Passing through the corridors of the government Ayurveda College hostel at Thripunithura, one hears Sanskrit slogams, in tunes of familiar Malayalam songs. It was exam time and students were in their best efforts to cram the slogams, which they found difficult to understand. For them, among the various subjects to be appeared for the year-end examination, Sanskrit remained the most difficult to crack. Nevertheless they forcefully defended its use as a pedagogical tool, even when they had virtually no previous training in it. In fact they were taught to guard and defend it not merely as a language, rather as a divine one, that encompassed the scientific rationality of the indigenous society, in which almost all discoveries and advancements made in western medicine and science had been foretold thousands of years ago.

The students were enrolled into the discipline through a common entrance examination conducted through the state government. The screening test was to assess their ability to solve questions in subjects like physics, chemistry, botany and zoology. While the rush and demand for those in the top ranks were for allopathic

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271 The Sanskrit *slogam* explains the method of preparing medicine for the treatment of *pittakushtam*, a disease caused due to the aggregation of *pitham*, one of the three *doshas* as mentioned in the Sanskrit literature. Ashtangahridayayam, *Chikilsasthancim*, translated by P.M. Govindan Vaidyan, Kodungalloor.

272 Interviews with Professor Parameshwaran Poti and Viji Vikraman, of Ayurveda College, Thripunithura held on 25th April 2004.

273 Malayalam is the official language of the people living in Kerala, the southwestern part of the sub-continent. The *slogam* mentioned above was reproduced in the popular Malayalam movie song *venmilachandanakinnam*...

(western) medicine, the lower orders of preference were for dentistry, followed by veterinary, Pharmacy, Agriculture, and later Ayurveda. Thus, for the students desirous of making it into the professional colleges in Kerala, Ayurveda remained a lesser-priced option. This meant that most of them who had taken Ayurveda as a career had not done it by preference and interest in the traditional medical practice, rather by an enforced choice resulting from a low rank in the screening test. The basic concern for those who have joined this stream of practice was to have been left out in the race for the 'prestigious western medicine.' Thus, beyond the claims to the strengths of an indigenous tradition, the students admitted to this institution were therefore an integral part of the larger discourse generated by the influence of the globalized economy, the principles of the market and the logic of material life, hegemonised by the principles of science and its epistemic paradigms. The pulls of economy were stronger than tradition. Here tradition, and the logics of a globalized economy functioned together to produce a hybridized identity.

Nevertheless, the initiation into the 'new discipline' was done with an elementary training in Sanskrit, along with a detailed study and analysis of the principles and practices of western science visualised through human anatomy, physiology, properties of organic matters, chemical analysis of the drugs, laboratory techniques, etc. The perceptions on the internal functioning of the human body were apparently based on western epistemic paradigms, though the students were made to understand what was explained and interpreted according to the Sanskrit texts of the past like the Charaka samhita, Susrutha samhita and Ashtangahridaya. The complexities of representing western medical epistemic paradigms in an Indian idiom therefore generated a deep sense of skepticism and ambiguity for the students who found it difficult to accommodate the two entirely different streams of thought. This dual representation of bodily notions complicated the process of Ayurvedic pedagogy, rather than simplified it. Thus the academic space of the Ayurveda College spelled out a unique discourse in its forms of imparting and maintaining it as a modern day

275 This is an overall picture of the preference by the students for the professional courses in 2005.
academic curriculum. This also raises larger questions regarding the representation of indigenous knowledge forms within the context of the colonial modernity.

The larger discourse on the primacy accorded to Sanskrit in the dissemination of Ayurveda as an institutionalized academic discipline was spelled out in detail by their professor Parameshwaran potty. He drew convoluted parallels between Ayurveda and western medicine, and claimed that indigenous medical tradition was singular, completely grounded in and explained through the Sanskrit literature of the past. Invoking Sanskrit *slogams* extensively he sought to prove that the knowledge about the human body understood through the malfunctioning of the cells or of the germ theory was explained by the ancient Sanskrit texts, even before westerners had understood it. According to him, Ayurveda was science in itself, its pharmacopoeia complete, its anatomy and physiology perfect, it had understood all major diseases and had found solution for them in the distant past. The relevance of Sanskrit in contemporary academic discourse representing 'ancient truth' holds supreme in this context. Acknowledging the hegemony of western medicine, he sought to prove that medical practices based on the visual gaze of the material object, reached Europe from India through trade and war. According to him, it was the exigencies of history that spelled the doom for this glorious tradition and criticized the foreign invasions, particularly of the Islamic period for its fall.

Nevertheless, the focus of criticism was directed against the indigenous medical practitioners of the contemporary Kerala society who were not trained in a modern academic curriculum. Professor Potty explained at length his role in leading court cases against medical practitioners who held no university certificates and expressed his delight as a crusader in ensuring that the scientific character of Ayurveda remained intact. Contemporary therapeutic practices were dismissed as aberrations on the

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276 Interview with Dr. Parameshwaran Potty, Professor, Government Ayurveda College Thripunithura.
scientific character of Ayurveda, and were considered responsible for bringing disrespect to it. 277

In its primary analysis, there seems to be an agreement among the ‘Ayurvedic medical fraternity’ that there cannot be multiple representations of indigenous medicine independent to those that are explained through the Sanskrit literature. Ayurveda as a medical practice therefore claimed hegemony over the entire sphere of health care practices of the indigenous society, which was sanctified and validated by a claim to scientific rationality in tradition. Therapeutic practices of the contemporary society, not imparted through an organized academic discipline, were considered as corruption on the greater tradition. The training imparted through the Ayurveda College aided by the strength of Sanskrit, forced them to internalize that they were the representatives of a lost culture and tradition. This adherence to science and tradition, disseminated through an institutional medium also led to nation wide strikes by the All India Ayurvedic medical students against the non institutionally trained Indigenous medical physicians, accompanied by long drawn court battles as to who can ‘legally’ practice Ayurveda and who are its true inheritors. 278

II

Scholarly attempts at understanding the reorganization process were based on the basic assumption that all indigenous medical practices of the subcontinent emerged from the classical Sanskrit texts. 279 It is here that this chapter seeks to differ. Preliminary archival enquiry points out that the reorganization process based exclusively on Sanskrit literature and textual tradition of the past generated a sharp distinction.

277 Potty had fought legal battles at the High Court of Kerala demanding that practitioners who did not have duly recognized certificates from the government should not be allowed to practice.
between the ‘contemporary and the classical’, in the indigenous medical tradition. The evolution of the internal norms and practices that guides the functioning of Ayurveda as an academic discipline is integral to the larger discourses that emerged during the last two centuries under the hegemony of colonial medicine and science. The imagination of indigenous medicine as science, culture, tradition and identity was an ongoing process, which originated in the mid-nineteenth century at the level of the individuals and took shape and matured throughout the twentieth century.

The emergence of ‘Ayurveda’, as a discipline, though with porus boundaries, as representing the therapeutic practices of India, is therefore congruent with the emergence of the national self under colonialism. The nuances of its evolution as a modern day academic practice therefore unfold the complexities with which tradition was represented within colonial and post-colonial contexts. This also raises the question as to what it meant by an institution and the historical contexts that necessitated institutionalization itself. The revival and institutionalization of indigenous medical practices in Kerala is therefore integral to the larger question of social and cultural revivalism that occurred under colonialism. A report on the re-organization of Ayurveda in Travancore summarizes this claim to universal science, history and tradition, it says,

Ayurveda is based upon the properties of the irreducible living protoplasmic cells. Many of our ancestors had spent their lifetime in the study of this science and the valuable truth discovered by them had been by our negligence drowned in the sea of oblivion. The little that remains had to withstand the ravages of a series of predatory invader systems of foreign medicine. The survival of this system after the death struggle is in itself a sufficient proof of its soundness and efficacy. Research work in this department will surely increase the stock of knowledge and add to the material prosperity.280

This notion of a singular Hindu tradition was grounded on an objective and universalized truth based on the principles of western science. What constituted tradition was also defined in the process. As science functioned as an imagination of truth, those who set to reform tradition sought to reorganize it using the fundamentals


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of science. Nevertheless, as Parekh argues, there was a particular way in which tradition was conceptualized in India. For those engaged in the revitalization and rejuvenation of indigenous cultures and forms, ‘tradition ended where memory started.’ For them, all recorded historical memory became periods where indigenous science constantly lost its scientific temper. The revival of tradition based on Sanskrit has to be located in this context. Contemporary cultural forms and practices were distanced from tradition. As Hobsbawm points out, most of the traditions, considered very ancient in their origin, were invented comparatively very recent. The claim to an objective rational science was also a claim to a rational religion and culture, where medicine was also a part. Thus, in the academic practice of Ayurveda the notion of history and tradition became frames of reference of an objective reality. This sense of conviction on the superiority of indigenous medicine as culture and as science was expressively put forward by the committee for the reorganization of indigenous medicine in 1917. They argued that,

The benign, yet curative power of Ayurvedic medicine is acknowledged by all who have put it to the test and they cling to it with religious conviction. The fundamental principles of Ayurveda are fixed unfailing and universal in their application as the law of gravity or chemical affinity; and because founded on natural law they are just as true and certain today as they were when discovered thousands of years ago and will remain the same for all time.

However, the process of reorganization was guided by the realization that ‘the practical working of the Patasala has revealed its inherent defects and merits, the former greatly outnumbering and more or less completely overshadowing the latter’.

The fundamental questions of a hybridized and revitalized indigenous medicine was

part of the larger discourse on modernizing traditions under modernity the same set of questions of reorganizing and controlling the indigenous knowledge forms recurred.

III

Initial attempts to codify indigenous therapeutic practices were made by the colonial authorities. This was partly for the fact that colonial political hegemony rested on an ideology of paternal concern for the physical bodies of its colonized subjects.\textsuperscript{287} As the physical well being of the subject formed an important part of the exercise of political power,\textsuperscript{288} the state sought to strike a balance between its objectives of optimizing the extraction of the wealth of the colonies as well as in pursuing its responsibilities of governance.

Colonial enquiry was focused on the collection and codification of the indigenous medicinal plants and drugs so that they could be used against diseases, that were prevalent in Europe or which they had to face in India. This was even when they concluded that the basic framework of Ayurveda, based on the \textit{tridosha} principle, cannot be accepted as a valid foundation for understanding the human body. 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 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.

The colonial search was however fundamentally guided by a realization in the epistemological divide between western science as well and those of the subcontinent. This generated a large amount of discourses on ‘science and its detractors’, leading to

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\item \textsuperscript{287} David Arnold, \textit{Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-century India}, Delhi: Oxford University Press, 1993, p. 58.
\item \textsuperscript{288} Michel Foucault, \textit{Power, The Politics of Health in the Eighteenth Century}.
\end{itemize}
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the emergence of the idea of ‘the quack.’ Who constituted the quack and what is meant by quackery continued to be debated, discussed and discarded for the last one and a half centuries. While, for the political authorities, all indigenous medical practices not in conformity with the instrumentalist rationalist of western science was quackery, for the proponents of Ayurveda, all contemporary healing techniques not based on the 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.

Defining Indigenous Medicine: The Basic Platform for Institutionalization

Under colonialism, indigenous medical practitioners exposed to western medical ideas and hegemonized by its institutional and methodological practices responded by reorganizing indigenous therapeutic practices, using the norms, standards and epistemic bases of western science. The history of the reorganization process, from mid-nineteenth century, is replete with contestations, integration, and the further reformulation resulting in a hybridized identity for indigenous medicine. Philip argues this as a counter hegemonic strategy in order to carve out and maintain the social self not to be lost to the principles of colonialism. However, beyond the formulations of strategies, it manifested an obvious response generated through interactions with different epistemic interventions.

The revivalism and the reorganization in medicine originated as a movement for internal reform. A refined medicine had to be constituted through the methodological and pedagogical practices of the west. Mid-nineteenth and later day records testify to the fact that the historical lineage forcefully articulated by the

proponents of a revived medicine was largely broken. In its actual practice, indigenous medicine remained as a diverse and isolated set of therapeutic practices, which in many ways did not conform to the Sanskrit texts. The absence of a relationship between text and practice was not a recent phenomenon of the contemporary society, as can be discerned from the seventeenth century multi-volume, Hortus Malabaricus published on the plant wealth of the southwestern part of the subcontinent. While the text is a voluminous description on the fauna and its medicinal values, it makes no mention about the prominent Sanskrit texts like Ashtangahridayam, Madhavanidhanam or about the tridosha siddhantha, which forms the epistemic base of Sanskrit based medicine.

Nineteenth century literature points out that the healing techniques of the region under study was a combination of a large number of cultural practices, which included specialized methods of treatment like Vishavaidyam, Marmavaidyam, Manthram, Jyothisham, etc., which were accompanied by methods like Ottamoolichikilsa, Yukti Chikilsa, Kaipunyam, etc, underlining the predominance of the physician in his speculative understanding of the disease. A synoptic view of the contemporary healthcare practices is presented by the census of India, 1901, it states that,

the astrologer, the exorcist and the physician were 'all in attendance' at the sick bed of a person: the astrologer divined the causes and prescribed propitiatory remedies; the exorcist performed a ceremony to drive out the demons and spirits and finally the physician or vaidyan treated the patient.

Initial attempts at institutionalizing healthcare practices were attempted by members of the ruling families. By mid-nineteenth century, Ananthapurathu

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291 Who is who is SNDP, 1956[?] p. 108.
Moothakoil Thampuran, Attingal Moothakoil Thampuran, Harippad Rajaraja Varma Moothakoil Thampuran, and others taught ‘Ayurvedic medicine’ based on Ashtangahridaya to the people of the state irrespective of the prevalent caste hierarchies and social differences. There was a realization by the emergent indigenous elite that the decline of indigenous medicine was a result of the lack of encouragement and support by the state. This is summarized by Nagam Aiya, the official chronicler of the State of Travancore, who writes that, ‘many vaidyans were ‘mere Quacks’, and that the decline of indigenous medicine was ‘partly on account of the want of sufficient inducement and encouragement to the native practitioners at the hands of the influential and enlightened public who have largely begun to patronize European medicine.\footnote{Aiya Nagam, V. The Travancore State Manual, Trivandrum: The Travancore Govt. Press, 1906, Part II, pp. 553-554.}

The royal palace, having lost the political legitimacy in terms of de-facto jurisdiction to the British set out to codify and promote practices based on Sanskrit literature of the past. The ideological compulsions of colonialism necessitated indigenous society and the state to constitute a new identity based on a revitalized past.\footnote{Shungsnyy Menon, the official chronicler of the state, exemplifies the claim towards Hindu religion and culture and describes the state as ‘perhaps the only kingdom in India which preserves its original caste, religion, customs, manners and institutions’. P. Shungsnyy Menon, A History of Kerala from Earliest Times, New Delhi: Asian Educational Service, 1878, Reprinted 1985, p. 18.} In the larger project, of cultural revivalism, medicine became integral to a universal Hindu identity.

State Sovereignty and Medicine

As the representation of indigenous medicine through Sanskrit literature was cardinal and integral to the larger project of garnering political legitimacy, this was also to be constituted through the creation of a bond with the social elites. While the princely...
state of Travancore was also formulating policies for the generation of sovereignty based on a revived Hindu identity, they patronized and strengthened the differences between the elites and the popular in indigenous medicine. The erstwhile state of Travancore, which later became part of Kerala, was termed as 'progressive' for the high human development indices of its subject population, recorded through official periodical statistics.\textsuperscript{297} The term 'progressive' had a definite meaning in the lexicon of colonial modernity. It signified the rates at which indigenous societies and groups responded to the ideological apparatuses of western science, and thereby re-formulated its contemporary cultural practices on the basis of the instrumentalist rationalist of the west.

The transformation of the Travancore state from a largely pre-modern principality to a modern one was accompanied by the 'reorganization' of its administrative branches at various historical junctures.\textsuperscript{298} Bayly points out that the process of integrating various sections of the society within the purview of the state started by the eighteenth century itself.\textsuperscript{299} In its nineteenth century political agenda, while an organized bureaucracy and police became visual manifestations of state power, public instruction became the pedagogical tool for the state in generating ideological consent for governance. However, the state was concerned about providing western forms of medical care to the people, as a superior form of therapeutic practice, and hence established government dispensaries under state patronage, or aided the Christian missionaries in their medical mission.\textsuperscript{300} By the late nineteenth century the

\textsuperscript{297} See Census of India 1881-1951. Travancore recorded the highest literacy rate during the period under study.

\textsuperscript{298} The first attempts at modernizing the state administration along with its bureaucracy and police were undertaken by Marthandavarma, during the eighteenth century. Ramusack remarks that the rajas of Travancore showed greater interest and curiosity in western science and its institutions as a mode of enquiry. Earliest western intervention in education and health care were meant to address the health needs of the members of the Royal Palace. Barbara. N Ramusack, \textit{Indian Princes and their States}, The new Cambridge History of India, London: Cambridge University Press, 2004, p. 133.

\textsuperscript{299} Susan Bayly remarks that 'eighteenth century rulers had to use every possible strategy to reconcile disparate interest groups and associate valuable allies and client communities with their regimes. Even Marthandavarma of Travancore, a most Hindu ruler, arbitrated disputes over the leadership of the Syrian Christian community in Travancore'. Barbara. N Ramusack, \textit{Indian Princes}, p. 44.

\textsuperscript{300} One of the factors that distinguish Travancore from other parts of India was the large-scale activity of western protestant Christian missionaries. The next chapter discusses the role of the missionaries in Travancore in the spread of western medicine as well as the generation of western ideologies. For a
political authorities of the state realized the importance of tradition as an ideological tool in the generation of consent and sovereignty for the state.

The basic realization however was that western forms of governmentality was based on the regulation, control and the reproduction of the institutions of health care, education etc. through an organized pedagogy, which functioned under the paradigm of science. The significance of the revival of indigenous cultural forms including health care lay at the base of its new modes of governance, as a process of generating social consent in the process of constituting and strengthening indigenous sovereignty. This was because the notion of the state whether western or indigenous under modernity was based on certain fundamental premises such as the singular and unified notion of truth, the idea of progress, the responsiveness to the idea of the public sphere etc.

