. Examining the reasons, as to why medicine remained marginal to mainstream scholarly analysis, Kavita Philip remarks that, 'attempts to understand the functioning of science in the colonial society was a complex endeavour as the subordinated narratives of science was fraught with difficulties than the historiography of agrarian protest, simply because the hegemony of scientific ideologies has historically been more insidious and, therefore less contested, than the politics of land revenue or labour laws'.

However, the nature and extend of colonial intervention is subjected to considerable debate. While there exists contending views on the nature of western intervention in India, there seems to be agreement among apologists for western colonialism that, in spite of the fact that economic considerations reigned prime among colonialism’s objectives, it was able to provide a rational judicial system, reform of the inhuman cultural practices, altering an exploitative economy and to introduce efficient healthcare, sanitary and medical measures.

Throughout the entire stretch of colonial dominance, it is recognized that there was a general neglect of healthcare methods outside colonial metropolis. Tinker argues this to be the result of a general apathy on the part of the Indians towards public health

---


and the limited amount of intervention in healthcare was entirely due to the initiatives of the British. Ramasubban argues otherwise, and sought to prove that British initiative in health were largely confined to the metropolis and were concerned primarily with the wellbeing of the British, neglecting the general populace. Roger Jeffrey notes that administrative, economic and other constraints might have stood in the way of the introduction of western medicine in India. Mark Harrison argues that as western medicine conflicted with the religious beliefs of the people they opposed it as interference on the religious and cultural beliefs, and this acted as a hindrance to the spread of healthcare in India. Arnold also argues on similar lines and highlights the opposition of the native population during small pox vaccination. The negotiation between indigenous cultural beliefs and healing techniques and western medicine therefore remains central to their negotiation with western medicine.

David Arnold argues that the discursive domain of western medicine has been a central element in the dialectic of power and knowledge in colonial India. According to him, appropriation, subordination and denigration were methods by which western medicine marked its conquest over indigenous medicine. With the colonial system, western medicine with its clinical practice, universality of scientific reason and rationality along with the entire network of colonial political power ensured the hegemony of the western medical episteme over indigenous and local practices. Medicine was thus a tool of the empire and acted as an important medium of colonial governance and control. He further argues that colonial policies evolved over time and this had a definite reflection on the way cultures and ‘native practices’ were seen by colonial authorities. Even though the abject aim of colonial governance was the

---

13 Ibid, p. 60.
exercise of military power over non-European societies and aimed at acquiring the geographical and material wealth of the land.\textsuperscript{14}

Kapil Raj argues that though studies on science have proved that scientific propositions, artifacts and practices are neither innately universal nor forcibly imposed on others, rather they disseminate only through complex processes of accommodation and negotiation and contingent as those involved in their production.\textsuperscript{15} In the colonial context, Prakash argues that science functioned as the most important ideological force in generating the imagination of progress in the indigenous societies and shaped the way in which indigenous sciences, knowledge forms and medicine was reformulated.\textsuperscript{16}

Deepak Kumar points that the colonizers in both their administrative as well as individual capacities certainly subscribed to a particular ideology of science. Theirs was a concept of science closely related to the needs of the empire.\textsuperscript{17} Anil Kumar discusses how colonial medicine made medical attitudes, beliefs and practices entirely dependent on imperial sense and sensibilities. He also sought to prove that such differences in the treatment of the colonial authorities led to the development of a nationalist upsurge in the sphere of medicine.\textsuperscript{18}

Charles Leslie questions the use of western categories in understanding indigenous medicine. Analyzing at length the revitalization movement he points out that the reorganization of indigenous medicine was fundamentally aimed at adopting institutional forms, concepts and medications from western medicine.\textsuperscript{19} He further