Unlike other classical arts, the reorganization of indigenous medicine was a complex exercise. In the case of the classical theatre or other art forms, the ‘Hindu’ tradition could be staged and its methods and praxis be demonstrated as an alternative to the west. However, in the case of medicine the demonstration of the human body through the visual gaze of the internal organs according to the fundamentals of Ayurveda became practically impossible. And in the new situation, the human body, as visualized through its anatomical structure of western medicine, became the basic framework through which any analysis on indigenous medicine could be made possible.

The knowledge of the indigenous society however remained an enigma for the western political and administrative authorities even when they dismissed the same as being couched in blind faith and unreason. Being the preservers of indigenous knowledge and cultures, the Travancore state under colonialism survived on this mystery and on the claim to indigenous knowledge and truth. Superiority of indigenous culture meant superiority of indigenous knowledge forms in terms of science. The

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detailed understanding of missionary activities in the state. See C.M Agur, *Church History of Travancore*, New Delhi: Asian Educational Services, 1903, reprinted 1990. for a detailed understanding of missionary activities in the state.
Travancore state thus realized that its prime responsibility was to demonstrate to the western medical and political authority that indigenous medicine was science. Ayurveda in its new context emerged as a result of this hybridization of the different streams of thought.

There was a selective reproduction of certain elements of the Hindu traditions that were part of the dominant caste and these were placed under a renewed culture of ‘Science’ and ‘Modernity’. This re-creation, codification and the dissemination of a classical Hindu tradition and culture primarily through the language of Sanskrit, was based on the premise that the revived classical culture represented the indigenous society in terms of its culture, truth and identity.\textsuperscript{301} As Bhattacharya argues, this can be viewed as ‘a process of maintaining the homoeostasis as an instrument of the ideologization and of transmitting and controlling knowledge in a manner consistent with the maintenance and preservation of the socio-political order.’\textsuperscript{302} While an elite medicine was constituted, this sought to distance itself from the contemporary therapeutic practices that did not base itself on Sanskrit. The first to bear the brunt of this purification processes were the practices of Mantram, or the beliefs in the supernatural, Jyotisham, Ottamulichikitsa, and a whole lot of similar practices based on perceived knowledges of the human body.\textsuperscript{303}

IV

By the end of the nineteenth century the notions of the state with regard to the self, identity and the nation gained momentum and acquired concrete shape. The state realized the need to disseminate indigenous medicine through institutional means as its prime objective and therefore sought to reorganize indigenous medicine on scientific lines. The establishment of the Ayurveda Patasala at Trivandrum in 1889 and the

\textsuperscript{301} The princely patronage of religious specialist and institutions, visual and performing arts, luxury crafts, secular scholarship, and sports will reveal how princess fostered cultural nationalism while fulfilling their princely dharma. Ramusack, \textit{Indian Princes}, p. 132.


\textsuperscript{303} Who is Who in SNDP, Kollam: SNDP Yogam, 1956(?)
introduction of the grant-in-aid in 1896 were important stages towards the realization of this end. 304

Knowledge of Sanskrit was considered as the basic criteria for admission to the Patasala. This was because social elite who were conversant in Sanskrit literature had emerged by this time. By the same period a large number of Sanskrit texts had been published as commentaries to *Ashtangahridaya* and other ancient texts. However by the beginning of the twentieth century the state realized that the mode of Ayurvedic instruction imparted through the Patasala, based completely on Sanskrit, failed to satisfy the parameters of science. It was this understanding that forced the government to draft a syllabus to be taught in the grant i aid patasalas of the state. A communication to this effect was sent to the managers of the Ayurveda schools in 1904, which instructed that,

students should be taught western medical system also so that they would be able to have a conceptual knowledge about both the western forms of understanding the human body and its pathology, as well as what is enunciated by the ancient Ayurvedic texts. They should be given training in surgery and midwifery, the new syllabus, which the government has drafted, are sent along with. This new syllabus has to be brought into practice in all Ayurveda schools and government Ayurveda College. As per the new syllabus modern anatomy and its laboratory practical training has to be imparted to the students, and for this, the services of an Allopathic doctor has to be made available in all Ayurvedic schools. 305

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304 A certificate of having passed the highest test in *Ashtangahridaya* 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 in Aid Rules*, Bundle. No. 223, File No. C. 15349, 1896, Kerala State Archives, Thiruvananthapuram.

305 Letter from The Office of the Director of Ayurveda, Personal Assistant for Honorary Secretary, to the Managers of Ayurveda High schools who receive Grant-i-aid, 1904, p. 7, Kerala State Archives, Thiruvananthapuram.
A radical change in the form as well as the content of the indigenous medical tradition was suggested in 1917, by the committee set up by the government for formulating policies for the reorganization of the Ayurveda Patasala. The committee was of the opinion that in the new context the term ‘native vaidyasala’, became an ‘uncouth’ expression, which does not connote the ‘scientific aspect’ of the Ayurvedic system of medicine and therefore propose(d) that the highly suggestive expression of ‘Ayurveda Vaidyasala’ in Malayalam and ‘Ayurvedic institutions’ in English be adopted in lieu of existing names. Similarly, the name of the Ayurveda Patasala, for the state became ‘old and uninviting and therefore suggested that the name of the institution may be changed into ‘Ayurveda College’ and the designation of the Director of Ayurveda be changed into the ‘Principal of Ayurveda College’. It was also desired that all further correspondence concerned with the Ayurveda college and department be made in English.\textsuperscript{306}

In the process of bringing about changes in the content of the indigenous medical tradition the state initiated the process of translating a large number of Sanskrit books into Malayalam and these were to be published and taught in the Ayurveda College.\textsuperscript{307} Botanical gardens were established for the upkeep of medicinal plants as a herbarium for the purpose of enabling the students to be familiar with them. These were to be made part of the process of organizing indigenous medicine through a curriculum and forms of learning.\textsuperscript{308} The report suggested the setting up of a committee for the revision of the curriculum, which included prominent Ashtangahridaya Vaidyans of Travancore along with an allopathic physician to set question papers on Anatomy, Physiology etc. and to value the answer paper of the candidates who appear

\textsuperscript{308} Ibid, p. 9.
for the Ayurveda examinations. Putting forward the claim for change the committee argued that,

The slow but sure method of treatment (Ayurveda) is more efficacious and less dangerous than the unnatural and inhuman mode of administering poisonous drugs (western medicine) to precipitate a temporary cure.

- it (Ayurveda) reduces the necessity for opening an allopathic medical school in the state as contemplated.
- it will minimize the harm done to society by quack doctors.
- It keeps up the Indian traditions and ideals of life.
- It revives faith in Indian lore and oriental culture and thus serves to create respect for everything oriental in the minds of the younger generation.
- It wakes up feelings of patriotism and thus effectively check de-nationalism.

Nevertheless beyond the glorification of the Ayurveda as tradition and culture, the state was convinced of its inability to explain indigenous categories of human body through the objectivity of western science. The state, which had forcefully defended the need of 'reviving indigenous medicine, therefore spelled out the futility of its dissemination based primarily on the Sanskrit texts of the past. The committee to enquire into the indigenous medical practices in Madras and pointed out that it is 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.'

Taking a critical view of the curriculum prevailing in the Patasala, the report on the reform of indigenous medicine argued that,

Hitherto the students who were given admission to the Patasala were those that have had no benefit of a liberal education. Their stock of knowledge derived solely from Sanskrit Kavyas consisted of a few exaggerated notions of an imaginary world like the proverbial lotus-eaters. They accordingly live in a dreamy life in the Patasala, where their fond fancies are carefully nurtured till they come out of it to look in the world full in the face.

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309 Parameswaran Moothathu, Cunnhamangalam Kochu Krishna Panikkar, Cheeroony Koil Tampuran and Vaisakkkara Moosu, and others were included in the committee for the revision of the Ayurveda curriculum they were assisted by K. Kesava Pillai, an allopathic medical practitioner of 1096 M.E (1920 A.D). Similarly, practitioners like Pandit Gopala Charlu of Madras, Gananath Sen, Kaviraj Nagendra Sen of Calcutta and others who were considered to be the leading figures of Ayurveda were persons who were deemed to be successful in negotiating with the western system of medicine in their attempt at re-organizing the indigenous medicine on 'scientific lines'. Ibid, p. 12.


They shrink, they fail in the unequal combat, and the failure is naturally attributed to the system of medicine of which they are exponents.\footnote{Reorganization of the Ayurveda Patasala. A Scheme for the Expansion of the Ayurvedic Patasala into an Ayurvedic College, General, Bundle. No. 172, File no. II-17 of 1918, Vol. I. p. 4. Kerala State Archives, Thiruvananthapuram.}

The basic objective was therefore to bring about changes in the schooling system itself. This was because the students who had their basic training in Sanskrit failed to understand the instrumentalist logic of western medicine. The committee suggested the need of restricting,

Admission to students who have at least completed the school final course. The idea of studying in a Patasala will not be savory to those students; and on account of that sentiment and for efficiency of teaching and discipline it is desirable to convert the Ayurveda Patasala into an Ayurveda college. The object of this seat of culture can be described to be the acquisition and diffusion of accurate knowledge of Ayurveda both in science and its practice, the encouragement of research, the application of knowledge gained to economic pursuits and the migration of physical human sufferings.\footnote{Ibid. p. 6.}

Having failed in their initial attempts at representing indigenous medicine as science, the proponents of the state sought to integrate the methodologies of western science and medicine in terms of its anatomical structure, physiology, as well as the clinical observation of the drugs and their compounds, so that subsequent research would, in the long run lead to the demonstration of indigenous medicine as science. The first step in this direction was the integration of the courses of study by arranging 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’\footnote{Danwantri, March, 1917. p. 35.}

The Director of Ayurveda describes in detail the changes brought about in the Department towards a scientific form of medical practice. He notes that,

The present Ayurvedic Department was before the reorganization on 1093 M.E (1917 A.D) known as the Department of Native Vaidyasalas. His (Director’s) work was confined solely to the inspection of the several grant-in-aid Vaidyasalas and the Government Ayurveda Patasala at Trivandum. Soon after I took charge of the Department I submitted to Government a scheme for the re-organization of the Department and government was pleased to sanction it with slight modifications. The main features of the re-organization are the following:

1. The revision of the curricula of studies in the Ayurveda Patasala on an up-to-date and scientific basis to suit the modern requirements. In the preparation of the syllabus I had to consult all the printed books in Sanskrit and a few books in English in addition to a large number of unpublished manuscripts.

2. The enlargement of the library attached to the Ayurveda Patasala

3. the increase of stipends

4. the appointment of a lecturer in modern Anatomy and Physiology

5. The establishment of an Ayurvedic botanical garden for the purpose of familiarizing the pupils with the various kinds of medicinal herbs

6. The establishment of an Ayurveda hospital and dispensary where the students of Ayurveda Patasala are given practical training and also a large number of patients of all castes and creed are every day treated on satisfactory and successful, new methods of prescribing based on the fundamental principles to suit the modern conveniences and conditions of life.

The opening of an Ayurvedic pharmacy where besides the teaching of students, the method of preparation of Ayurvedic drugs, several varieties of efficacious medicines are carefully prepared under my personal supervision for the daily supply in the Ayurveda Hospital and Dispensary and also to meet the growing demands of the general public. 315

However, the problems attached to the functioning of indigenous medicine under the influence of western science and its societal principles resurfaced again. Neither did the integration of indigenous medicine lead to a synthesis nor did the two systems worked in harmony accepting or rejecting the hypothesis and theories. However, the proponents of the re-organization movement rested their conviction on the hope that,

In the course of the 5 years of study the student is expected to gain all necessary knowledge in all sciences that would stand him in good stead and practice of Ayurveda. A detailed study of the Physical environment and their influences, the elemental construction of matter (analytical and synthetic chemistry) the biological evolution of man, specialization of organs and the differentiation of types would enable an intelligent student to understand the real meaning of the essential principles of Ayurveda based upon the natural properties of the irreducible, elemental protoplasmic cells of living bodies. 316

Opposition to such blatant attempts at integrating the indigenous medical knowledge arose over time. The inspector of Ayurveda in his letter to the Government of Travancore expressed his dissent and stated that the arrangements and the ‘initiatives


taken by the government for the improvement of the indigenous medical system was not in the right direction.\textsuperscript{317} Similarly in a resolution passed at the 2\textsuperscript{nd} Annual Conference, Travancore Ayurveda Mahamadalam on 21\textsuperscript{st} February, 1947, the members argued that,

Since it has become evident that there is no chance of progress for indigenous methods of treatment like Ayurveda, Siddha and Unani, under the Travancore Medical Council where in Allopathy has been given the majority, this meeting requests government that indigenous systems of medicine should be brought under a separate council.\textsuperscript{318}

However, their main demands and objectives were to constitute an indigenous medicine that was in conformity with the Sanskrit texts of the past. Their attempt coincided with the initiatives of the Travancore state in demanding for the creation of a botanical garden for the upkeep of the indigenous plants for the preparation of Ayurvedic medicines along with an Ayurvedic research laboratory and a library. Their main concern against the government’s attempts at the revival of the indigenous medicine was that it did not confirm to the ‘purest’ form of Ayurveda as was enshrined in ancient texts of the past. They also demanded for,

The opening up of a medicinal garden not less than 500 acres in extend at any suitable place in Travancore so that all sorts of medicinal herbs may with proper care can be grown therein and the establishment of an Ayurvedic Research Laboratory and an Ayurvedic library are quite essential for the progress of Ayurveda. The meeting regrets that the revised syllabus (curricula) of the Ayurveda college has not yet been announced with details, and this meeting is of opinion that, so far as it is known, the said scheme of studies is contrary to the principles of Aryavaidyam, and requests government to adopt new syllabus prescribed by a committee of expert Ayurvedic experts.\textsuperscript{319}

\textsuperscript{317} Ibid, pp.5-6.
\textsuperscript{318} Second Annual Conference Travancore Ayurveda Mahamadalam on 21\textsuperscript{st} February, 1947, pp. 1-10, Kerala State Archives, Thiruvananthapuram.
\textsuperscript{319} Ibid, pp. 1-10.
Multiple Methods to Singular Ones: The Concentric System

Attempts to create a scientific paradigm for Ayurveda was often stumbled by the fact that in the contemporary society there existed a large number of therapeutic practices, medicines and aetiology, all of which could not be taught and disseminated through an academic curriculum. Imparting indigenous knowledge through an institution meant that the total number of medicines had to be limited and grouped according to their properties. Institutionalization therefore meant that a system had to be created from a large number of contemporary health care practices into an organized form. One of the major steps towards this end was the formulation of the concentric system. The Director of Ayurveda writes on the efforts made to re-organize Indigenous medical tradition into Ayurveda as follows,

The need for grouping the total medical practices and the drugs emerged from the rapid changes that occurred in the nature of economic production and distribution under colonialism. Storage of medicines and its mass production became impossible without grouping. The most important tasks of those engaged in the process of institutionalization were to limit the total number of contemporary therapeutic practices, classify the aetiology and reorganize the drugs according to their properties. As per the new knowledge on healthcare under colonial modernity, it is not the

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320 Regarding the Appointment of the Inspector of Ayurveda, Bundle No. 201, General, File No. 1581, p. 1, Kerala State Archives, Thiruvananthapuram.
322 Appointment of Kolatheri Sankaramenon as the Superintendent of Vaidyasalas to Ayurveda Patasala, Bundle. No. 164, File No. II-9 of 1917, No. 1538, Kerala State Archives, Thiruvananthapuram.
medicine as such that bring about the cure, rather it is the properties of medicines ingrain in the plants and herbs that acts against the diseases. Koman who made an extensive study of the therapeutic practices in the presidency of Madras noted that for the single category of fever, there were more than eight thousand medicines and speculative gazes. The director of Ayurveda under whose guidance the grouping system took shape writes, that,

In Ayurveda, the three humors Vata, Pitha, Kapha play a very prominent part. Their permutation and combination under various proportions and conditions form the basis of correct diagnosis and exact treatment. Fever, for instance, is of various kinds such as rheumatic, bilious, phlegmatic and other complicated varieties due to the different combinations of these humors under different conditions affecting one or more of the vital organs of the system. For all these various shades of differences in the combinations of humors there are different marked systems in Ayurveda, though the particular disease in common parlance is known as fever. There are also innumerable prescriptions for each disease in recognition of the organs affected and the shades of differences in the combinations of the three humors. The least number of such prescriptions, which an Ayurvedic vaidyan should remember for the successful treatment of all diseases of the human system range from 8,000 to 10,000.

In its new forms of categorization, medicinal plants and herbs were examined in terms of their scientific properties. This new configuration demanded that the combinations of the medicinal plants used in the preparation of medicines according to its traditional categories were altered and new combinations formed. In the process of re-organizing medicines according to their usages, in its modern parlance, also meant that it was not merely science, rather the compulsions of the development of ‘colonial science’ that was the determining factor in the formulation of indigenous medicine into an institutional pattern. The director of Ayurveda who was largely instrumental in the grouping of medicines notes that,

I made a special study of all the published and unpublished available works on Ayurveda and without deviating from the general principle enunciated assorted all medicinal plants.

323 Ayurvedic Patasala: Opening of Ayurvedic Botanical Garden, Proceedings of His Highness the Maharajah of Travancore. From, Rao Bahadur MC Koman, Honorary Physician, General Hospital, and Officer, In charge of investigation into indigenous drugs. To the Honorable Surgeon General, Government of Madras, I.G.O. No. E. 1282, Dated the 18th April, 1918, Kerala State Archives, Thiruvananthapuram. p.3.

324 Regarding the Appointment of The Inspector of Ayurveda, Bundle. No. 201, General, File No. 1581, Kerala State Archives, Thiruvananthapuram.
into various groups noting with care the properties of each group according to science as far as it could help and based especially on my own experience of treatment for many years.