\textsuperscript{14} David Arnold, Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-century India, Delhi: Oxford University Press, 1993, p. 48.
\textsuperscript{15} Kapil Raj, Relocating Modern Science: Circulation and the Construction of Scientific Knowledge in South Asia and Europe, Seventeenth-Nineteenth Centuries, Delhi: Permanent Black, 2006, p. 9.
\textsuperscript{17} Deepak Kumar, Science and Empire: Essays in Indian Context (1700-1947), Delhi: Anamika Prakashan, 1991, p. 6.
\textsuperscript{19} Charles Leslie 'The Professionalising Ideology of Medical Revivalism' in Milton Singer (ed.), Entrepreneurship and Modernization of Occupational Cultures in South Asia, Programme in
points out that the standardization movement was an ideological failure judged by its goals of restoring the scientific authority of ancient medical texts and of creating an autonomous medical system based upon traditional concepts and therapeutic practices. Kavita Sivaramakrishnan points out that the manner in which local vaidyans and indigenous physicians sought to reorder indigenous medicine was primarily emerged from the desire for a new status and prestige brought about by corporate life. She argues that indigenous Vaidas validated the supremacy of science within tradition in their attempt at reorganizing the indigenous medical tradition. Jean Langford explores the methods of creating scientific authenticity to tradition by Vaidyans who demanded either a return to the past or an integration of western medical categories in traditional medicine. Guy Attewell discussing on the reorganization of Unani-Tibb points out that the very notion of the 'unani system of medicine', as it had been unreflectively termed through the twentieth century, is itself the product of the colonial era—of the will to systematize, demarcate, represent knowledge and practice as a coherent whole. K N Panikkar analyzing the revitalization of indigenous medicine in Kerala argues that the cause of its decline was the result of the neglect shown by colonial authorities as well as by the western educated Indians towards indigenous medicine. He argues that the revival or re-vitalization was a conscious effort, which manifested as a process of scientific adaptability, and standardization of the indigenous medical drugs and the subsequent mass production and its distribution.
These analyses often failed to look at the internal differences and heterogeneity of the healthcare practices and healing techniques of the various castes and social groups in a diversified social stratum. The central concern of the thesis is to explore as to how various social groups, with different and distinct cultural practices, reorganized their forms of knowledge and modes of practices under the garb of the unifying process of colonial modernity represented the name of science, rationality and truth and how the idea of truth was closely tied up to the process of social acceleration and mobility in the late colonial period.

Though indigenous medicine in the modern period is inextricably linked to the influence of western medicine, the relation between these two streams has to be addressed in its complexity. It was not merely a debate generated by a discourse between supposedly superior forms of medicine with that of an inferior one. The encounter has to be seen in ways that shows how certain communities, which were considered to be inferior in terms of healthcare, medicine and science in the new environment, conceived the modern ideas of science and medicine.

Medicine as a metaphor had multiple meanings both within the indigenous society prior to as well as under colonial dominance. While in the former, it was the site of the formulation of religious beliefs and practices, in the new context it was demonstrated as a means towards rectifying the ailments of the system, both at the level of the individual as well as that of the society. This was also a means through which a condition of normalcy was to be achieved in the larger body politic of the state. Under colonial political dominance, the human body became the site for the demonstration of the hegemonic exercise of power, over the colonial subjects.

Archival exploration supports the assumption that the interaction between western and indigenous medical streams had different dimensions and all caste groups did not respond in the same way to the new changes. The response was negotiated in many ways by their social position and aspiration of different caste groups for a higher position in indigenous society. The critique of the indigenous physicians from the
upper castes was not aimed at negating whatever was western rather the aim was to accept certain principles of western medicine so as to integrate it with indigenous medicine. This process of acceptance necessitated that certain modes of medical practice in the indigenous society has to be replaced by a refined one based on written texts and uniform modes of standard as prescribed by the principles of western science. Here not all castes and communities had their practices modified or eliminated. Those tribal communities that lay outside the frontiers of western logic remained more or less unaffected and their medicine was recognized as folk medicine in later times.

The high caste practitioners who were engaged in the process of rejuvenating Ayurveda severely criticized the practices of local physicians who were till date catering to the needs of the local population. There was an arbitrary demeaning of local and native physicians as quacks by the high caste medical practitioners, who argued that these practices were unscientific, couched in faith and belief, rather than on reason and, it was they who were responsible for bringing disrespect to Ayurveda. In a caste-ridden society with distinct and different socio-cultural hierarchy and strands, any one of a low social position was likely to be called a quack and discarded.