Drugs are prepared according to these medicine groups, which form the base as it is called. These drugs prepared out of various groups can be compounded according to certain definite laws and principles, which have also been established after careful investigation. The basic preparations are supplied to the Ayurveda hospitals from the Ayurveda pharmacy and the Vaidyan in charge of the Ayurveda hospital prescribes medicines by combining two, three or four according to the conditions of the patient. Thus it is that the Vaidyan is enabled to give medicines to all patients who go to him for medical aid. According to the old and time honoured method each patient must have his own medicine prepared according to a standard prescription which will be practically impossible in a hospital where the attendance ranges from 200 to 300 per day. If the old system is followed and medicines are sent to the hospital according to that system, the medicines will have to be kept in a stock till suitable patients go for consultation. Moreover many medicines could not be kept long as they get spoilt soon. Thus there will be considerable difficulty in treating patients besides great wastage and loss. The modern method of grouping has successfully solved the difficulties. Though the method of grouping is easily said it is attended with very many practical difficulties to overcome which, deep knowledge of the principles involved and wide experiences are necessary. Proportion, compatibility or incompatibility, the new properties of the resultant mixture should all be carefully studied and remembered before a patient is given a medicine. The basic drugs are many and their combinations are various with different properties according to the proportion of the ingredients. This is a novel system based on the science of Ayurveda and it has been found by experience that it admirably suits modern condition of life.325

The new medicines and the ones that were grouped were to be taught through an institutionalized mechanism. The Vaidyans were trained according to the new method of grouping the Ayurvedic medicines that was different from that of the medicines practiced in the indigenous tradition. Here, it was not just medicines, but the diseases were also grouped. Thus the concentric system was an important step towards organizing indigenous medicines towards the need of specific diseases. Explaining the new pattern and its introduction into the indigenous medical tradition the Director of Ayurveda writes that,

In the first two years of the working of the Ayurveda hospital and dispensary I had to go there almost every day to explain to the vaidyan the principles of the group system and to prescribe for the patients medicines suitable to the conditions. The present Hospital vaidyan and his assistant were enabled to treat according to the new system only after long experience in the line. Even now they have occasional difficulties, which I have to solve for them. Thus the Ayurveda hospital has established a traditional method of treatment, which should be perpetuated, for its successful working.

This system is so useful that it requires to be introduced into the grant-in-aid Vaidyasalas also. All the grant-in-aid Vaidyans treat according to the old system and that is why they find it difficult to prepare and keep medicines for public use. The medicines prepared and kept can be advantageously used only when suitable patients turn up. If unfortunately they do not get such patients for some time the medicines get spoilt and their investment ends in utter loss. Thus it is also clear that the Vaidyans could not be insisted upon keeping a ready stock of prepared medicines lest it should prove useless in the long run.

In the course of my inspection I used to give the vaidyan some lessons on the new principle of treatment, but at the time my disposal was so short that I could not go through the whole course. Most of the Vaidyans have grasped the nucleus of this method, but elaboration requires explanation, time and experience.326

While in the early context, a single plant, herb or root or a combination of two or multiple parts of one or different herbs were used largely as raw materials for medicine,327 New drugs were prepared based on the new grouping and methods of preparation. This was guided by the belief, that the entire subcontinent had a singular medical tradition and culture. In its contemporary form medicinal practices were based on a variety of herbs and roots that were available in their immediate vicinity. There was also an intimate relationship between the patient and the physician in the preparation of the drugs.

After the introduction of the concentric system those practitioners who were trained in the patasala system as well as those who were trained in Ayurveda from the gurukula failed to get recognition from the state. In the context it became that those who are not familiar with the newly introduced system will find it difficult to teach and practice Ayurveda in the Ayurveda College.328

326 Regarding the Appointment of the Inspector of Ayurveda. Bundle No 201, General, file no 1581, pp. 2-3 Kerala State Archives, Thiruvananthapuram.
328 Writing his Dissent on the application of Nilakanta Pillay to be appointed as Inspector of Ayurveda, the Director of Ayurveda writes as follows, 'From the above remark it is clear that Nilachanda Pillay will not be able to carry on the work of inspection as it ought to be done on the line chalked out. C. Vasudeva Bhattathiri will find it (page 4) impossible to adapt himself to the new environment for treating patients according to the grouping system. Moreover, they have been teaching in the Ayurveda College where they have been trained to work according to the new syllabus framed on the concentric system. If the Hospital vaidyan Narayana Pillai and his assistant Parameswaren Pillai are transferred to the College they will also find it equally difficult to carry on the work of teaching according to the new syllabus. So if the government order quoted is carried out there will be dislocation of work in the College and Hospital and no real benefit can be derived from the inspection of Vaidyasalas by Nilakanda.
New scientific enterprise was connected to the rise of the colonial economic production, as colonialism was interconnected to twentieth century science, in the same way as science was interconnected to colonialism. Indigenous medical practices were to be grouped for mass production and its distribution. The Usman committee constituted by the government of Madras for the rejuvenation of the indigenous medicine argued that the capitalization of the indigenous medical tradition led to the commercialization of the indigenous drugs. The committee points out that new method of mass production were completely in deterrence to the medical practices of the contemporary society. Giving a synoptic view of the contemporary healthcare practices, it argues that,

For the poor, the indigenous systems are by far cheaper as there are plentiful supplies of Ayurvedic drugs available in every part of India and they are used mostly in the fresh form as uses, decoctions etc., which eliminate costly pharmaceutical processes including the addition of spirits and bottling, labeling, advertisements, etc., ...from the comparative statistics the cost of the treatment collected from the records of Ayurvedic charitable dispensaries in Calcutta and Madras, it has been found out that the average cost is about 5 to 6 pies per head per day.

While mid nineteenth century attempts at reorganizing medicine was aimed at the creation of medical paradigm based exclusively on the ancient texts, by the early twentieth century the same was accompanied by the generation of techniques aimed at their preservation. This was a new experience for the indigenous medical tradition as drugs in the indigenous society, was not produced in a large scale and was not for sale. A new method of preparing indigenous drugs emerged by the mid-nineteenth century, whereby the physician-patient participation was replaced by a complete dominance of the physician of the pharmacy in the preparation of the medicines. This transformation produced a new situation, whereby the cost of the preparation had to be met by the patients. This was an entirely new experience in the indigenous medical tradition where

Pillay as he is perfectly ignorant of the modern system of treatment based on grouping.' Ibid, p. 3-4. Kerala State Archives, Thiruvananthapuram.


by medicine was now sold for profit, making the condition of the vaidyans difficult. The new situation was expressed by the Director of Ayurveda, who stated that,

In some country places patients themselves are willing to prepare their own medicines, except in urgent cases, and so prepared medicines, such as oils, lahyams, Asavoms, etc. cannot be readily sold. The poor vaidyans cannot afford to give gratis to the patients all the medicines they prepare. In such cases all they can do is to give prescriptions, which they ungrudgingly do.\textsuperscript{331}

As the newly organized Ayurveda claimed to have represented tradition in its entirety in the name of ‘Hindu medicine’, a large number of medicinal plants that were not part of the ecology of Kerala but were mentioned in texts and circulated through the print in different parts of the subcontinent were incorporated. Nevertheless, the procuring of forest produce for the production of medicines remained a source of concern. In a communication to the Chief Conservator of Forests, the Department of Ayurveda requested him to provide with the necessary plants needed for the Ayurvedic College, for which the Conservator of forests pleaded ignorance. He responded that,

The Director has sent me a long list of 49 articles, (for the collection of the medicinal forest products being supplied to the Director of the Ayurvedic Pharmacy) the majority of which I admit to my shame, that none of my subordinates or myself can identify. For the instance he wants Manchhi, Aavikuru Njerinjal, etc, etc.. I do not know how I can arrange to supply these unless these are first identified. The quantity he wants is in some cases so little as only a few lbs., that it will not be justifiable for me to employ a special staff of men to collect. In my humble opinion collection of these petty quantities of herbs are beyond the scope of the forest department.\textsuperscript{332}

The Botanical variety of the subcontinent was deemed to be the same and its usage a unified one for the entire sub-continent. It was this reading of the indigenous healthcare practices and its medicines that enabled the chief secretary to request the chief conservator of forests with a list of medicinal plants for the use of the Ayurveda Patasala, for which the conservator pleaded ignorance.

\textsuperscript{331} Elimination of useless Vaidyasalas in the Ayurveda Department and classification of grant-in-aid Vaidyasalas into few classes, Ayurveda Department. File. No. 210/23. Kerala State Archives, Thiruvananthapuram.

\textsuperscript{332} Regarding the Supply of Medicinal Forest Produce to the Government Ayurvedic Pharmacy, General and Revenue Secretariat General Section, Ayurveda Department, Government Order dated 13-08-1919, Bundle No. 181, File No. II-14 of 1919, Kerala State Archives, Thiruvananthapuram.
As the re-organization project was interconnected with the emergence of the national identity, knowledge forms were also deemed to have a unified character irrespective of its geographical differences. Gopala Pillai, a student of the Thiruvananthapuram Ayurveda College was sent to Calcutta to study the Ayurvedic medical practice prevalent there. Similarly, those who had acquired their studies from Calcutta, Madras and other cities were given preference in the allotment of the grant. The re-organization process which took place in different parts of the subcontinent was to be incorporated in Travancore in re-organizing indigenous medicine. Pillai wrote from Calcutta that the focus of attention in reviving Ayurveda should be, '...in such subjects as Anatomy, Physiology, Chemistry, Physics, Botany and Zoology, which are highly necessary to supplement the study of Ayurveda on an up to date and scientific method.' Gananatha Sen of the Calcutta Medical College, similarly pointed out that,

1. There should be a museum of indigenous drugs in the college itself-in which species should be kept for teaching.

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333 File No. II-10 of 1919, Bundle No. 181, p. 92, Kerala State Archives, Thiruvananthapuram.


335 Letter dated 26th July 1916 No. A. P. 80 from the Superintendent of Ayurveda Patasala, Trivandrum gives a detailed list of medical books and instruments required by Mr. K. G. Gopala Pillai for undergoing a full course of study under Dr. S. K. Mullick M. A M.S, M. D, in the National Medical College Calcutta (for Junior Course only) Forwarded to the Government of His Highness the Maharajah of Travancore (vide Anatomy descriptive and applied (Gray), Handbook of physiology (Haliburton), the essentials of Histology(S. Chaffer), Materia Medica (W. H. White), Manual of Pharmacology (W. E. Dixon), Cunningham’s Practical Anatomy 2 Vols. (Robinson), Manual of Chemistry (Luff), Manual of Physics (candy), Medical Dictionary (W.A.N. Dorland), Philips models of Anatomy (Male and female), Instruments for Dissection, Full sets of bones, Complete list of Ayurvedic medical books and instruments required by Mr. K.G. Gopala Pillai for undergoing a full course of training under Mahamahopadhyaya Kaviraj Gananath Sen Saraswathi, MA, LMS of Calcutta, Forwarded to the Government of His Highness the Maharajah of Travancore (Vide Letter no. A. P. so dated the 26th of July 1916 from the Superintendent of Ayurveda, Patasala, Trivandrum), other books include Susruta Samhita—with Dalilan Acharya’s Commentary, Charaka Samhita Calcutta text, Pratyaksha Shreeram (Full three parts), Ashtangahrdayaya Samhita with commentary, Vridha Vasagbhata (Poorna edition), Sarangadhara Samgraha, Rasaraina Samuchaya, Dhanwantari Nighanta, Raja Nighanta, Yogaratnakara, Ayurveda Prakasha, Madhava Nidhanam, Vanashodhi Darpana, Vaidyak Sadasindhu, Instruments; Scale, Mortar, Bundle No. 181, File No. II-10 of 1916, p. 93, Kerala State Archives, Thiruvananthapuram.

336 From Gopala Pillai, To His Excellency The Dewan of Travancore dated 3rd September 1916, Bundle No. 181, File No. II-10 of 1919, p. 92, Kerala State Archives, Thiruvananthapuram.
2. Anatomical models are insufficient and require to be supplemented with other models—eg. That of the trunk and its viscera.

3. Practical bedside training is badly needed and with this object in view a hospital with at least 50 beds should be started where professors of this college ought to be in charge of the patients and the students should work as clerks and nurses.

4. As most of the Ayurvedic works taught here are in Sanskrit, the students should have a better grounding in the language. 337

In response, the Directorate of Ayurveda purchased books and other equipments for the Patasala and a botanical garden was raised for its use. 338 N Kunjuraman Vaidyan who got training from Madras Ayurveda College and has taken a degree of “Ayurveda Bhooshanam” had got training from several pharmacies in Bengal and Bombay also had training in the Allopathic and Homeopathic systems of treatment. He started an Ayurveda School at Kollam and was also a member of the committee for reorganizing Ayurveda. 339


338 The list of books and equipments purchased by the government for the College included Gray’s Anatomy, Cunningham’s Practical Anatomy 2 Vols., Hewlett’s Bacteriology, Hutchinson’s Clinical Methods, Saville’s Clinical Methods, Lake’s handbook of the Diseases of the Eye, Warrings Bazaar Medicines of India, Charaka Samhita, Pratyaksha Shreeram, Rasendra Chintamani, Hareetha Samhita, Vangasena, Chakradathu samhita, Vridhha Vagabhatta, Bhavaprakasha, One copy of the Indian Medicinal plants, one completely articulated skeleton on a stand, three sets of disarticulated bones, five boxes of dissecting instruments, two microscopes, Dissecting table, basins, trays and other requisites. 
In the order No. 1283 dated the 18th April 1918, Government sanctioned the opening of an Ayurvedic Botanic garden with an area of about 8 or 10 acres for cultivating medicinal plants and for familiarizing the pupils of Ayurveda Patasala with medicinal herbs, and the Director of Ayurveda was asked to select a piece of suitable land for the purpose. The Director selected the Chengal Chulai at Taikad, but as this did not appear to the Government to be suited for a medicinal garden he was asked in G.O. E. 1863, dated the 4th June 1918, to choose another site, and if no government land was available to take land belonging to private owners on lease, Ayurvedic Patasala: opening of Ayurvedic Botanical Garden, Proceedings of His Highness the Maharajah of Travancore. I.G.O. No. E. 1282, Dated the 18th April 1918, From the Director of Ayurveda, File No. II-19 of 1918 the list of books and equipments purchased by the government for the College included, Gray’s Anatomy, Cunningham’s practical Anatomy 2 Vol., Hewlett’s Bacteriology, Hutchinson’s Clinical Methods, Saville’s Clinical Methods, Lake’s handbook of the Diseases of the Eye, Warrings Bazaar Medicines of India, Charaka Samhita, Pratyaksha Shreeram, Rasendra Chintamani, Hareetha Samhita, Vangasena, Chakradathu samhita, Vridhha Vagabhatta, Bhavaprakasha, One copy of the Indian Medicinal plants, One completely articulated skeleton on a stand, five sets of disarticulated bones, three boxes of dissecting instruments, two microscopes, Dissecting table, basins, trays and other requisites. Bundle No. 181, File No. II-10 of 1916, pp. 93, Kerala State Archives, Thiruvananthapuram.

339 In a request for the allotment of a grant-in-aid for Kunjuraman vaidyan writes that “I have studied in the Madras Ayurveda College for four years and have taken the degree of “Ayurveda Bhooshanam” from that College. After that I have undergone practical training in several pharmacies in Bengal and
Text and Tradition

The reorganization was accompanied by the translation and codification of a large number of Sanskrit texts into Malayalam. Translation demanded that knowledge forms of the indigenous societies were to be represented through text based knowledge. This meant that hypothetical and speculative assumptions on the therapeutic practices of the contemporary society were to be demonstrated by 'a rational' logic through print. Indigenous medical practices were to be compared and contrasted based on the principles of western science. Ravivarma’s Sarira (Body) a textbook written for the use of the students of Ayurveda demonstrates the complexities attached to the hybridization of the indigenous medical practices with the western one. In the preface of the text he argued that,

The gurukula system by which the student acquired knowledge along with the teacher was most fit for the time. However...the student of today who has the basic knowledge of western science cannot understand the technical aspects of Ayurvedic medicine. Those who have studied the natural science and philosophy of today cannot understand or imagine what constitutes Dravyams, tri-gunams, etc. 345

Nevertheless, his main concern, was to extinguish the myth ‘held by most practitioners of western medicine that, ‘Ayurvedam is not a science in its real sense but it is only a combination of medicines meant for curing diseases.’ 341 This in reality further validated the need for the creation of an identity and structure, for indigenous medicine, based on science, where by indigenous understandings of the human body was compared with its western notions. Attempts to create a structure further

Bombay and have gained first hand working Knowledge of the system of treatment and preparation of medicines at those places. Besides the profound knowledge and experience that I have gained in the Ayurvedic system. I possess a working knowledge and experience that I have gained in the Allopathic and Homeopathic systems of treatment also. Reorganization of the Ayurveda Department Advisory Board. Volume II, N Kunjuraman Vaidyan, S. N. V. Ayurveda Pharmacy, Quilon, Bundle. No. 161, File No. 1343, Dated 30-11-30, Kerala State Archives, Thiruvananthapuram.


341 Ibid, p. 3.
strengthened the hegemony of Ayurveda over the contemporary therapeutic practices, which were not based on textual practice. In fact, Ravivarma ends up by identifying the same components for indigenous medicine. In an interpretation of Ojas, he writes:

Every sign and symptom given in the text, of loss of (Ksaya), increase of (Virddhi), and the vicarious increase of (Visramsa) ojas are on all fours with findings of modern medicine in respect of adrenals; more than that, the description of the organ sallohitapitakam, yellow and red clinches the identification in as much as adrenals (chromafingroup) are the only ones having a red and yellow group.

However comparison between Ayurveda and western medicine further brought to the fore the problems attached to the use of western categories in understanding indigenous bodily notions, its etiology and practice. A similar attempt at representing indigenous medicine through the categories of western science was made by Nagendra Sen. He writes in his book *The Ayurveda System of Medicine or an Exposition in English of Hindu medicine as occurring in Charaka, Susruta, Vagabhata and other authoritative Sanskrit works*, as follows,

My endeavour has been to reproduce in each chapter the contents, in a condensed form, of larger works on Hindu medicine. I have in a few places, inserted the results of my own experiences. The descriptions of the diseases have generally been taken from Charaka and many later works. In publishing the present work, which is in English, my object is to place before the English-speaking world, and particularly before physicians and surgeons practicing the western method of medicine, the knowledge that the Rishis had of disease and cure.