This study emerges from the fundamental question as to whether all traditional understanding of health and practices in medicine, be called Ayurveda. Can medicine be seen as being separated from the general caste and other social aspirations of the communities in the situations caused by the result of colonial interactions? Can there be a single traditional medical knowledge and practice for the whole of Kerala. The search here is to find the specificities in medicine as specific to caste, region etc.

The text of the thesis is an attempt to unravel the various shades of western epistemological intervention in the southwestern part of the Indian subcontinent. The study stems from the basic argument that the idea of the ‘indigenous’ is not merely a homogenous entity, rather isolated, fragmentary and heterogeneous. However under colonial modernity the indigenous societies and cultures became colonial artifacts in the project of colonial experiments with science and modernity. This was because the
functional aspects of science were in negotiation not just with the theoretical and scholarly traditions of the Brahmanical medical practices and forms rather, the local practices and healing techniques of different sections of the population were equally part of the larger project of the colonial epistemic framework.

The interaction of indigenous medicine with western medicine had different characteristics that were integral to the social position of the caste in question. Different caste groups reacted differently to similar situations. The immediate concerns of the lower castes were not specifically the struggle against western medicine or colonialism per se. The struggle was specifically a struggle for a social space that was denied in their immediate environment. The process of defending the traditional values in public life along with the concepts of the traditional medical texts was different for different communities. This difference in the mode of defense underlines the fundamental characteristics of indigenous medicine in the period, which in many ways is a process of carving out identities within the traditional space.

Certain aspects like surgery, use of laboratory techniques, etc., were incorporated from western medicine in order to make Ayurveda a scientific discipline. It was through a multitude of such processes that western principles of science and medicine acquired dominance. The emerging discourse and understandings sought to create an Ayurveda, separated from faith and belief. While Ayurveda in its new form was a result of an encounter with an alien form of practice, it was also a result of the reworking of its relationship with the nature of caste in its surroundings.

The social elite in indigenous medicine who internalized the responsibility of bringing about fundamental changes in the indigenous medical tradition also had the economic and social power in the traditional society, and hence had a greater chance to interact with any form of external influence. At a time when the traditional medicine was criticized to be unscientific, it was they who felt the need to demonstrate its strength in terms of science.
The task of providing a 'scientific' outlook to traditional medicine was primarily two fold. Attempts were made to incorporate certain parts of the western medicine knowledge into the traditional system in accomplishing the task of representing the traditional system as 'scientific'. At the same time they were increasingly trying to detach themselves from the local healing practices of the lower castes on the pretext that these were outside the domain of the high caste medical system and were unscientific and obsolete. Thus the claim to scientific precision in medicine was articulated by the elites in the society as a means of self definition of their identity, to become a part of the new logic of modernity in society that was defined by western intervention, to associate themselves with the English physicians working in Kerala, and also as a means to establish their dominance over other existing streams of traditional medical practices of less socio-economic standing. Revitalization of indigenous medicine in the long run led to the hegemony of new social elite in the field of medicine.

The central focus of the study is to understand how the struggle for an alternative medicine in the arena of indigenous medicine was itself guided by the logics and principles of western medicine. Medicine becomes both an illustrative site of the social concerns and needs of the community in question as well as forms of interaction for the communities in the traditional social structure, which was influenced, by western logics and principles.

I

Western medicine manifested as a governmental practice, exercising its regulation and control through various layers of administrative power. There were deliberate attempts to collect, codify and understand the various cultural practices of which the therapeutic practices formed the most important arena of colonial gaze. The search was thus to identify and collect the material wealth of the indigenous societies, so as to enrich the wealth of the home country.
Colonial governmental practices underwent radical changes consequent to the shifts in the nature of political relationship between the colonizer and the colonised. From the practice of collection and codification of the cultural practices and the material wealth of the indigenous society there was a shift towards the accumulation of the indigenous knowledges and wealth. The objectives in course of time were transformed towards formulating means at exercising political control and subsequent furtherance and sustenance of the colonial hegemony. In the course of the establishment of power, the governance of the physical bodies of the people became an important medium of control. Thus the idea of 'cure' of the individual and social bodies was part of the text and tenure of the modes of colonial governmentality in India.

The ruling authorities were concerned at the large toll of life that had been taken by the visitation of contagious diseases like Cholera, Malaria, Plague and others. These became identified as the tropical diseases—something that western medicine failed to grasp with and control. Thus, the incorporation of indigenous medicine was a search to find alternative means to counter tropical diseases. ‘Tropical medicine’ therefore remained a compromise on the claims of western scientific and medical superiority.

Colonized bodies were seen as weak and were open to the assault of contagious diseases. The responsibility of the colonial authority was seen as reclaiming indigenous human bodies from its various ailments. The creation of hegemony and the exercise of power by the colonial authority henceforth were articulated not merely by physical force, but also by the working of a network of institutions associated with science. Thus science as a tool of cultural engineering was integral to the functioning of colonialism in India; medicine remained the most cardinal of its political project. Medicine therefore became the most important of the visual markers and manifestations of the colonial hegemony of science.
Under colonial dominance a dichotomy was constituted between the west and the east in terms of science and anti-science, and tradition and modernity. The hegemony of the colonial state was interpreted as a result of the victory of the rational mind of the west over the irrational and feeble mind of the east. The colonial dominance and the sustenance of its power were seen as the unfolding of the destiny of science. Colonial dominance was therefore deemed necessary for the progress of the society.

European perception of the indigenous societies were informed and formulated in response to the colonial need of governance, to the process of devolving strategies for long term goals and for the formulation of short terms necessities. From a trading company, to political control and ultimately under the direct control of the crown, the British governance over time had taken concrete shapes and meanings. The knowledge of the indigenous societies had influenced and shaped political programme over the period of time. The perceptions that underlined the notion of the illness and care under colonial modernity meant that diseases were to be carefully observed, gazed at and intervened as contingencies arose.

II

The British colonial intervention and the subsequent wave of the new perceptions of society, science and medicine opened up the possibility of a fundamental change in the understanding of the human body, its ailments and the nature and practices of treatment. As Said points out that, 'in any society not totalitarian, certain ideas are more influential than others'. The encounter with a supposedly 'superior' form of knowledge of body, health and science made the social elites conscious of their identity with regard to the traditional science, health and medicine. They felt the need to define the self within the paradigm of the 'objectivity of modern science' generated by colonial influence.

One of the prominent features of the debates between western medicine and the indigenous ones was that western criticisms of indigenous medicine was perceived by the elites among indigenous practitioners as a colonial hegemony that had to be opposed or challenged. However, various premises of western medicine were at the same time seen as hegemonic truths, which had to be integrated into the traditional knowledge systems in order for it to be called scientific. This process of acceptance necessitated that certain modes of medical practice in the indigenous society had to be replaced by refined ones based on written texts and uniform modes of standards as prescribed by principles of western science. The aim of those engaged in the rejuvenation process was to locate the instrumental rationality of science within the shades of tradition, even when the two streams of medical practices were based on and were functioning entirely on different epistemic premises.

The new class of elite practitioners sought to alter the backwardness of indigenous medicine through a systematic engagement with scientific paradigms of the west. Placing P.S Varier, an important proponent of the revitalization movement of Ayurveda in Kerala, as a point of enquiry, an attempt is made to understand as to how the practitioners of indigenous medicine embarked upon the project of re-constituting indigenous medical tradition under the influence of western medicine. Panikkar places the developments that took place in the field of medicine within the broader paradigm of Nationalism. He argues that what occurred was not just a revival of ancient medicine, rather Ayurvedic physicians including Varier, explored and incorporated the new knowledge of western medicine so as to make it scientific and modern. He argues that opposition to western dominance was not merely a return to the past; rather it was a process of selective acceptance of the positive elements of western medicine.