Thus it was not a mere reproduction of knowledge as described through the Sanskrit texts, rather a configuration of Shastric knowledge in a new form so that a comparison between indigenous and western medicine was possible. The primary aim of the codification of indigenous medical knowledge was to defend the truth claims of indigenous medicine in an organized manner. Tradition was organized and placed in a manner so to enable western practitioners to understand, explore and analyze it.

Thus the act of disseminating knowledge through text gave authenticity to tradition. A large number of texts were printed and circulated. Print led to the

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342 Ibid, p. 4.
343 Ibid, p. 5.
344 Indian Medical Gazette, June, 1923, p. 5.
circulation of ideas and the popularization of medicinal practices based on the *tri-dosha* principle of the Sanskrit tradition. The emergence of the print culture also led to the constitution of the idea of the public sphere. This also strengthened the spread of the fear of new diseases that were largely contagious in nature. One of the most important steps towards the compilation and codification of Ayurvedic knowledge based on Sanskrit was that it provided a body of literary knowledge for the indigenous medical practitioners to negotiate with the western medical episteme.

Public Health, and the Hegemonisation of Western Scientific Enterprise

The arrival of the Rockefeller foundation accompanied by attempts to formulate a Public Health policy brought to fore the larger discourses that were generated in the wake of western medical ideas. Marginalized by the discourses on health and relegated by the state, the indigenous medical practitioners claimed that they have discovered drugs for contagious diseases prevalent in Travancore. Shankara Pillai, the principal of the Ayurveda College, Trivandrum argued that even before the arrival of English medicines, Ayurvedic physicians had knowledge about Malaria as *Vishajvaram* and had treated it efficiently.³⁴⁵ Alike many other indigenous physicians of the time, Pillai claimed to have found medicines for the cure of malaria, which he claimed, was based entirely on a standard formula in Ayurvedic works, tried on malaria-affected patients, and was eminently successful.³⁴⁶

The political and administrative authorities of the state, convinced by the superiority of western science and medicine ridiculed these claims and demanded them to prove the credentials of the drugs through the verification of its samples. For the state, the chemical changes that take place in omitting or adding one or more ingredients from a group or standard formulae, the total caloric content of the resulting product etc. cannot be gauged without scientific trials and researches in a laboratory and subjecting the proof on blood findings. The Ayurvedic physician was also forced

³⁴⁵ *The Rockefeller Foundation International Health Division*, Kerala State Archives, Bundle No.150 File No. 338, 1930, p. 60. Kerala State Archives, Thiruvananthapuram.
³⁴⁶ Ibid, p. 75.
to prove his 'scientific credentials' through blood test, and state the composition of the compounds for the approval and verification of facts.347

In a special meeting of the All Kerala Ayurveda Parishad, in the Advaita Ashram Sanskrit School held at Alwaye, a resolution was passed demanding that 'the detailed public health measures that are mentioned in Ayurveda has to be brought into practice, and for this all necessary help should be rendered to the practitioners'.348 However the director of Ayurveda discarded on the ground that "Ayurveda mainly concerns itself with individual hygiene factors and not of public health and as such, it is not possible to do any useful service in the field of public health."349

VIII

Grant-in-Aid: State Aid as a means of Control

The state was of the opinion that 'public health' was entirely a modern day phenomenon and hence did not fall within the framework of Ayurveda. The modernization and the emergence of a moneyed economy and the increase in trade and communication led to the increase in the population and the subsequent health concerns of the people. As the concerns for health dominated the discourse on the allotment of the grant to indigenous Vaidyans, this was made purely on the basis of the claim or ability of those physicians to cure such diseases as Malaria, dysentery, cholera etc. and they therefore had a greater chance of getting state support and recognition.350

347 Ibid, p. 76
348 Resolutions passed in a special meeting of the All Kerala Ayurveda Parishad, in the Advaita Ashram Sanskrit School. Alwaye, Ayurveda Department, Bundle. No. 231, LGB, File no. 324/46/LGB, Kerala State Archives, Thiruvananthapuram.
349 Ibid, p. 79.
350 The President of the Municipal Council of Padmanabhapuram, while recommending the case of P. Padmanabhan Thampi writes that "... his medicines prepared with great care and costs have saved many a life. His treatment, especially for malaria, dysentery and cholera, has marvellous effects, so much so that Malaria, the prevailing disease of the town has almost been rooted out... he has high attainments in the modern developed Ayurvedic sciences alike in theory and practice...", Award of Grant to the Ayurveda Hospital at Nagercoil conducted by Vaidyan B. Nilakandan, Ayurveda Department, Bundle. 148, File no 106 A/30, p. 9. Kerala State Archives, Thiruvananthapuram.
At the same time, in the policy of the award of the grant-in-aid preference was given to those who have claimed to cure contagious diseases. Grants were awarded to vaidyans who claimed to have cured Malaria, Cholera and other diseases. In the revised rules for the Grant-in-aid of 1927 the government instructed that the vaidyans were to furnish the government with,

1. Daily Cholera reports when the disease is prevalent and cases treated daily.
2. Annual return of sick treated daily
3. Annual return of the work of the institution
4. Annual returns of sick treated and of deaths from cholera
5. Annual report of the surgical operations performed.

Monthly returns of the sick treated every year were to be sent by each Vaidyan so as to reach the superintendent of Vaidyasalas by the 10th of every succeeding month. 351

In response to the new government order the vaidyans applying for the grant increasingly claimed that they were efficient in treating malaria, dysentery and cholera and that they have eliminated the diseases in the towns and has high attainments in the modern developed Ayurvedic sciences alike in theory and practice. 352 The density of the population and the concerns of the health of the people of the state were important aspect in the allotment of the grant, 353 while a degree from an Ayurvedic college from any part of the sub-continent were given preference in the allotment of the grant. The

351 Revised Rules for the Grant in Aid, 1927, Kerala State Archives, Thiruvananthapuram.
352 Proposals for the Enhancement of Examination Charges, Bundle No. 157, File no. 697/31/LGB, Ayurveda Department, 25-06-31 Budget – Part II for the year 1107- M.E, 1931, p. 6, Kerala State Archives, Thiruvananthapuram.
353 In a letter addressed to the Chief Secretary of the Government of Travancore, K. A Raghavan Pillai, of the Medical hall, Karamanai, Trivandrum writes as follows; I have passed the Vaidya Kalanidhi Examination in 1103 and Vishavaidya Visharadha in 1105 conducted by the Travancore government. In addition, I have served a diploma of Bhishagaratnam examination conducted in 1928 by the Dacca medical College. From the year 1100, I have established a medical Hall a Karamanai and I am rendering help to the public to the best of my ability. They all have faith and perfect satisfaction in the medicines prepared by me. Karamani has now become a thickly populated place owing to the establishment of a railway station nearby and to the ever-increasing interest evinced by the populace to reside near the river side. There about a thousand Brahmin houses in the village of Karamanai this village is composed on all sides by numerous houses and compounds owned by Nairs, Mohammedans, goldsmith’s etc. Such a thickly populated place demands more than one Ayurvedic dispensary to satisfy the public needs. More than my examination and qualifications I have the ancestral claim for the title of a physician. I am the son of one of the renowned Vaidyans of Kannamangi who have distinguished themselves in this branch of science. Award of State Recognition to K. A Raghavan Pillai, Vaidyan Bhagyodayam Medical hall, Karamanai, File No. 651/30. LGB, Ayurveda Department, Kerala State Archives, Thiruvananthapuram.
ability of the physician to produce medicines and the total stock of medicines at his disposal etc. became important aspect in the allotment of the grant and further state encouragement. Indigenous physicians considered it as desirous of getting a certificate from the leading physicians who were trained either in western medicine or in the institutionalized Ayurveda as an additional qualification in their attempt at getting a grant.

The grant, in its primary objective, though seems to be a means of state protection and patronage to the indigenous medical practitioners, in its reality, the policy of aid further widened the gap between contemporary healthcare practices of the community as well as those who had been trained through an institutional mechanism. This also deepened the crisis that was brewing in the indigenous medical tradition.

One of the objectives of the policy of grant was to ensure that systemic reorganization of indigenous medicine be carried forward under the guidance and control of the state. A government communiqué demanded that the minimum qualification for the award of the grant was ‘a certificate of having passed the highest

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354 In an application for the award of the grant, the vaidyan claimed that, as it is a very densely populated town and the congestion of the place would certainly justify the raising of the present Grant in aid Vaidyassala to the status of a hospital as sanctioned at Quilon. The comparative fewness in the number of indigenous medical institutions receiving grant-in-aid from the government in south Travancore is another reason why a hospital of the kind held the only important one here deserves adequate encouragement. Mr. Nilakantan has passed the Madhyama examination from the S.K.P.D Ayurveda College at Madras. The Pharmacy contains a good stock of medicines. The list of medicines appended to the application contains 172 kinds of medicines and they are all prepared by him in the pharmacy attached to the institution. In fact, it is one of the few grant-in-aid institutions having a large variety of prepared medicines as well as the necessary pharmaceutical and clinical appliances. South Travancore abounds in forest medicinal products. The proximity of the institution to the Maruthuamala, where all sorts of medicinal herbs are obtained in abundance ensures a never failing supply of raw materials for the preparation of medicines in the pharmacy. Award of Grant to the Ayurveda Hospital at Nagercoil conducted by Vaidyan B. Nilakandan, Bundle. No. 148, File No. 106A/30, Ayurveda Department, p. 39, Kerala State Archives, Thiruvananthapuram.

355 B. Kunjan vaidyan, Netrachikkilasalayam, Attingal wrote to the Chief Secretary to Government, Travancore stating that ‘I am an Ophthalmologist doing successful treatment at Attingal. I belong to a family, which is ancient and traditionally famous for able and efficient physicians. I have a well-conducted dispensary at my disposal in the town and ever so many patients come to meet me daily for treatment. I have got a certificate of efficiency from Dr. L.A. Ravi Varma’ Grant of state recognition to B. Kunjan vaidyan, Netrachikkilasalayam, Attingal. Bundle. No.162, File No. 1, Ayurveda Department, p.1, Kerala State Archives, Thiruvananthapuram.
test in *Ashtangahridaya* from the medical school at Trivandrum*. Board of examiners were to conduct periodic inspection of the vaidyasalas and the vaidyans were to function as the arm of the government, and carry out necessary orders of the government from time to time, regarding treatment, distribution of medicines, etc.

Annual inspections conducted by the state in identifying the eligible among the indigenous practitioners for the award of the grant pointed out that those who had training from the government Patasala failed to evoke the same command and respect from the public, which was deemed vital for the indigenous physician. This underlined that organized training through the Patasala remained alien to the medical needs of the contemporary society. Even when the government recognized and aided the prominent indigenous physicians to start Ayurvedic schools in various parts of the state, in effect this process of recognition and state aid ensured that the policies and practices aimed at restructuring the indigenous medical tradition percolated to the local level through an organized mechanism and the hybridization of the indigenous medical tradition made possible at a wider level. As one of the cardinal notions of science was the theory of the universal and regularization of knowledge’s and practices, the local schools for Ayurveda were monitored and regularized based on a uniform pattern.

Dissemination of Ayurveda through the Patasala generated new categories in identifying the quacks. Prior to the establishment of the Patasala it was the indigenous practitioners whose practices were also a combination of the methods for the propitiation of the evil spirits were quackery. However, in the new context those vaidyans who were not trained in the Patasala were termed as quacks. Thus, the criteria of defining quacks constantly changed. Those who did not have training in the

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356 *Ayurveda Grant in Aid Rules*, File No. C. 15349, Bundle No. 223, 1896, Kerala State Archives, Thiruvananthapuram.
357 *Inspection Notes of the Director of Ayurveda for the Month of Chingom (August)*, File No. II-4 of 1919, Kerala State Archives, Thiruvananthapuram.
358 There are at present four such centres as Ettumanoor, Changankulangara, Ayiroor and Quilon respectively... to establish a uniformity in the standard of competency the first two class examinations in Ayurveda are held in these centers also as comparative examinations to that of the same examinations held in the Ayurveda College*5. *Budget for the Ayurveda Department for the year 1106 M.E. Bundle No. 156, File No. 507/31. LGB, Ayurveda Department, Part II, p. 3. Kerala State Archives, Thiruvananthapuram.
institutionalized Ayurveda were not generally considered by the state for the allotment of grant.

The notion of public health, of treating the sick, of disease that threatened to affect the society at large and the organized methods of combating it emerged largely with the introduction of the capital market in the state. The introduction of western medicine in the state was primarily aimed to protect the workers of the teak, rubber, tea and other plantations in the hills. However, most of the contagious diseases that spread in a mass scale were the result of the widespread industrialization and the migration of labourers to those industrial sites. The newly introduced plantation sector in the high ranges widened the spread of Malaria and other contagious diseases among the coolie labourers. While the large scale production of coir and the soaking of coconut husks in shallow waters in the low lying areas led to the breeding of mosquitoes and the consequent spread of malaria, elephantiasis, etc.\(^\text{359}\)

Local Vaidyasalas that did not cater to the rules given by the government were eliminated and kept outside the purview of granting aid and further recognition.\(^\text{360}\) More patients were accommodated as in-patients in the Ayurveda College, so that the students had the experience of observing the patient and understanding the variations of health conditions. The intervention of 'modern pharmaceutical methods' in indigenous medical tradition was to make rapid and fundamental changes in the preparation of Ayurvedic medicine. The re-organization of the Ayurveda Department

\(^{359}\) Opening of a dispensary at Konni, Letter No 6126 dated 21\textsuperscript{st} April, 1914, It is necessary to give some medical aid to the coolies and subordinates working in the teak plantations at Konni and other unhealthy and malarious locality. By the opening of the Konni rubber estate the demand for the coolies at the place has become very keen and under the circumstances the coolies would prefer to go to places where they get good medical aid in case of necessity while there is always difficulty to get coolies for the teak plantations. It is a well known fact that the persons who are to work continuously in the hills are often attacked with some kind of disease or other. Moreover the Kurava coolies who form the major portion of the working class go out for work with their whole families, where there are 300-400 coolies working a day, there will be about five persons on the sick list. As such, provision for some medical aid is highly necessary to the interest of the work in the teak plantations and hence the accompanying estimate. From the Conservator of forests regarding the supply of medicines to the teak plantation officer and subordinates. Bundle No. 150, File No. I-22/(a) of 1916, Kerala State Archives, Thiruvananthapuram.

\(^{360}\) Inspection Notes of the Director of Ayurveda for the Month of Chingom (August), File No. II-4 of 1919, Kerala State Archives, Thiruvananthapuram.
Advisory Board underlined the main items for which provisions were made. It specified that,

2. To open 10 more additional Vaidyasalas in 1105 ME as also to award Grant-in-aid to deserving private Ayurveda Hospitals.
3. To revise the rates of grant-in-aid now sanctioned to the Vaidyasalas and to Ayurveda high schools after a further elimination of useless institutions.
4. To improve the government Ayurveda Hospital by making provision for additional accommodation to in-patients as also better facilities for giving clinical instructions to the students of the Ayurveda college, and
5. To introduce modern Pharmaceutical methods in the Ayurveda Pharmacy.\textsuperscript{361}

In the same year a government order was issued for the opening up of a botanical garden, revising the grant-in-aid after the elimination of useless Vaidyasalas, accommodation of in-patient facilities for patients in the Government Ayurveda College at Trivandrum, to give clinical instructions to the students, and also to introduce modern pharmaceutical methods in the Ayurveda Pharmacy.\textsuperscript{362}

The vaidyans who applied for the grant also sought to demonstrate that their Vaidyasala functioned according to the larger policy of the government with regard to institutionalization and modernization. In a petition given by Kolatheri Sankaramenon to be appointed as superintendent of Vaidyasalas argued that,

He has started an Ayurvedic Medical school at Ettumanoor conducted on the lines of the medical school at Trivandrum and that there are at present two classes with about 50 students. It is also stated that provision has been made for a botanical garden and for a course of lectures on physiology and anatomy and on sanitation and hygiene according to the English method. Pharmacy and dispensary are to be attached to the school.\textsuperscript{363}

The provisions of the award of the grant-in-aid underlined the objectives of the said policy. The inspectors of the government of Travancore in the methods of the


\textsuperscript{362} Ibid, p. 28.

\textsuperscript{363} Petition from Valiadathu Narayanan Moothathu, Manager Ayurvedic Medical School, Ettumanoor, regarding grant-in-aid to the institution. Appointment of Kolatheri Sankaramenon as the Superintendent of Vaidyasalas to Ayurveda Patasala. Bundle. No. 164, File No. II-9 of 1917, No. 1538, Kerala State Archives, Thiruvananthapuram.
award of the grant verified the Ayurvedic institutions availing state aid in order to ensure that they followed the rules and guidelines given by the government, so that the institutions are organized in a manner deemed by the principles of 'science'.

The people had a medical tradition and practice, which was based on a relationship between the Vaidyan and the individual. Every village had its own physicians with whose service the villagers are ordinarily content. There arose practical difficulty of avoiding experienced local physicians from the ambit of the grant-in-aid given by the government. Though considered to be outside the ambit of 'modern science', these physicians catered to the needs of the vast majority of the population, and hence their contribution to the indigenous healthcare and society could not be overlooked by the state and hence was forced to recognize them in the official policies of the government. In a letter to the Chief Secretary, dated 18th September 1913, the Dewan of Travancore contended the decision of the government to restrict the indigenous medical practices entirely to recognized Vaidyans. Elaborating on the problems attached to the new regulation he writes as follows,

I have the honour to state that it would be a good thing if medical practice is confined to persons of recognised qualifications, but I may also say at once that such a sweeping restriction is not practically workable under the existing conditions of the state. Travancore occupies a peculiar position in point of medical aid. I have no hesitation in saying that the position of the population that are not resorting to formally qualified doctors or native Vaidyans form only a very trifling proportion to the vast number that are daily seeking relief from native Vaidyans learned in the Ashtangahrdayam or Chintamani system but who holds no certificate or diplomas. This latter class of physicians is rendering inestimable services to the public in quite an ostentatious manner and at very little expense on the part of the patients. Some of them affect wonderful

364 Inspection Notes of the Director of Ayurveda for the Month of Chingom (August), File No. II-4 of 1919, Kerala State Archives, Thiruvananthapuram.

365 In response to the request for the grant-in-aid the Director of Ayurveda stated that 'Mr. K. Parameswaran Pillai who conducts his Vaidyasala is an experienced and popular Vishavaidyan, well versed in the art of poison treatment, and he belongs to a hereditary family of Vishavaidyans... in this connection I beg to submit that I am one who is of the opinion that only qualified Vaidyans may be appointed as grant-in-aid Vaidyans and also to the service of this department as it is now 40 years since the Ayurveda Department was first established and public examinations instituted. But for some time more the claims of hereditary and expert Vaidyans of proved abilities and reputation who are not in a position to pass examinations, on account of their advanced age should not be totally ignored, and I propose that 20 percent of the sanctioned number of grants may be awarded to such Vaidyans when they are found competent to conduct recognized Vaidyasalas in accordance with the department rules laid down for the purpose'. Budget for the Ayurveda Department for the year 1106 M.E, Bundle. No. 156, File No. 7/31,LGB, Ayurveda Department, Part II, Kerala State Archives, Thiruvananthapuram.
cures in rheumatism and snake poison for which the people do not generally approach practitioners in English medicine. Each village however unimportant whether in the interior or in the towns, has its own physicians with whose service the villagers are ordinarily content driving people to the necessity of going to a diploma holder for treatment in petty cases such as cold or indigestion is putting them to unnecessary trouble expense against them with especially when the strength of medical men in the state possessing recognized qualifications is quite inadequate to the demand for medical aid. The restriction that is imposed on private Ayurvedic medical practice cannot but work hardship on the public especially the poor and the inhabitants of the country parts, not to speak of the disappointment and humiliation that will be caused to many able and deserving native physicians, who now carry on their worthy profession without holding any certificate or diplomas.366

The indigenous physician in the new situation was to be both well versed in the Sanskrit literature as well as to be familiar with the use of modern methods of cure and practice.367 He was to have a large stock medicine at hand for the ready use of the patients. He has to experiment with the production of new medicines and bring those into practice. Thus the western concept of research and its application so as to produce new medicines had to be brought to practice.368 Government recognition and grant-in-aid for the indigenous vaidyans underlined that they had to be well versed in Sanskrit medical literatures of the past. In a request for the award of the grant, Subrahmonium Moothathu, claimed his competence in Sanskrit as well as his knowledge of the medicines. It reads that,

As a Sanskrit Pandit and an Ayurvedic Bhikshak G. V. Subrahmonium Moothathu attracts many to his Vaidyasala, where besides attending to the treatment of ailment he teaches his science as well as Sanskrit literature to young men. As a teacher and as Practitioner Moothatu is courteous to all and kind to the poor. This has ensured his success in both the

366 Regarding the Imposition on Certain Restriction on Private Medical Practice. Budget for the Ayurveda Department for the year 1106 M.E. Bundle. No. 156, File No. 7/31, LGB, Ayurveda Department, Kerala State Archives, Thiruvananthapuram.
367 The same file states that “He has always large stock of medicines in his Vaidyasala which he freely dispenses to his patients, both rich and poor alike...He has a good stock of medicines and is even preparing new ones to meet the demands of the public.” Budget for the Ayurveda Department for the year 1106 M.E Bundle No. 156, File No. 7/31LGB, Ayurveda Department, Part II, Kerala State Archives, Thiruvananthapuram.
368 In recommendation for the allotment of grant in aid to Subrahmonium Moothathu, K. V. Narayanan of Kottayam writes that “the doctor Subrahmonium Moos of the Changanasseri Perumanai vaidyasala seems to be properly educated in medical service and Sanskrit literatures. He is consequently always in touch with the ancient treatise of medicine and its practice. He is getting a Sanskrit journal and consequently up to date in the knowledge of the current event. He is being consulted freely at all hours and is always ready to advice and treat.” Budget for the Ayurveda Department for the year 1106 M.E, Bundle. No. 156, File No. 7/31LGB, Ayurveda Department, Part II, Kerala State Archives, Thiruvananthapuram.
walks of life. I could examine his books and his stocks of Ayurvedic medicines only today. My examination discloses treatment, his well-stocked medicines best supplies the want of over 200 patients every month-not a low figure-in a healthy locality where a multiplicity of systems of treatment are striving for recognition. I am glad that the physician uses Western scientific instruments for diagnosis. The Vaidyasala and the Vaidyan deserves recognition.

The Vaidyans who were practicing Unani medicine also applied for the award of grant. In an application submitted by Syed Kannu for appointment as a member of the Ayurveda board, he claimed that the Unani-Ayurveda-Siddha combinations in the indigenous medicine came to be recognized as part of the larger body of knowledge as Ayurveda. As a representative of the South India Ayurveda Conference, he claims that he was very much part of the process of research, progress and development of Ayurveda. He places his claim before the government on 14th July 1930 and argued that,

i) I am the only fully equipped and recognized Ayurveda Physician who has any standing in the Mohammedan community.
ii) That I am the only prominent member of a family of hereditary Ayurveda Vaidyans known as Soorankudi Vaidyans.
iii) That I was practicing as a physician in Ayurveda, Siddha and Unani systems of treatment long before the Ayurveda Department came into existence in the state so much so I was invited as the sole Mohammedan Ayurveda physician of South India by the organizers of the all India Ayurveda Conference held at Madras in 1915 to take part in

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370 In an application for the allotment for a grant by Sheikh Moideen the Inspector of Ayurveda writes that the Unani system of treatment forms part of the indigenous systems of medicine and this system is more widely practiced by physicians who belong chiefly to the Mohammedan community, the literature on the subject being mostly written in Urdu and Arabic. I understand that in other Indian states and in British provinces this system of indigenous medicine is equally encouraged as the other systems generally classified as Ayurveda and Siddha systems of treatment. Strictly speaking the Siddha and Unani systems are the offshoots of the ancient Hindu medicine-Ayurveda. There is no doubt that in any scheme for the encouragement of the indigenous systems of medicine in Travancore the Siddha and Unani systems are also to be included. Recently several Siddha Vaidyans in south Travancore were given encouragement either by grant-in-aid or state recognition. But in the case of the Unani Vaidyans, it is to be admitted, that they have had no adequate encouragement, in spite of the fact that representations were made in the previous session of the SMP assembly urging for the award of grant-in-aid to Unani Vaidyans as well. ...Mr. Shaikh Moideen is not only an experienced and expert Unani physician but I came to understand from several sources, that he is as well-versed in the science of the Unani treatment as he is in the practice of its art. Further he has stocked a large variety of Unani drugs which are at the same time efficacious and genuine, as on testing some of these I found them producing the desired effect on some of my patients as well. Award of Grant to Sheikh Moideen Unani Vaidyan till the end of 1106. M E, Bundle. No. 153, File No. 149 of 31/LGB, Ayurveda Department, p.18-19. Kerala State Archives, Thiruvananthapuram.
its deliberations and also by the organizers of the All Travancore Ayurvedic conference held in Trivandrum, and as such I am ever interested in the research, progress and development of the science of Ayurveda.

iv) That I am uniformly qualified and experienced in the systems of treatment above referred to and I have also successfully undergone a course in Ayurvedic dissection, Physiology, Anatomy and Hygiene.

v) That I am also specially trained in Marmani and Massage treatment.

vi) That I was specially deputed for Cholera duty during the last epidemic at Pooyapura.371

Different regions were placed under the charge of inspectors who visited the vaidyasalas at least twice a year and forwarded their inspection notes to the government of Travancore.372 The importance given by the government to Allopathic medicine over indigenous medicine can be incurred from the large amount of discrepancies in the salary given to the practitioners of the two streams of medicine. While a surgeon in western medicine was given a pay of 400 rupees per mensem, the Director of Ayurveda, the highest-ranking official in the department, was given only 300 rupees per month.373

The biannual inspection conducted by the inspector of Ayurveda on the Vaidyasalas receiving grant-i-aid, was to ensure that the grant-i-aid institutions functioned as the arm of the government and carried forward the same set of policies. The inspection notes shed praises for the Vaidyans trained in the organized system of Ayurvedic curricula, with regard to their ‘in depth knowledge of the science and art’ of Ayurveda, in the maintenance of the Vaidyasala records, the preparation of medicines,
etc., while those Vaidyans, who had no formal training in Ayurveda, were often discarded as lacking in any scientific knowledge of Ayurveda.\textsuperscript{374}

A report on the Parur Vaidyasala, where Ananthanarayana Iyer who was not trained in the institutionalized Ayurvedic discipline, the inspector notes that, 'The store practically contains no Medicines worth the name. There are some very old and useless pills and powders. Not a single medicine was seen in store.'\textsuperscript{375} While the same report speaks of the Vaidyasala of G. Madhavan Pillai as 'the best grant-in-aid Vaidyasala in the state. It describes, a very neat and commodious building has been constructed for the purpose of holding a Vaidyasala in the centre of a spacious compound where all kinds of medicinal herbs have been carefully cultivated. It is kept neat and the arrangements made for the accommodation of patients are highly satisfactory. The registers are all maintained very carefully. The nominal register contains the names of 328 patients. The attendance and certificate registers have been kept with great care. The store contains all useful medicines. The medicines are prepared with great care. They have been kept in bottles or jars with neat labels and arranged in shelves. Oils, \textit{Asavams, Arishtams}, Pills, powders, etc. are in store and they are sold to rich patients for reasonable prices. Patients go to consult the Vaidyan from far and near. The report concludes that he is a very popular amongst the patients who greatly appreciate his work.'\textsuperscript{376}

Thus grant in aid accelerated the process towards government control and the reorganization of the indigenous medical tradition using the parameters of western medical episteme.

The marginalization of the \textit{Marmavaidyam, Kannuvaidyam} and the \textit{Vishavaidyam}

\textsuperscript{375} Ibid, p.1-15
\textsuperscript{376} Notes of Inspection and Traveling Bills of the Director, Ayiroor Vaidyasala, G. Madhavan Pillai, Qualifications: Passed the Higher Medical Examination Bundle No. 181, File No. II-4 of 1919, Kerala State Archives, Thiruvananthapuram.
The policy of awarding grants the government further overlooked the concerns of the physicians who had been engaged in specialized practices like, *Marma Chikilsa* (treatment through massage), *Vishachikilsa* (treatment of poison), *Netrachikilsa* (treatment of eye diseases), etc. This is attested by the Annual Report of the Ayurveda Department of 1930, which states that, in awarding grants to Ayurveda Vaidyans, sufficient attention has not hitherto been paid to the encouragement of experts such as the treatment of eye-diseases, treatment by Massage, etc. Rejecting the application for the award of grant from Kesavan Nadar, a Marma vaidyan, the inspector in charge of Ayurveda Department points out to the Chief Secretary that the Vaidyan concerned should be competent in the;

Scientific study of *Marma chikilsa* according to *Ayurveda*, which includes at least;

i) a knowledge of physiology with special reference to the circulation of blood, the nervous system, the various functions of the several organs of the body etc.

ii) a Knowledge of the Properties of various medicines applied individually and in combination with one another their potency, dosage, their actions on the system, the resultant symptoms etc. and

iii) a knowledge about the special methods of treatment by massage etc.

My impression is that the success of Ayurvedic doctors is not much due to the efficacy of drugs but to their clear grasp of the dosic derangement and the methodic treatment of the derangement according to well-defined principles of therapeutics. Hundreds of drugs and recipes are described for the use under each method of treatment.

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377 In the representation given by the people for the award of a grant-in-aid for a Visha Vaidyasala, for Padmanabhan Vaidyar, they stated that; Traditionally, the treatment of, Snake poisoning, and rabies, are not treated for profit and for this reason, not many in these days tend to practice this form of medicine. Even the efficient Government aided indigenous practitioners are lethargic towards this. And hence an important branch of treatment, like this in the *Ayurveda* College does not find any progress. The general public is worried at this state of affairs. Puthupalli, Prayar Mallisseril Sri Padmanabhan Vaidyan after having acquired proficiency in medicine and particularly in poison treatment from the late Ananthapurathu Mootha Koil Thampuran has started a hospital for poison treatment at his native place at Prayar. And this has brought a lot of benefit for the people. For the last two decades the Vaidyan has not demanded any single penny for his treatment. It is a truth that there is neither *Vishavaidyasala* nor a Vaidyan who possesses *Kaipunyam* in this Taluk. *Award of Recognition to Padmanabhan Vaidyan at Prayar, Karunagapally. Representation given by the people to the Government of Travancore, Bundle. No. 151, File No. 555/30/LGB, Ayurveda Department, p. 10. Kerala State Archives, Thiruvananthapuram.*


379 *Grant-in-Aid of Rs. 15 to Kesavan Nadar, State recognized Vaidyan, Edagramam, Neyyatinkara, File No. 56/30, LGB, p. 24, Kerala State Archives, Thiruvananthapuram.*
When Ayurveda College was reorganized with all the eight branches of Ayurveda in 1920, Marma vaidyans applied for the post of tutors in the Marma ward attached to the College. The government rejected their applications on the ground that, their method of treatment cannot stand the test of modern rational science and at the most they could be ‘accommodated as helpers in the Ayurveda College, after having undergone training and knowledge in the ‘circulation of the blood’.  

In the new situation, an indigenous Vaidyan who cured the patients based on the knowledge of the nodal points of his body or the Marmams, were to be aided by the knowledge on ‘the circulation of the blood’. This demanded that vaidyans were to have a compulsory knowledge of physiology with special reference to the circulation of blood, the nervous system, the various functions of the organs of the body etc. In its medicinal aspect, they were to have a thorough knowledge of the properties of the ‘various medicines applied individually and in combination with one another, their potency, dosage, their actions on the system, the resultant symptoms etc. Similarly the vaidyan was to have a thorough knowledge of the chemical properties of the medicines that were used in the treatment of Marma Chikilsa.

380 K. Sankaramenon, the inspector of Ayurveda stated in a report for the allotment of grant for P. Daniel, Marma Vaidyan, Perurkada stated that ‘he is known to me as a clever physician in treating fractures, dislocation of bones etc. He has studied the art of treatment. Tamil works of Ayurveda and is reported to be a popular Vaidyan enjoying the confidence of a large number of patients”. He further stated that, “I beg to submit that Mr. P. Daniel is not well versed in the art of treatment by massage, known as Marma Chikilsa. He possesses only some practical experience in the above treatment. Even as a recognized Marma Vaidyan he is not capable of preparing the usual monthly returns correctly. I am however, of opinion that he is not at all competent to be a Grant-in-Aid Vaidyan, and that he will do well for a warder in the Marma Chikilsa ward, attached to the Ayurveda Hospital and dispensary. Application for the Grant-i-aid from P. David, recognized Marma Vaidyan, Perurkada, Bundle No. 150, File. 317/30, Ayurveda Department, p. 2. Kerala State Archives, Thiruvananthapuram.

381 The Inspector-in-Charge of Ayurveda writes to the Chief Secretary regarding the allotment of Grant-in-Aid to Kesavan Nadar as follows; The Ayurvedic Materia Medica is replete with the descriptions of the actions of drugs expressed in terms of the tridosha theory as well as in clear statements about their effects on certain organs of the body and their use on particular diseases. Even without a correct knowledge of the essential principles some practitioners resort to treatment, their proficiency in this respect being based on their experience and knowledge of particular drugs alone. My point is therefore that Kesavan Nadar may come under the category of Marma Vaidyans of the above type, and generally such Vaidyans are not encouraged. Of course I do not deny that there are a few such Vaidyans among the existing grant-in aid as well as recognized Vaidyans. But I may submit that such individual cases of preference might have been sanctioned by the government on exceptional grounds, viz; popularity as a practical vaidyan, communal representation etc. In this particular instance of Vaidyan Kesavan Nadar, if any such consideration should be taken into account, I submit that his application may be favourably considered and the minimum grant-in-aid awarded to him for the conduct of his Marma Vaidyasala at
The knowledge of the circulation of the blood became the basic criteria for reference, even when the government explicitly stated that the success of Ayurvedic doctors is not much due to the efficacy of drugs but to their clear grasp of the doshic derangement and its methodic treatment according to well defined principles of therapeutics.\(^{382}\)

The inspector of grants who allotted the aid sought to find out whether the medicines in the grant vaidyasalas were preserved in bottles with labels for the use of patients. Also the main purpose of enquiry was to find out whether a botanical garden for the upkeep of medicinal plants was maintained alongside of the Vaidyasalas. Another important criterion for the allotment of the grant was the ability of the ‘Vaidyan concerned to have necessary literary pursuit so as to facilitate communication with the government’.\(^{383}\) In its hybridization with the theory and practice of western medicine, Marma Chikilsa existed as a traditional therapy, which was guided by the scientific principles of the west. Thus there was a fundamental difference in the manner in which tradition was presented and the way in which it was actually pursued.

Conclusion

Indigenous medical tradition thus becomes the point of confluence for tradition, science and modernity. This was because medicine as a rational truth, put forward by the proponents of colonialism and internalized by the state was the visual gaze of the material object, as understood through the principles of science. The basic concern of the political authorities therefore was to create a structure for the indigenous medical tradition, accepting in a large measure from the principles of western science.

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\(^{382}\) Ibid, p. 4.

\(^{383}\) Inspection notes of the Director of Ayurveda for the month of Chingam 1096 (August-September, 1921) government files, Ayurveda Department, Government of Travancore, File no. II-4 of 1919, Kerala State Archives, Thiruvananthapuram.
Chapter IV

Christianity, Missionaries and the Modernization of Indigenous Traditions

The re-formulation of institutions of healthcare both by the state as well as by individuals was possible only due to the high level of response shown by the people of the state towards western science and its epistemic paradigms. The probable reasons that led Travancore state and society to be highly responsive to the principles of western science and its cultural practices in comparison to other parts of India, opens up the need to understand society in terms of its philosophical concerns.