The process of revitalization of indigenous medical tradition rested on the basic premise that indigenous medical tradition was endowed with science and reason in accordance with the frames of western scientific rationality. It was not just a reflection of a desire to prove the scientific rationality of indigenous medicine, rather, the aim was to stage and depict the culture of science and the accompanied notions of society and life as was narrated within the indigenous society. The physicians internalized that science was the medium of political dominance and hence was a reflection of the colonial superiority and hegemony. The indigenous elite internalized the responsibility of speaking for the colony and the colonial self. As a nation, the colony was visualized in terms of its homogeneity and was supposed to represent a clear form of truth. Anything that compromised this uniformity was seen as a corruption and hence differences were to be identified, encountered and eliminated.

The negotiation with western science and medicine generated crisis for the indigenous physicians who sought to overcome their subjugation through incorporation of the paradigms of western science. Ashis Nandy explores the crisis of indigenous self under the hegemonic dominance of western science in India. Those who tried to rejuvenate the indigenous medical tradition internalized the philosophy of science as was enacted in the contemporary colonized society. They sought to dismantle the perception of indigenous mind lacking the capacity to perceive scientifically. Thus, through the act of encountering colonialism, they were constantly in conflict with their own self.

They argued that local practices were a tampering with the scientific character of Ayurveda and a corruption of the dominant textual tradition. Paul Brass notes that while revivalist leaders had great respect for the truly competent traditional physicians, for their abilities to heal, and for the traditional guru-disciple system of teaching, the primary orientation of the supporters of Ayurveda was towards the revival, restoration,

and further development of ancient science rather than to the maintenance of contemporary traditional practices.\(^{30}\)

As the proponents of western medicine placed before the indigenous medical community the onus of explaining indigenous truth, understood through an objective gaze, the indigenous medical elite, in response, sought to constitute a framework for indigenous medicine endowed with science as an objective truth. Thus the task of re-instating indigenous medicine to its scientific character was primarily two fold. Attempts were made to incorporate certain parts of western knowledge of medicine into the traditional system in accomplishing the task of representing the traditional system as 'scientific'. At the same time the newly institutionalized Ayurveda was increasingly distancing itself from the traditional indigenous systems of the lower castes, on the pretext that practices that lay outside the domain of the high caste medical system were unscientific and obsolete. The movement directed at the reconstitution of the indigenous medical tradition in its modern context was thus primarily aimed at the revival of the ancient cultural past. However, beyond the rhetoric of a lost glory and its regain, the process of re-framing Ayurveda, functioned on a paradigm of western science, its objectivity and rationality, distancing itself from diversified local and cultural methods and practices.

Attempts to organize indigenous medicine led to the emergence of an organized Ayurveda where indigenous health care methods and practices were to be brought under the control of an institutional mechanism. The regularization of Ayurveda in the aim of 'revitalizing' the indigenous health care practices ensured that the medical practices of the people of lower standing which did not fit into the general scheme of events should necessarily perish.

The term ‘Progressive’ had a definite meaning, attached to the whole project of modernity. The princely state of Travancore had invested largely in the spheres of health and education of the people and this had earned it the distinct criteria as a ‘progressive’ state. Among other things, it attempted to rejuvenate the indigenous medical sphere by bringing about radical changes, both in the content as well as in the form. The fundamental factor that guided the process of reorganizing the indigenous medicine in Travancore was to formulate a structure for governance.

One of the most important features of the process of indigenous medical modernization in Travancore was the active intervention of the state, in disseminating indigenous medical knowledge based on *Ashtangahridaya* to the lower castes. The members of the princely state embarked upon the policy of encouraging the lower castes to learn the medical practices based on Ayurveda, as an organized textual tradition, based largely on Sanskrit literature. The fundamental reason that prompted the members of the Royal family to go in for imparting Ayurveda based on *Ashtangahridaya* to the lower castes even by overlooking social hierarchies explains the role and status of a recreated indigenous tradition in the formulation and generation of sovereignty for a ‘native’ state under modernity.

The developments that occurred in the sphere of indigenous medicine cannot be concluded as a mere patronization or state protection of the contemporary cultural, literary, and health care practices. What occurred was a re-creation, codification and the dissemination of a classical Hindu tradition and culture primarily through the language of Sanskrit, on the premise that the revived classical culture represented indigenous society in terms of its culture, truth and identity. During the period there were emerging notions of a progressive society and state, which in turn influenced the way in which sovereignty was understood in its modern forms. This facilitated the

 indigenous state to organize a curriculum for Ayurveda in order to disseminate it at a popular level. The claim to tradition was based on a newly constituted identity premised on a revived Hindu religion.

Travancore state’s bondage with tradition and the concepts of ‘modernity’ ensured that the state made interventions in rejuvenating the indigenous medical system. Institutions of Ayurvedic medicines were organized and promoted along with the support and encouragement given to the promotion of western medical institutions. The measures that were taken by the Government for the improvement of the indigenous medical system were to ensure the sustenance of the logic of western science. A large number of principles from western medicine were incorporated so as to make Ayurveda a scientific discipline.

The fact that the revivalism of the indigenous tradition developed and matured under colonialism, underlined that the same was constituted under the broad framework of a political opposition/negotiation to colonialism. Under colonial modernity, science as an imagination and as a practice of progress provided legitimacy for the state. The institutionalization of the indigenous medical tradition and practices by the Travancore state can thus be seen as a larger political strategy devolved from its interaction with colonialism and its institutions of governance.

There existed close relationship between science and the practice of governmentality in cementing the sovereignty of the state. The challenges opened up by the ideas of ‘western modernity’ were the foundational base from which various forms of interventions in the state were made possible. The various facets of this

---

32 A certificate of having passed the highest test in Ashtangahridhaya was made compulsory for grant. Government appointed examiners to see whether the applicant possessed fair knowledge in the Indian system of medicine. All aided institutions were forced to accept the various standards set by the government from time to time. Each vaidyan was seen as an arm of the government and to carry out the necessary orders given by the government with regard to health and medicine. Daily records and reports were to be maintained and they were to be submitted to the government. Grant in aid Vaidyans were made answerable to the government. Misrepresentation of facts was sufficient reason for the withdrawal of the grant. Ayurveda Grant-i-aid Rules, Bundle No. 223, File No. C:15349, 1896, Kerala State Archives, Thiruvananthapuram.
interaction found its reflection in the early attempts at institutionalization of the healthcare practices undertaken by the Princely state of Travancore under colonial dominance. An analysis of the interventions made by the Princely state opens up the possibility of understanding as to how the state of Travancore sought to frame a coherent healthcare policy for the state by negotiating with both the western medical episteme and its institutions as well as with the various local and indigenous health care methods and practices.

The colonial authorities recognized Princely state and ensured its continuance on the realization that the state patronized and promoted the ideas and logic of development and western science, even when it was making claims on traditional symbols and forms. Indigenous state on its part, in the process of cementing its foundations of hegemony, ensured the revival of the symbols of Hindu religion and culture. There was a selective reproduction of certain elements of the Hindu tradition that were part of the dominant caste and these were to be placed under the rubric of a text and tenure of a culture of ‘Science’ and ‘Modernity’.

While in the larger schema of colonial governance, body, health and healthcare became important sites for negotiation and control, public health became the most important concern for the state that internalized the idea of progress and science. Hence good governance in the indigenous societies was intricately connected to the functioning of the idea of science. This underlined that the re-organization of indigenous medical tradition, in the new context, came to be ultimately visualized through the paradigm of western science and its episteme. Thus, any attempt to negate the ideology of science undermines the political authority of the state and its culture in a colonized political situation.

For the state of Travancore the interventions in the arena of health was a cultural intervention aimed at the generation of sovereignty for the State. Under the hegemonic influence of western science it became impossible to revive or reconstitute an indigenous medicine outside the paradigm of western science. Thus, attempts to
modernise the same had to be located in the larger framework of western science and its epistemic foundations.

IV

The western influence upon Travancore society was much more widespread and complex. The religious and cultural composition of Travancore had a major role in deciding the nature of encounter with western ideas. Unlike British Malabar, where the debates were limited to the sphere of the social elites, colonial debates in Travancore were mass based and hence these were acceptable not only by the Christians but by the society at large, irrespective of their religious and caste denominations. Western science thus ensured its presence in Travancore primarily through western theology.