The most important institution, which spread the epistemic premises of western science, in Travancore, was the protestant missionaries. The arrival of the missionaries under colonial dominance altered the norms and practices of the socio-cultural life of Travancore. This underlines the fact that discourses on scientific rationality and medicine became mass-based and was acceptable not only to Christians but also to the society at large, irrespective of their religious and caste denominations. Studies on institutionalization have to be therefore located on the extensive historical background of the engagement of the state, society and religion of Travancore with western science.

Under colonial dominance, the protestant missionaries seized the opportunity to pursue their agenda of proselytization. Their primary objective was the conversion of the indigenous people to their specific Christian denominations to which they owed their allegiance. The most vibrant of such efforts found its manifestation in Travancore. Aware of the possible generation of conflict, inherent in the project of religious

384 The Christian missionaries were active in Travancore from at least the 14th century. Their basic attempt of the missionaries were to bring the people belonging to the indigenous Christians of St. Thomas, whom they accused of following the Chaldean faith within the ambit of the Catholic faith.
385 Travancore and Cochin Diocesan Record, Vol. XV, No. 2, March 1905, p. 55, CMS College Library and Archives, Kottayam; Aftab-I-Dhakkam, Selections from the Native Press, January, 1901, National Archives of India, New Delhi.
conversion, the missionaries tried to negotiate with the indigenous society through the mediation of science, to which they claimed umbilical relationship.

The missionary claim to the prevalence of an alternative logic based on science and the accompanied Christian morality ignited one of the most vibrant debates on the rationality of the norms and practices of social and cultural truths in Travancore. The human body as depicted by them—as an object of visual gaze—seen through its anatomical structure as a superior notion of the body, was minced with the promise of an infinite hope of redeeming the individual and the society of its bodily ailments and social vices. For the missionaries, science was not a secular enterprise; rather the human body remained the most important of the handwork of the supreme creator. The medical mission thus constituted their fundamental claim to a superior science and truth.

Here the theological principles were akin to those of the colonial discourse on science versus tradition. In both the cases the fundamental aim was to redeem the individual and society from a past, rooted in tradition and divorced from the fundamentals of science. This ideological coherence ensured that the logic of western medicine and science became popularized and the indigenous population became receptive to new ideas. Any analysis of the society, culture and the epistemic basis of the indigenous society under colonialism have to be thus negotiated through the extensive activities of the Christian missionaries.

The situation in Travancore was conducive for the pursuance of their agenda as the socio-religious composition of the state was different from other parts of the sub-continent. There was a sizeable Christian population in the state, constituting its social elites and enjoying considerable amount of influence.386 The missionaries were able to ensure their presence felt through engaging in a series of debates with the indigenous Christians who were believers of the Syrian orthodox faith on the tenacity of Christian

386 Census of Travancore, 1901, Part II; Census of Cochin, 1901, part II.
faith, truth and morality. They presented themselves as proponents of an ideal form of Christianity and henceforth engaged in serious debates with the indigenous Christian population on the basic question of Christian faith and morality. The idea of the ‘true Christian’ emerging from the clutches of a ‘remote’ and ‘retrograded’ cultural past was the central element of the missionary discourse. This was because, operating under the broad framework of the culture of western science and the notion of a singular truth associated with the movement of western positivism, they had to prove and place before the indigenous society the conviction that their interpretations of Christianity confirmed to the principles of western scientific truth. As missionaries were also part of western science and its epistemic paradigms, they also claimed to be part of a superior ideology and hence raised a series of issues that had a symbiotic relationship with western science, medicine and Christianity.

Missionary intervention was seen as an intrusion of western philosophy in the religious life of the indigenous society, as religious conversion and cultural transformations entails changes in the belief systems thus generating conflicts and strifes. The new religious ideas as a new philosophy of life, enunciated with the intention of altering the existing social order and the creation of new ones was closely contested. However, notions of a superior Christian form of the human body negotiated through the paradigms of western science did not facilitate conversion; rather communities and social groups who engaged with the missionaries over questions of scientific rationality, completely rejected the idea of conversion and sought to prove an alternative version of indigenous science, grounded in western epistemic paradigms. They argued that Ayurveda, as a medical practice, was endowed with rationality, as demanded by western science.

This forced the missionaries to concentrate their activities among the lowest sections of the indigenous society who were, by and large, alien to the discourse on the tenacity of science. Their conversion was largely guided by a promise and hope offered by the missionaries for a better social and economic condition. Though the missionaries were instrumental in the popularization of science and the generation of a
social consciousness in Travancore, their agenda of conversion through the medium of science failed to gain ground.

**Historiography**

The intervention of western protestant missionaries aimed at mass conversion had been variously highlighted. For the missionaries, education and medicine formed the two most important areas of activity. While educational activities was their primary aim—limiting the indigenous population to read the Bible and understand the basic tenets of Christianity—medicine became the site for the demonstration of retrieving the human bodies from its various ailments. Fitzgerald argues that ‘Missionary medicine was not a simple humanitarian gesture promising to relieve sickness, suffering and disease. In missionary hands, medical interventions were designed not only to care and cure but also to Christianize’. He further argues that by the beginning of the twentieth century, ‘many mission-minded Christians were convinced that “clinical Christianity”, as missionary medicine as sometimes known, provided the most impressive and persuasive means of presenting the gospel message to the people of other cultures and faiths’. Oddie argues on similar lines and states that, the idea of establishing and developing medical missions was to facilitate the eventual spread of the gospel. According to him, ‘[m]edical missions were hailed increasingly by the missionaries as one of the best methods of disarming opposition and prejudice, and attracting the people and of disposing them in favour of accepting Christian teaching.’ Philip points out that the nuances of Christian narrative on their close relationship with science as an object of instrumental rationality was justified by a divine sanction in

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387 When Messrs Mead and Knill were thus actively engaged, their important labours were thus obstructed by a fearful visitation of Cholera which desolated the southern parts of Travancore at this time. The affrighted population fled to these benevolent missionaries for relief and comfort, and gave them little rest night or day. The missionaries also supplied themselves with a sufficient quantity of medicines and freely distributed to the people, and were the means of rescuing many from the hands of death. C. A. Agur, *Church History of Travancore*, New Delhi: Asian Educational Services, 1903, Reprint 1990, p. 428.


389 Ibid, p. 89.

their primary objective of the worldly appropriation of power. It is through this two conflicting yet interconnected strategies that missionaries set forth to realize their objective of religious conversion.

Archival documents point out that the fundamental objective of the missionaries was to demonstrate to the indigenous society that they were part of a superior epistemic premise, fundamentally guided by the instrumentalist logic of rationality. As the society was functioning in a different ontology, it became difficult to exhibit their superiority in terms of science. Hence it was to the political authority of the state that missionaries turned for support and patronage.

Science as Mystery, Body as Marvel: 1800–1850

The initial attempts of the Christian missionaries were aimed at garnering state support and patronage for the pursuance of their agenda. They sought to prove to the political authorities of their invincibility in the modern process of governance. Through the exposition of the anatomical body as an object of visual gaze, they were able to demonstrate to the political dispensation that they possessed the most intimate knowledge of the human physical self. They were also successful in convincing that the control of the physical bodies formed one of the most important aspects of the modes of governance under modernity. Under the new discourse, Travancore state was therefore not in a position to discard the intervention of the western missionaries.

A new metaphor of governance based on the categories of human body also emerged during the period. The human body as a functional category signified multiple meanings. The concept of 'the body politic' signified the notion of the state under modernity. The king signified the head, the bureaucracy the arm and the various state systems as organs of the body. As the knowledge of the physical body was needed by

the state for executing the project of control, management and governance, it was
deemed that missionary help was vital and necessary. The close relationship between
missionaries and the state also helped the latter in the formulation of a modern
bureaucracy, creation of educational and health care sectors, and all basic structures
necessitated for governance. Similarly, many missionaries were employed by the state
to organize and manage bureaucratic institutions particularly those of education,
medicine, sanitation, etc.393

The relationship between the missionaries and the state was by and large
cordial even when missionary intervention occasionally generated crisis in the social
and cultural life of the state.394 The state of Travancore was convinced that missionary
intervention in the sectors of health, education, etc. was guided by philanthropy and
was a visual manifestation of their social concern.395 Thus, the state was forced to
recognize them as important allies in the larger project of governmentality. The state in
return, patronized their activities and provided them with generous grant. An aid of
rupees 200 was made for the construction of the missionary hospital at Neyyoor in
1863.396

Missionaries demonstrated their superiority by imparting western forms of
education to the members of the royal palace of Travancore. The first school as well as

393 The first medical missionary in south Travancore, Dr. Ramsay became the personal physician to the
Raja of Travancore in 1842. Charles Mead was appointed by the Travancore state as the superintendent
of the government printing office and later as inspector of Government schools. Dick Kooiman,
Conversion and Social Equality in India, The London Missionary Society in South India in the 19th
394 The breast cloth controversy occurred in 1854 when women of the castes belonging to the Shanars,
under missionary influence decided to cover their breasts alike the higher caste Hindu women. This
raised an uproar from the caste Hindus, which led the government to intervene and declare that the
Shanar women can cover their breasts by not like the upper castes. Udaya Kumar, “Self, Body and Inner
395 In the course of 1818 H.H Lakshme Bhai Ranee presented the Kottayam College with 20,000 rupees.
Which were laid out in lands, besides a previous gift of 1000 rupees for erecting a chapel and furnishing
the buildings of the college. She also annexed to it a tract of land in the neighbourhood of Quilon at least
seven miles in circumference with several subsidiary grants in order to render it productive, and lastly
appointed a monthly allowance of seventy rupees from the state funds for the support of a hospital
attached to the college. C. M. Agur, Church History of Travancore, New Delhi: Asian Educational
Services, 1903, Reprint 1990, p. 694.
the hospital was established for training the members of the Travancore palace. The human anatomy was demonstrated to the members of the ruling palace, which enabled Balarama, the then Raja of Travancore, to provide a human skeleton made of ivory for instructing the members of the royal palace on the notions and objects of scientific truths.397

Travancore state’s association with Christianity has a long history. This is attested by the famous Kottayam plates of Sthanu Ravi (9th century) and the Cochin plates of Vijayaragadeva (14th century). This bears eloquent testimony to the fact that ‘the Hindu kings not only tolerated the alien religion, but went so far as to grant special concessions to the professors of that faith, and a status and respectability.’398 This can be gauged by the fact that most missionaries in the early centuries received state support and protection from various rulers.399 Francis Xavier, the Portuguese missionary who was instrumental in the conversion of the fishermen of the coastal regions points to the tolerant attitude of the State.400 This is also attested by the records of the Anglican missionaries in the nineteenth century.401 The first missionary in Travancore Ringeltaube received a land grant from the Queen upon the recommendations of the Resident-colonel Macaulay, and claimed that ‘the Protestant flag will continue to fly in Travancore as long as British flag shall continue to fly’.402

This was because the missionaries were able to find a place within the social life of Travancore. As the state needed a ‘secular ideology’ in order to integrate the

398 *A few pre-Portuguese Christian Inscriptions from Travancore* ‘the young India, July 1925, p. 1.
399 Father Francis went to Trivandrum by land. There he had an audience with the Maharajah, who received him with honours, treated him with the greatest kindness and gave him the permission to preach the gospel in the whole kingdom, and to baptize those of his subjects who would desire to become kingdom. Ibid. p. 102.
401 Charles mead writes that the mission activities were possible due to the tolerant attitude of the Travancore palace and also to the British government’s protective shield and that the state had been cooperative to mission work form the arrival of Ringletube from 1806 onwards. C.M Agur, *Church History of Travancore*, p. 761.
large Christian population within the ambit of governance and administration, they realized that with the growth of religious identities it became increasingly difficult to integrate non-Hindus in the Hindu state by using Hindu religious ideology alone.\textsuperscript{403}

Having been successful in convincing the state on the superiority of western scientific enterprise, the missionaries constantly threatened the state government over reform of the administrative bureaucracy and development of infrastructure facilities for reducing corruption.\textsuperscript{404} Under colonial hegemony there was also a compelling demand on the part of the state to prove itself to be progressive. Thus, the missionaries were able to generate an ideology that was congruent with the idea of colonial modernity.

Missionary Interests and Colonial Agenda

Cultural revivalism and modernization of tradition was formulated and accelerated by the complex relationship between the ideology of Christianity and colonial political concerns. Emerging from the same socio-cultural background there was also a certain amount of relationship between the two, though both these institutions were contesting within themselves over the same space for hegemony. However, missionary intervention in the social and cultural life of the indigenous society was also considered a threat to the functioning of the colonial state.

The fact that both these institutions emerged from Europe under the same socio-cultural and economic environments underlined that their philosophical bases were similar, though there were differences in their objectives. However, differences of objectives and similarities in interests were made to co-exist under colonialism as the ideological ground for the spread of western capitalism among the indigenous societies was popularized by the missionaries. Christian missionaries functioned as the arm of the colonial authorities in bringing the newly conquered land into subjugation, as the

\textsuperscript{403} Ibid. p. 28.
search for new lands was guided by the search for wealth and the desire to convert the indigenous population. Missionaries were therefore an important part of the agenda of colonialism and its expansion.\textsuperscript{405}

The post-enlightenment Europe witnessed a coalition between the state and the church. Nevertheless, Europe in course of time became highly critical of many of the basic tenets of European Christianity, as being anti-thesis to science. Kooiman argues that in the social hierarchy of the Raj, religious specialists, such as missionaries occupied a rather humble position on the periphery of the fashionable European society.\textsuperscript{406} While proponents of western science declared that it is the feeble mind of the eastern society which fails to conceptualize the principles of western science, missionaries in a similar vein argued that the specialties of the Indian mind intermingled with superstition that is the major bottleneck for the spread of Christianity, Charles mead one of the earliest missionaries writes,

The sublimity and purity of the Christian religion are the great stumbling blocks in the way of the enervated, impure, and imbecile mind of an Asiatic. The heathens are divided among themselves to the proper mode of worshiping the deity, and they eagerly listen to 'a new way'; but they are confounded when they find ours to be so 'straight and narrow' as not to allow even a corrupt thought to be entertained with pleasure.\textsuperscript{407}

In colonial societies missionaries therefore found an opportunity to demonstrate to the eastern world the rationality of Christian faith and the superiority of their religion.

As the missionaries tried to maintain its hegemony over the people it encountered, they used the language of science to demonstrate their religious hegemony. In tune with their ideological needs, they drafted 'a social history of


science' whereby, the languages, culture and the flora and fauna were natural extension of what is mentioned in the Bible. Thus even when they lost the ideological battle in Europe over questions of scientific rationality, they raised the same set of questions to the societies, which they had encountered and sought to convert.

The colonial state considered the missionaries to be an important ally in the ideological struggle for hegemony, in their process of garnering political sovereignty. Missionary presence also aided colonial government in ensuring that the subjects under their control were made to ideologically accept the hegemony of the west and thereby generate sovereignty for the government. The charter of 1833 underlined that missionaries no longer needed any license to enter the country. Missionary activity would not have been possible without active political patronage. British residents of Travancore like Macaulay and Munro were great patrons of the London Mission Society (LMS) and the Church Mission Society (CMS) during the early decades of the nineteenth century. The British was also of the realization that opposition to Christianity also manifested as an opposition to the government itself, a conclusion that the government arrived at after the Vellore mutiny of 1807.

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409 Examining the missionary archives, Kooiman points out that much of the correspondence (of the missionaries) is heavily biased by open aversion to "dark heathenism" with its "evil habits and barbarous customs", and clearly reflects the feeling of western superiority inherent in the imperial situation. Ibid. p. 5.
410 Lionel Chaplain, 'Class and Christianity in South India', *Vo1.14, no. 4, Modern Asian Studies*, p. 647.
411 Colonel Munro, the resident at Travancore, applied to certain members of the English church for clergy men to be sent out to India, with the object of imparting instruction to the Christians of the Syrian faith. The application being forwarded to the Church missionary society was received with the greatest cordiality. The society selected three clergymen for the purpose, the rev. Messrs. Bailey, Baker, and Fenn, who started on their interesting errant in 1816. The intention of the society was, if possible, not to amalgamate the Syrian church with the Church of England, but while fully acknowledging its independence, to induce it to reform itself from the superstitions and corruptions, which had grown up in the past ages. M. A. Sherring, *History of Protestant Missions in India, from their commencement in 1706 to 1881*, London: The Religious Tract Society, 1884. p. 289.
412 On the arrival of two missionaries from England in August 1806, they were peremptorily ordered to quit the country immediately. The Vellore mutiny, which happened at this time, greatly excited government officials, and in looking about for a scapegoat, instead of finding it in their own neighbourhood, they discovered it in the missionaries. M. A. Sherring, *History of Protestant Missions in India*, p. 69.
Indigenous Christianity

What makes the history of Travancore different in comparison to other princely states was the prevalence of a large number of religions co-existing in the state, particularly the existence of the indigenous Christian population, who were also the social elites of Travancore. Christianity in Travancore seems to have existed for about a period of two thousand years. Though it is difficult to locate the exact dates in which Christian faith reached this south-west coast of the subcontinent, various denominations of the indigenous churches vied amongst themselves to prove that they were descendents of the church established by St Thomas, one of the disciple of Jesus as early as the first century AD.\textsuperscript{413}

The earliest record of missionary activity in Travancore dates back to 1324, when Frair Jordanus a Dominican connected with a Persian Mission, on his way to China visited Quilon or Coloumbum.\textsuperscript{414} His writings testify that there was a community of Christians in Kollam, following the Latin rite. The Bull of Pope John XXII, of 1330 notes a fervent appeal to the Christians of this part of the world to return to the Catholic faith.\textsuperscript{415} These documents notes that the primary motive of the western missions, at least for a considerable period of time, was not to convert people from the various non-Christian religions to Christianity, rather the attempt was to force indigenous Christians to accept the authority of the Pope and to follow the Catholic rite.