One of the most important institutions that animated western scientific truths in the state of Kerala was the Christian Missionaries. Christianity was presented as 'the' rational religion, in the age of science. Operating under the broad framework of science and progress associated with western positivism, the missionaries tried to prove to the indigenous society, that western medical aid provided by them was one of the most important visual manifestation of scientific truth ingrained in the message of Christ. This was aimed at removing opposition and thereby ensuring religious conversion. Thus, conflicts over religious supremacy and the possible conversion to Christianity were negotiated through the medium of science.

The missionaries made their presence felt in Travancore by raising a series of issues that had a symbiotic relationship with western science, medicine and Christianity.33 Oddie argues that, the idea of establishing and developing medical missions was to put forward as a method of facilitating the eventual spread of the gospel. According to him 'medical missions were hailed increasingly by the missionaries themselves as one of the best methods of disarming opposition and

---

33 Travancore and Cochin Diocesan Record, March 1905, Vol. XV, No. 2, p. 55. CMS College Library and Archives, Kottayam; Aftab-I-Dhakkam, Selections from the Native Press, January, 1901, National Archives of India, New Delhi.
prejudice, especially among Muslims and in the more remote areas, of attracting the people and of disposing them in favour of accepting Christian teaching.\textsuperscript{34}

Missionary medicine was science clothed in paternalism. The inherent politics of missionary medical science manifested in the form of a scathing criticism against local healthcare practitioners, who were catering to the needs of the contemporary society. The promotion of bio-medicine was to be made possible only through undermining the indigenous medical and cultural practices. The contemporary healthcare practices of the indigenous society were discarded as quackery, which were not in conformity with the principles of science. It was also intended to overcome social conflicts and strives latent in the project of religious conversion.

The prevalence of a sizeable Christian population in this part of the subcontinent prior to the arrival of colonialism had an important role in generating an ideology, which was in conformity with the principles of western ideology and philosophy. Indigenous Christian population thus acted as a catalyst in the formulation of an ideology conducive to the indigenous society as being responsive and receptive to western science and medicine. The arrival of the ideology of western medicine did not lead to the complete subjugation of indigenous medical knowledge in favour of western medicine, rather what occurred was a reframing of the contemporary healing techniques and practices through the overarching ideology of western science and medicine. Operating under the broad framework of western science and the notion of a singular truth associated with the movement of western positivism, missionaries had to demonstrate before the indigenous society, that the interpretations of Christianity as provided by the missionaries confirmed to the principles of western scientific truth.

The missionaries constantly stressed the idea of the ‘true Christian’ emerging from the clutches of a ‘remote’ and ‘retrograded’ cultural past. Here the theological principles were akin to those of colonial discourse on science versus tradition. In both

cases the idea was of redeeming the individual and society from a past that had its roots in tradition and did not cater to the fundamentals of science. Thus the logic of western medicine and science became popular and indigenous population became receptive to new ideas. Any analysis on the society, culture and the epistemic basis of the indigenous society under colonialism thus needs to be negotiated through the extensive activities of the Christian missionaries during the period under study.

V

Caste remains one of the most fundamental categories of analysis on the indigenous society. The reform movement that set forth among the Ezhavas has fewer parallels among the contemporary Indian society. Narayana, who spearheaded the movement of social reform, was himself an Ayurvedic physician and a radical critique of the caste system that was in existent among the society. He followed and upheld the Advaita Vedanta philosophy of Shankara, a Vedanta Brahmin of the ninth century. The philosophy of Advaita was reorganized and narrated in the period under study, so as to suit the ideological needs of the contemporary society.

The desire for higher social position in the hierarchy of castes in the Hindu religious structure was accompanied by a rejection of the cultural practices that the community was hitherto following during the period of social reform. Thus, the social reform movement that occurred among the community was accompanied by a conscious attempt to discard a large number of cultural practices, which the community was following in the indigenous society. As medicine was culture and culture religion, the reform of the religious and cultural practices of the community in question was closely interconnected with the reform and restructuring of the medical practices and therapeutics.