\textsuperscript{413} The time honoured tradition so dearly cherished by the Christians of Kerala, is that St. Thomas landed at Malankara near Cranganore in AD 52, founded seven churches and established Christian communities in Kerala and converted among others, several Namboodiri Brahmin families. The first Syrian immigration occurred I AD 345 consisting of 400 Christians from seventy-two families, belonging to seven tribes from Bagdad, Nineveh and Jerusalem under the merchant, Knayi-Thomas (Thomas Cana) of Baghdad. S.G Pothan, The Syrian Christians of Kerala, Bombay: Asia Publishing House, 1963. p.5, For a detailed history of the early Christianity in Travancore see C. M. Agur, Church History of Travancore, Asian Educational Services, New Delhi, 1903, 1990.

\textsuperscript{414} This led the Pope to appoint Jordanus as the Bishop of Quilon. The Pope appealed to the Quilon Christians to return to the Catholic Church. In the Bull of Pope John XXII dated 1330 the Malabar Christians at Quilon are described as Naceranti, the visit of Rome’s first missionary in India is described in his “Mirabilia”. Later John de Marignolli or John of Florence a Minorite who was sent by the pope on an embassy to China, on his return voyage in 1347 visited Quilon and remained there over a year. Ibid, p. 286.

\textsuperscript{415} Ibid, p. 329.
The manner in which conversion has to be carried forward remained a matter of debate among the missionaries for a considerable point of time.\textsuperscript{416} In Travancore, the major target of missionary criticism was the Syrian Christians.\textsuperscript{417} The western missions had throughout its long history of intervention in India tried to bring the indigenous 'Christians of St. Thomas' or the Syrian Christians under the control of western papal authority.\textsuperscript{418} At the time of their first contacts with the Portuguese, the indigenous Christian community, which numbered 100,000, had been so long established in the country as to be regarded as in any way foreign. In many ways it has assimilated the manners and customs of the surrounding peoples.\textsuperscript{419}

Most travellers of the period attest that the Christians of St. Thomas was followers of the Chaldeac faith.\textsuperscript{420} The conflict between western Christianity and Chaldeanism was carried forward in the west. Thus, when western missionaries encountered the Christians of St. Thomas their primary objective was to 'revert' them to Protestant or Catholic faith. When Alexis de Menezes, the Portuguese Arch Bishop, arrived in India his main mission was to bring all Christians under his jurisdiction, and 'all must adopt the Roman orthodoxy of the sixteenth century as defined by the council of tent'.\textsuperscript{421} Rev. A Parker, of the CMS mission, exuded the hope and asked, 'shall we

\textsuperscript{416} The extensive debate which occurred between Jesuit Robert de Nobili (1577-1656) who started the Madurai mission with Fernandez who was heading a mission at Madurai is a reflection in this regard. Stephen Neill, Owen Chadwick (ed.), \textit{The Christian Missions, the Pelican History of the Church in Six volumes}, Penguin, 1966. p. 183.

\textsuperscript{417} In December 1840 Rev. George Trevor Spencer, Bishop of Madras, came on a tour of visitation to Travancore. He referred to the Syrian Church as 'a body without a soul and therefore hastening rapidly to corruption.....I have come mostly to the persuasion that the cause of Christianity will never be promoted in India by the Syrian Church', ibid, p. 880-881. Also see, Fuller, C. J. "Kerala Christians and the Caste System", Man New Series, vol. 11, No. 1, 1976. p. 58.

\textsuperscript{418} At Cochin father Francis met the Bishop of Goa, Dom John d' Albuquerque who was on a pastoral tour. The main object of the visit of the old Bishop was to provide for the return of the Christians of St. Thomas to the Catholic faith. L.M. Zaleski, \textit{St. Francis Xavier Missionary, His Apostolate in India}.


\textsuperscript{420} The Syrian Christians who inhabited the kingdom of Cochin and the northern parts of Travancore called themselves Nestorians, but living in the midst of Pagans, they differed but little from them, they differed but little from them thy were Christians only in name. Zaleski, \textit{St. Francis Xavier Missionary}, p. 87.

not rise to the fact that, uniting our forces, God's work can be done more speedily in Travancore than in other parts of India?\(^{422}\) Resenting missionary intervention in their belief systems, the indigenous Christian population argued that,

We are called Jacobite Syrians, and we have lived in the country of Malabar from the time of Mar Thomas the Holy Apostle, until the day when the wall of Cochin' were conquered by the Portuguese king. We have kept the faith according to the manner of the Jacobite Syrians, of glorious renown without division or confusion. However the power of the franks, (Portuguese) prevented our Jacobite Syrian fathers from coming to us from Antioch: this is why we no longer have a leader, and why we have been like sheep without support or succour. Because the power and domination of the franks, the abundance of their riches and the threats of their leaders, all the Syrians of Malabar were dominated and forced to adopt the faith of the pope of Rome.\(^{423}\)

Missionary intervention led to sharp protests from the indigenous Christians leading to the subsequent *Koonan* Cross movement where they pledged not to have any connection with Rome and re-affirmed their Syrian faith.\(^{424}\) Thus, attempts to convert to Protestantism was confronted in a major way by the indigenous Christians.

Science as Hegemony: Bodily Ailments to Societal Vices: 1850–1900

The awe and inspiration generated by the visual gaze of the human anatomy and the consequent state patronage to missionary activities in the previous decades were transformed towards the creation of a dichotomy between indigenous bodily notions and healing techniques with the medical epistemes. These contradictory forms of medicinal practices were accompanied by a systematic contempt for the healthcare practices and cultural life. Thus human anatomy as depicted by the Christian missionaries were seen as the only possible model for understanding the human body, as completely distinct to the *vata-pitta-kapha* theory enunciated by the dominant tradition as informed by the Sanskrit texts of the indigenous society. For the

\(^{422}\) *Travancore and Cochin Diocesan Record*, June 1916, Vol. XXVI No. 3, p. 65, CMS College Library and Archives, Kottayam.


\(^{424}\) The Archbishop of Goa, Alexis de Menesis, called the synod of Diamper in order to force the Christians of St. Thomas to adhere to papal authority. The synod was successful in accepting the majority of the Bishops presented to accept the Papal authority. The synod of Diamper opened on 20th June 1599, which lasted for five days, which was signed by all beginning from the Arch Bishop to all the 660 representatives of 153 were priests. Stephen Neill, *The Christian Missions*, p. 147.
missionaries, Christian truth and morality was inalienable to the invincibility of science as an anatomical body and it’s accompanying therapeutic practices. They sought to prove that the indigenous notions of healthcare and the accompanied cultural practices were anti-thesis and in conflict with the notions of universal science and truth. This widespread condemnation of the cultural practices of the indigenous society was guided by their desire to hegemonize the indigenous knowledge system and thereby facilitate conversion.

An enquiry into the cultural life of the Syrian Christians points out that they were following much of the cultural practices of the indigenous society. They were also following the caste system alike the Hindus and rigidly practiced pollution based on caste. Therapeutic methods therefore was a combination of mantrams (spells to ward off evil spirits), Tantrams (methods adopted to get rid of the spirits that causes disease) and Oushadhams (medicines). They had belief in bad omens and was also practicing Manthrvadham (chanting prayers to expel bad omens) alike the Hindus. The society as a whole believed that diseases were caused due to effects of the evil spirits.

They were following most cultural practices of the indigenous society in the same way as the indigenous Hindu population. The palm leaf manuscripts testify that there were ‘Christian Mantrams’ and ‘Christian Mantravadis’ (sorcerers and witchcrafts among the Christians). This is further validated by the descriptions on caste and tribes by Anantha krishna Iyer. He states that,

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.

426 Christeeya Mathravadam, (Christian Manthrams) author anonymous, Palm Leaf Manuscript, no. 75, File. No. 10699, Oriental Manuscript Library, Kariavattom, University of Kerala, Thiruvananthapuram.
427 Oriental Manuscript Library, University of Kerala,
428 Ananthakrishna Iyer, Cochin Castes and Tribes vol. 2, Thiruvananthapuram p. 85.
In this situation such belief systems and ways of life was demeaned as antithesis to the true Christian morality and in contrast to Christian truth. The missionaries quoted extensively from the book of the genesis to prove that the human anatomy was the handwork of the creator, which was proved by the visual gaze of science. While a new form of debate was initiated within the indigenous Christian community, regarding the structure and tenets of the Christian faith, the Syrians set out to refine their belief systems in order to ensure that they remained part of the universal Christian norms. These debates ensured a place for western Christian missionaries primarily because the Syrian Christians had a prominent place in the indigenous society as they were also the elites of Travancore.

Protestant Missionaries and the Introduction of Print

The arrival of the Anglican missionaries was accompanied by radical changes in the nature of societal interventions. Bible was translated into Malayalam and was popularized through the medium of print. Charles Mead, the LMS missionary established the Travancore Government press in Thiruvananthapuram, while his counterpart, Benjamin Bailey of the CMS established a press at Kottayam and published the first English-Malayalam. Jeffrey argues that print broke individual out of the traditional group while providing a model of how to add individual to individual in the massive agglomeration of power.

The printing press at Kottayam published a large amount of literature both in Sanskrit as well as in Malayalam. The Travancore and Cochin Diocesan Records note that, the CMS Press has been ‘of the greatest assistance to the Christian literature society and the religious tract society’. In their endeavour to spread general and


431 Ibid, p. 5

432 The CMS Press was established at Kottayam in 1818, see Travancore and Cochin Diocesan Records, 1916, p. 12.

especially religious knowledge among the Christians as well as the non-Christian masses in this country, it states that,

The services rendered by the early missionaries and their followers to the cause of Malayalam literature is very great ... thousands of books, pamphlets and tracts on various topics on general or religious importance were published.\(^{434}\)

Thus the print culture and the process of modernization led to the invention of tradition in the sphere of culture. The establishment of the Church Mission Society at the printing press and other institutions started by them facilitated a means towards socio-philosophical engineering to enable the Syrian Christians to distance from the cultural beliefs of the indigenous society though bringing the Syrian Catholics to the protestant fold remained a major part of missionary agenda.

Christianity as a religion with an organized set of religious beliefs and practices were to be based on the bible and the written word on which all Christians had to adhere to. Armed by the printed version of the Bible, the proponents of western Christianity pointed out that Syrian Christian ways of life was anti-thesis to Christianity. What constituted the true Christian remained the fundamental point of debate between the various sections of the Christian community. Deviation from the Bible was seen as a deviation from the basis principles of Christ.

Western missionaries were thus attempting to relieve the indigenous Christian community from the superstitious beliefs and in the process bring the indigenous church under their control.\(^ {435}\) Thus, they were able to initiate a dialogue with the dominant sections in the state and thereby able to ensure their ideological presence.\(^ {436}\)

\(^ {434}\) The Travancore and Cochin Diocesan Records Vol. XXIV. September. 1916. No.4, p. 85. CMS College Library and Archives, Kerala, Kottayam.

\(^ {435}\) Agur notes that the intention of the founders of the new college (CMS college in 1838) was not to exclude the Syrian youth from it: but to make it a common institution where a good Christian education could be imparted to all classes and creeds alike, and from the commencement a specific number of Syrian youths received a high class education “with free board, clothing, and lodging.” this institution has done an excellent service in uplifting the Syrian community from the mire of degradation and ignorance in which they were found sunk in the beginning of the century. C.M. Agur, *Church History of Travancore*, p. 996.

\(^ {436}\) Thus as Boel argues that a new religion is not only imposed by an outside agency, but also adopted by certain groups of people, who have their own reasons for accepting a new religious tradition. The
During the first half of the nineteenth century missionaries showed certain interest in the therapeutic and cultural practices of the indigenous societies. Though there was no conscious effort on the part of the missionaries to encourage indigenous medical practices, as a form of knowledge and as a way of life they tried to conceptualize the knowledge forms of the indigenous societies. A large number of treatises and commentaries of healing practices like the *Ashtangahridaya, Ashtangasamgraha, Balachikitsa* (pediatrics), *Vishavaidyam* (treatment for poison cases), etc. were translated from Sanskrit to Malayalam and were printed at the CMS Press established at Kottayam in 1818.437

**Missionaries and Caste**

The missionaries were not vocal against the Syrian Christians for practicing the caste system rather they integrated the element of caste within the system and compromised on the idea of equality as professed by the Christian faith. Caste was an important question that the missionaries had to address in the context of India.438 The missionaries did not aim to alter the social situation nor was interested in bringing about radical changes in the existing social order in Travancore. What they intended was to bring within their fold the high castes of Travancore.

However the Caste Hindus never showed any interest in conversion to Christianity.439 Their major target was the social elites within the indigenous society, without altering their hierarchical position. Caste was fundamental to the Hindu world, and missionaries were greatly puzzled by its persistence among Catholics. For them contradicted the principle that all men are equal before god and the caste shall not be

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437 *Vishavaidyam*, No.15481-A, Palm leaf Manuscript, Oriental Manuscript Library, University of Kerala Campus, Kariavattom, Thiruvananthapuram.


allowed. However the basic premise for the protestant churches was that 'caste system was regarded as the belief in the denial of the potential spirit of the material development of the individual contained in the protestant ethic.\(^\text{440}\) In 1835 Bishop Daniel Wilson wrote a strong pastoral letter in which he asserted that caste was 'eating as doth a cancer into the vitals of our infant churches' and demanded that 'the distinction of caste must be abandoned, decidedly, immediately and finally'.\(^\text{441}\)

The strategy of religious conversion to Christianity from the elites of the indigenous society remained almost impossible, as the Hindus tried to prove their faith through the medium of the same western scientific episteme which was the basis of the missionary religious propaganda. This is amply proved by the fact that religious conversion from the high castes Hindus remained the most difficult task. The missionaries stated that,

> The truth probably is...that Hindu converts to Christianity are almost exclusively recruited from the ignorant and uneducated masses, from, in fact, the lowest of the castes of the great social system of India ...is not a fact that a Christian convert of high caste in India is as rare as the sparrow in an English winter.\(^\text{442}\)

Having failed in converting the elites of the indigenous society to Christianity the missionaries turned their attention towards the lower orders of the society.\(^\text{443}\) Missionary records testify to the fact that their project of religious conversion failed to take shape. The Church Mission Society notes that as,

> Syrians refused the help offered, and were determined to continue in their perverse ways, the missionaries directed their attention to other classes of people around, who still sat in darkness and who were in a worst state and needed all sympathy and help.

\(^\text{440}\) Ibid, p. 60.
\(^\text{443}\) Missionaries notes that "we had some interesting conversion with the fisher folk who appears to be the followers of the sudra sanyasin, Brahmanandan. With the Izhavas also, who are adherents of Nanu Guru (Narayana), we had some profitable talks." *Travancore and Cochin Diocesan Record*, Vol. XXVI, No.1, February 1906, p.102. CMS College Library, Kottayam.
Like the Apostles of the old, when the chosen refused them, the missionaries turned to the gentle out castes.444

While compromises were made on the question of caste the CMS found that the policy they had hitherto followed was,

Quite opposed to the precepts of the scriptures and the society’s own evangelistic principles. They therefore decided henceforth, not to confine their labours to Syrian Christians alone, but to commence direct aggressive general evangelistic work among other classes of people in the country and found churches of their own denomination.445

Light, Enlightenment and the Cure of the Eye

The indigenous Christian population did not completely reject western intervention in religion rather they negotiated with and refined their socio-cultural and religious practices. Thus, a hybridized Christian identity emerged in the indigenous society through an interaction with western Christian identity. As Christianity was fundamentally based on the ideas of enlightenment, the idea of light against darkness was highlighted and light became a synonym for truth against the dark considered as a synonym for superstition. Light as a medium of depicting and understanding the inner truths of the human body gained prominence. At the societal level a dichotomy was further created between light and darkness as a metaphor representing the forces of truth and evil. Eye as a medium through which truth be revealed gained prominence. They quoted biblical parables, to prove that Jesus cured the blind to prove that, medical aid was inherent to Christianity. Samuel Hardy wrote in 1863 that,

Emissaries of Heathenism and abettors of false Christianity are on the alert, and meeting us in hostile array at every point. Darkness and light, truth and error, prejudice and demonstration appear now to be opposing influence to influence, and strength to strength; and although we have no doubt as to the result of the contest, yet it is a plainful contest, and requires the whole armour of god.446

444 Ibid, p. 486.
The rhetoric of light as a medium for objective knowledge and visual gaze was internal to the missionary discourse on knowledge, science and truth. James Mowat expressed this as objective truth against the speculative logic of the indigenous society. In a letter addressed to Rev. G. Morley, one of the secretaries of the mission society, he stated that,

I never had so plain demonstration of the depravity heathenism binds upon its votaries in the shape of religion. The principal pagoda abounds with the most obscene and polluting representations and decidedly proves, if proof be necessary, how greatly this people need the hallowing light of Christianity.  

Similarly the missionaries expresses satisfaction at the work done and writes as follows,

The difficulty of renouncing heathenism is considerably lessened, and the superior light and morality of our holy religion are placed in striking contrast with the superstitions, the depravity, and obscurity of heathen idolatry.  

Cure of the sick and particularly of the blind thus became an important agenda of missionary intervention. The biblical story where Jesus cured the blind was glorified. In response a large number of the indigenous medical physician in Kerala among the indigenous Christians shifted to the treatment of the eye diseases, a practice which continues even till today. As the Bible was circulated, certain aspects of the written word came to be glorified. A new identity and ideology of the indigenous Christian was constituted.


448 Ibid, p. 107
449 In a request for the award of the grant-in-aid, Punnoose Kora, a Syrian Christian, argued that...he is the only Christian Native physician receiving Sircar grant; He is besides a doctor of eye diseases. That the petitioner is a specialist in eye diseases and undertake with marked success for epidemics like cholera and smallpox. The popular bills for the above diseases now in circulation now in circulation in this country and in British Malabar are his own make and based on his own formula. Payment of increased grant to Vaidyan Punoose Kora of the Chingavanam Vaidyasala. File No. II-2/8 of 1916, Kerala State Archives, Thiruvananthapuram.
The Christians who were following the indigenous medical practices along with Mantram, Tantram, Jyotisham, and other forms of therapeutic practices shifted largely to the treatment of the practices of eye diseases. Eye became the most important medium of visualizing the material space, as a medium to light. The Biblical parable where Jesus cured a blind person was widely used by the missionaries in their medical philanthropic activities. The principles of Jesus had an important bearing on the missionary activity in terms of medical health and healing. ‘Christ touched and cured’ was the basic notion from which the missionary ideology was framed and carried forward. The cure was both aimed at the cure of the body as well as the soul. Rev. John Rowe expressively states this as follows,

We believe that the Divine meaning of ‘preaching the gospel’ implies something more than the teaching the dogma, than the mere proclamation of the gospel message; that, as he who is the sum and substance of the gospel ‘was made flesh and dwelt among us’-that as he sympathized with suffering humanity, fed the hungry, healed the sick, and went about continually doing good, thus manifesting the spirit of his own religion, and teaching by loving deeds its principles, so his ambassadors must ‘preach the gospel’, not by word only, but likewise by a benevolent, Christian ministry, performed in Christ’s name and for his sake. Rev. John Lowe, medical mission, their place and power.