The Ezhavas, as an upwardly mobile community, had much at stake in the new social situation. Though limited in number, a powerful social group emerged among them who argued for a transformation in their knowledge form and cultural practices in
return for a due place in the emerging social sphere whose standards were based on a new hinduized knowledge system, which emerged out of a revivalist activity as well a negotiation with the modes and standards of colonialism. At a time when caste differences restricted the Ezhavas from getting admission or taking up examination along with high caste students for the Ayurveda Patasala, they demanded that disabilities attached to their mobility be removed.

The attempt here is not primarily to figure out the curative practices that were sandwiched in the internal economy of the traditional society during their negotiation with colonialism, but to trace out how the community under discussion discarded their specific practices and concepts of life, diseases, and medicine in return for a new social and community identity. The concerns of the lower castes in relation to the high castes in terms of constituting the social elites in the field of medicine, and their response to the logic and principles of colonialism will also be looked into. Science here became not just a point of reference but a compulsory framework by which everything in the colonial period had to adhere to. The logic of science in the long run forced communities and castes in the lower order to undo their traditional practices as unscientific.

The acceptance of the idea of science made the lower castes to accept the medicines practiced by the high castes were based on written texts. At a time when the colonialists recognized indigenous medicine on the basis of its written records, communities like the Ezhavas, whose medicine were mostly based on oral tradition rather than on written texts, became willing subjects to the process of negating their own medical practices in the belief that lack of an authoritative medical text was the cause of their backwardness and favoured the study of medical practices based on the Brahmancial texts.

The first half of the nineteenth century saw the spread of a large number of western medical institutions in Kerala. The discourses that followed underlined the responsibility of the native state with regard to public health. During the same period
there seems to be isolated instances where Brahmin physicians taught their Ezhava counterparts medicines that were based on the *Ashtangahridaya* text. It is seen that western dominance opened up a new situation where by at least a limited form of interaction between the high castes and the lower castes was made possible. This new knowledge over time spread among the community along with other forms of traditional Sanskrit literature, philosophies like Nyaya, Jyotisham and Yoga, etc. They quickly accepted medicine as their profession as it provided them with a claim to tradition. It was also because medicine was the visible institutions of the claims of knowledge.

For the Ezhavas, the body, health and methods of cure were important sites of negotiation with the dominant caste Hindu tradition. In the colonial context rather than being a mere practice of health care, the indigenous medical tradition thus became an important site for the articulation of the desires for caste mobilization and social aspirations. Even when the Ezhava physicians were making alternative claims to indigenous medicine, in effect they were not attempting to create an identity outside the frontier of the higher caste medical practices, rather the aim was to formulate an identity within the higher caste tradition claiming that the knowledge and tradition that the community had were not alien to, but were inherent to the dominant medical knowledge and practices. They argued that they were a community who practiced medicine from centuries and that their relationship with Ayurveda was a result of their connection with Buddhism. They were in effect making an alternative claim to tradition.

It was the claims made by the indigenous social elites in the arena of indigenous medicine to represent Ayurveda and to make claims to tradition, culture and society that led to the hegemonization of a medical practice based on Sanskrit knowledge and the consequent marginalization of the health care practices hitherto practiced by the community. Thus, the aim however was to prove that even though they were excluded from the mainstream of the Hindu religion and its structure in terms of knowledge, they were part of the same epistemic bases which had informed
the high caste Brahmins. Hence as a society desirous of a higher social position, they were attempting to bypass their social position by raising claims to the intellectual hegemony of the castes above them in the social hierarchy through the Buddhist tradition. They were also trying to prove that their low position in the hierarchy of castes were not due to their intellectual backwardness, rather the hierarchical social order was but an injustice imposed on the community, by the higher castes of the indigenous society. Thus, their low position in the society was not real but was a framed one.

The entire project of re-framing indigenous medicine was primarily aimed at the formulation of the therapeutic practices of the indigenous society on western scientific lines. An indigenous scientific paradigm to be constituted was arguably the process, which led to the formulation of an indigenous medical structure in the name of Ayurveda.