Missionaries considered medical work as an essential part of the ministry of the Christian church, following the example set by Jesus Christ.

Snake and the Notion of Sin

Snake had an important place in the cultural life of Kerala. The geographical terrain and the high rainfall led to the prevalence of various species of snakes in Travancore, a large number of them being highly poisonous. Hence death due to snake bite was a common phenomenon. Though snake bite formed one of the most important reasons for death, snake was not seen as a symbol of evil; rather, the majority of the indigenous Hindus worshipped it as an object of veneration. It was widely believed that snakes

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452 M. A. Sherring, History of Protestant Missions in India, p. 170.
generally do not harm the people, and the attack from the snake was largely due to the misdeeds of the people, which in turn had angered the snake. In almost all parts of the state there was the sarpakkavu (a small forest), in every household the snake was worshipped as the Murthi (god). For the lower orders snake was venerated as the nagayakshi.454 Travancore State Manual records the worship of snake as follows,

To the Hindus the serpent has been the object of worship and propitiation from very early times. No orthodox person would dare to kill or otherwise hurt a snake especially a cobra, for it is a very common belief that those who accidentally or willfully kill a cobra will be punished in this life and in the next either by childlessness, leprosy or ophthalmia. Even to this day it is a custom in Southern India for the barren and the childless to propitiate the serpent deity by performing the ceremony called Nagaprathishta or consecration of a Naga or stone idol representing the serpent-god, generally under the Asvattha tree, in the hope of getting issue.455

One of the major streams of therapeutic practice prevalent among the indigenous society at the time of the arrival of the Anglican missionaries was the Vishachikilsa or poison treatment, particularly against snake bite. The Vishavaidyam therefore remained an important part of the indigenous healing techniques. Similarly, in most circumstances, the physician who treated poison cases did not took fees for his treatment, as he believed it to be a divine act and if it is sold for profit it would affect the ability of the physician to cure.456

The missionaries on their part became the most vociferous critiques of the concept of the sarpakkavu and the snake, terming it as being responsible for the fall of man. They carried out a scathing attack on the concept of the snake, regarding it as an object of sin and sought to prove that Christianity was historically in conflict with the forces of evil, thus signified through the image of snake. They quoted extensively from the book of Genesis to prove their point. They demonstrated how snake remained an

456 Govindan Kaniyan in an application to The Dewan of Travancore for the award of the grant claimed that Vishavaidyans cannot expect any recompense from patients resorting o them and as testified to by immemorial custom based on sound principle they certainly cannot and should not demand any demand for their treatment, Sanction for the Transfer of Vishavaidyasala a Vallikkunnam to Haripad. Bundle. No. 15, File no. 48/30, LGB, Ayurveda Department,., p. 1, Kerala State Archives, Thiruvananthapuram.
object of sin, of deceit and of mischief in human history. It is in this context that St. George (*Vishudha Geervargheese*) as it is popularly called in Malayalam became the most important among the saints in Kerala during colonial dominance. His image as a soldier on horseback eliminating a dragon acquired relevance. The idol of George was installed in the streets adjoining the Christian churches to demonstrate to the society that snake was not an object of veneration and hence forth to be eliminated. It also apparently signified the larger ideological discourses with which the missionaries were engaged with the indigenous society on the questions of good and evil. The story though emerged in Europe, where a young soldier encountered a dragon, which had stopped the flow of water to an entire town. This was re-narrated and re-depicted in Kerala as a means of making a vociferous attack on the Snake and the *Sarppakavu*—the most important aspect of the cultural life of Kerala. A return from the fall was possible only through the elimination of the snake.

During the period under study, one finds that a large number of such *Sarppakavu* were cleared. In the advent of ‘modernity’ most families in Kerala, set out to clear the *Sarppakavus*, attached to their houses. This was also accompanied by the rapid increase in the population in Travancore.457

Missionary critique on snake was also accompanied by attempts to prove that the Christian God were powerful than the indigenous deities. The depiction of the image of St. Sebastian is another example. Alike George, he too was a Roman soldier of the second century who was tied to a tree and killed by arrows for being a Christian convert. His martyrdom came to be widely used as a symbol for Christian compassion, suffering and faith attached to martyrdom. The image of Sebastian had a powerful impact than any of the Christian martyrs in Kerala, as the church was successful in blending the image in tune with the socio-cultural and environmental conditions of the state. Here the idol was carried out in a procession through different parts of the

457 In the place known as Kazhavanthitta there are a few varieties of non poisonous snakes which are gradually disappearing with the increase of population, rats, cats, dogs, rabid dogs and other venomous creatures exists in Nagercoil only as in other parts of Travancore. Bundle. No. 164, File No. II-2/5, of 1917, Kerala State Archives, Thiruvananthapuram.
dioceses every year. It was believed that Sebastian had been the primarily instrumental
in containing contagious disease like small pox and plague.

The missionaries through their large presence functioned as a catalyst in the
spread of the culture of western science and truth claims in the indigenous society. For
the missionaries to inculcate the principles of western medicine among the people were
a means of accommodating them within the broad paradigm of western science,
medicine as well as western Christianity. The act of creating a pure Christian religion
and faith as distinct from the socio-cultural practices of the contemporary society was
also aimed at constituting a new Christian self, both physically and ideologically.

While officials and viceroys like Munro and others patronized the missionaries
and helped and aided the spread of Christianity in the state, the missionaries were also
seen as a threat for the stability of the state, as they were interfered with the cultural
practices of the indigenous people, thus creating social unrest in the various parts of the
state.

Indigenous responses to western interferences were mediated through various
means. While in different parts of the subcontinent the response from the Hindu society
emerged largely as movements of criticism against western interference, in Kerala the
indigenous responses to western interference manifested in the form of a reform
movement wherein attempts were made to reform the society from within. The newly
constituted ideology of the society thus framed was based on the accommodation of the
ideas of western truth claims, spread largely by the Christian missionaries.

Contagious Diseases and the Spread of Christianity

The missionaries dismissed the cultural practices of the indigenous societies associated
with the spread of contagious diseases as superstitious and illogical. The debate on
science and its basic premises posed against the cultural practices of the indigenous
societies was framed and articulated by the missionaries in a more vocal manner than
the practitioners of western medicine. This underlined that a large number of the indigenous cultural practices had to be modified in the process of becoming scientific. An upliftment in their medicinal practices meant that the people had to be distanced from their various cultural practices to be endowed with the ideas of science and rationality. Charles Mead writes that,

The whole country was formerly made over to the false idol of their worship, and then every inch of ground we now tread upon was devoted to the Brahmins and their deities. Upwards of 500 have renounced heathenism and no longer offer sacrifice to devils as they formerly did. 458

This was largely in contradistinction to the belief systems and practices of the society which considered contagious diseases like cholera, malaria and small pox as a result of the visitation of the evil spirit. For the missionaries the spread of contagious diseases helped them in getting converts to Christianity. Charles Mead attests that,

the total adherents to Christianity in 1903 numbered over, 4000 among whom are counted persons who were once notorious devil dancers, inveterate dunkards, who kept their village awake through the night by their powerful voices uttering awful impercations, but now humble, quite, peaceloving peasants helping one other in times of sorrow and sufferings. 459

For the missionaries, diseases gave an opportunity to intervene into the society, Charles Mead admitted, that ‘the repeated visitations of cholera carried off many hundreds of people and the mission suffered much, though this direful disease was also the means of a few renouncing their idolatry and accepting Christ’. 460 Mead writes about the spread of Plague as follows,

Thousands have entered into eternity, many of whom were worshippers of devils and of course ignorant of the only true god, and his son Jesus. Though the plague has now ceased, the desolations it has occasioned will afford matter for long and effecting remembrance. O that it may contribute to cause the inhabitants of this benighted land ‘to learn righteousness’! We have been greatly distressed in witnessing the infatuation and delusion of the people, in the means resorted to for the purpose of chasing wickedness of the sacrifices offered to the cruel goddess, insatiably greedy of blood. But to whom did

460 Ibid, p. 789.
we address ourselves? To persons pretending to be under the inspiration of the Satan; and counting it their glory that the devils had seized and possessed them! Crowd of people paraded every street, indulging themselves in gestures and language bordering on insanity, while their disheveled hair, and their horribly painted countenances, presented a picture of the confusion and wretchedness of the pit below! Harmless and ignorant people were at first impressed and obliged to join them, till they too imagined themselves partakers of the new inspiration, which was considered an antidote to the disease. 461

In response to missionary critique that the cultural and healthcare practices of the indigenous society were quackery, members of the Syrian Christians launched strong criticism against the therapeutic practices of the indigenous society and stressed the need to eliminate them as being anti-thesis to the fundamentals of science. Father Cyriacus, member Travancore Legislative Council, Alwaye, represented that private medical practitioners were,

Alarmingly increasing in number and that more than 90% of them are doing positive harm. He stated that the quack doctors dealt not only in the Ayurvedic medicine but in western medicine also. He suggested that the government should take steps to organise native physicians properly to give them equal facility and encouragement with the practitioners of western medicine, to open more Vaidyasalas in the different parts of the state and to see that only those persons treated people who commanded great confidence with them or who held a certificate or license from such native physicians of repute or other agency as the government might designate for the purpose. 462

The relationship between indigenous Christianity and the missionaries enabled the former to internalize that they were the proponents of the new public order. Under this new notion they demanded the need for rapid interventions in the sphere of public health. As Small pox, Cholera and other contagious diseases spread, the authorities of the Church raised the issue to the political authorities on behalf of the ‘public’. Sr. Gertrude, the mother superior of St. Annes Convent wrote to the Maharani of Travancore regarding the need for medical interventions with regard to small pox. She wrote,

462 File no. 126/5 of 1913, Kerala State Archives, The representative of the TIC Alwaye in the SMP Assembly, Sub: the desirability of restricting private medical practice to qualified men
A few weeks ago it was rumoured in the town a small pox shed was going to be erected within the premises of the hospital. The children were panic stricken and great awe prevailed. But they had a consoling relief from some leading citizens of Kottayam who said that they have approached government to prevent such a measure. Later on we heard that a memorial was also sent to the government as well as to the municipality of Kottayam to prevent erection of the small pox shed within the premises of the hospital, as all the inhabitants near the hospital, will be affected by the contagion, and as a matter of fact, there are very many houses around the hospital...In the circumstances we have recourse to your gracious Highness to have mercy on us and save us, and the children attending our school. Week and feeble as we are from the danger of immediate contagion and to order that no small pox shed should be build in the premises of the Kottayam Hospital but to have it built when and if necessary.  

Text versus Practice

The new conception of Christian life exclusively based on the Biblical literature led to the creation and emergence of a religious life based on text. In the new situation all knowledge forms were to be in conformity with text. Cultural practices and healing techniques practiced by the indigenous societies thus had to be redefined and modified. The dichotomy between texts versus practice underlined the need to formulate a medical practice for the indigenous societies based entirely on the text of the Ashtangahridaya. The underlying notion was that knowledge, whether secular or religious, when enters the texts are verified and examined of its scientific validities. Thus medicine and science of the indigenous society were seen as amalgamated entity, discarding its heterogeneous character.

The missionary intervention demanded that indigenous societies should radically transform their cultural practices in response to the principles of science. The indigenous society responded in different ways to the influence of the missionaries and western science on their religion. As the missionaries failed in converting the higher caste, it was the lower orders that became the pivot of their attention, thus deeply affecting their socio-cultural practices. While all sections of the society were

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463 Alexander Choolaparambil Bishop of Kottayam demanded, in 1930, that, The small pox patients if any should be attended to but not at the risk of public health, let a ward or shed be erected in an inhabited part of the town or outside it for small pox patients Construction of a Contagious Ward in the District Hospital Kottayam, Bundle. No. 51, File number 550/30, LGB. Medical Department, pp. 35-36, Kerala State Archives, Thiruvananthapuram.
influenced by the new ideological forces, it was the lower sections of the society, who in their desire for a higher social position, sought to review their cultural practices. When pariahs and madharis, of the Tamil country were converted they were told to give up idolatry (including propitiating gramadevatas or evil spirits and participating in Hindu festivals), to give up work on Sundays and eating carrion. They abandoned their traditional occupation of beating the drum, or digging the grave and instead sought new avenues of employment.\footnote{Sundararaj Manickam, \textit{The Social Setting of Christian conversion in South India, The Impact of the Wesleyan Methodist Missionaries on the Trichy-Tanjore Diocese with special reference to the Harijan Communities of the Mass Movement Area, 1820-1947}, Franz Steiner Verlag, Weisbaden, 1977. p.104.}

They accepted the ideology of science and the accompanying philosophy of the superiority of science and its universal truth clams, while rejecting the idea of religious conversion to Christianity. The missionary records note the reform movement that occurred among the Ezhavas and their attempts to remain within the Hindu religious order as follows,

\begin{quote}
The Ezhava community is analogous to the Tiyyas of Malabar and Shanars of Tinnevely. For many years like their brethren in Malabar and Tinnevely, they have been trying to raise themselves socially and educationally. The Guru’s (Narayana) chief object is to inculcate among them a non-idolatrous eclectic Hinduism, to find for enquiring spirits among their young men a Hindu answer to their inquiries, to prevent them perhaps from finding an answer in Christianity.\footnote{Travancore and Cochin Diocesan Record, June 1916. Vol. XXVI No. 3. p.114}

This was manifested in the Advaita philosophy of Narayana Guru, and his activities aimed at improving the condition of the Ezhava community. He told the Ezhavas to desist from those cultural practices that might be considered impure.\footnote{Who is Who in SNDP, Kollam, 1956(?)} He was largely influenced by the Christian ideas that were dominant under the period of his activity.

In the case of the indigenous medical tradition, missionary critique on the cultural practices of Travancore led to the marginalization of the cultural aspects of the indigenous societies, which was reflected in the indigenous medicine. Mantram, tantram, Jyotisham, etc., were refined, and the medicines had to be based on the
epistemic and scientific methods as constituted by western medical paradigm. Similarly, the indigenous knowledge's did not cater to the fundamental of science.

The Indigenous Response

While most communities accepted the instrumentalist rationality of western science and the superiority of medicine in terms of its anatomical structure, there was a separation between science as a secular enterprise and science as formulated by the missionary agenda. Those sections of the indigenous society which were drawn into the epistemic frame of western science, did not convert to Christianity, as was expected by the missionaries. Though the social elites accepted the rationality of western science, they tended to view it as different from the frame of Christian discourse and formulated an indigenous medical paradigm on the premise that the Hindu religious tradition, depicted through the Vedic and Samhita texts, was endowed with scientific rationality. This was also accompanied by a conscious attempt to distance themselves from a large number of therapeutic practices of the contemporary society terming it as quackery.

Even when indigenous Christian communities resisted missionary's intervention within their religion and belief systems, it also set in motion a movement for internal purification. Within the Syrian Jacobite Church, it was Mar Athanasius, who along with George Mathen, Abraham Malpen and others led the reforming school. Athanasius studied Sanskrit and English from Kottayam, under the guidance of the missionaries like Benjamin Bailey, Henry Baker and Fenn. Even when there was an realisation that western intervention in religion had to be opposed, the basic premise on which an agreement was reached was that 'the Syrian Church was deeped in superstitions and so overgrown with rank weeds'.

While the society at large accepted 'missionary medicine' and rejected the underlying Christian philosophy, it was the indigenous Christian population who accepted the missionary interpretation of the relationship between Christianity and western medicine, as science being a product of Christianity.

The State of Travancore undertook a series of measures for the institutionalization of indigenous medicine on scientific lines. There was a conscious attempt on the part of the state to negate the services of the Vishavaidyans, as being anti-thesis to the larger scientific epistemic frame of Ayurveda. In most cases the state turned down requests from Vishavaidyans for the award of grant in aid, which was given to Ayurveda physicians as state support. Similarly, the state in their attempt to reconstitute indigenous medical tradition sought to reorganize indigenous medical tradition in the name of Ayurveda, where contemporary health care practices were discarded as not being in conformity with the fundamental principles of science.

By the beginning of the twentieth century, science had become a popular part of the social consciousness. It had become clear that those communities and sections of the population who became part of the discourses on science, even while accepting the positivist notions of science, rejected the idea of religious conversion. The missionaries henceforth shifted their focus largely to castes like the Parayans, Puluians, etc. who were considered as the lowest among in the social orders of Travancore. The conversion among them however was not accompanied by a conviction that arose over the rationality of science and its logical order, but by a hope and missionary promise of an improvement in their material conditions of life. Hence, even after their conversion to Christianity, they were following the cultural practices and healing techniques, which included a combination of offerings to the Kuladaivata (gods of their tribe), mantraavadams (spells, chants and sorcery), along with a combination of medicines as a therapeutic practice.

468 Travancore and Cochin Diocesan Record, Vol. XXVI, No.1, February 1906, p. 102. CMS College Library, Kottayam.
Conclusion

The missionaries felt that conversion to Christianity was possible only through a reform of their existing religious and cultural practices. Reform of the medical methods and therapeutic practices formed an important part of the cultural changes initiated by the missionaries in Travancore. Hence, the activities initiated by the missionaries in the indigenous medical sphere were the visual aspects of the missionary activity, where the religious conversion was to be made possible through physical benefits provided to the indigenous people. It is pertinent to point out that it was not just a complete subjection of the indigenous societies to western science; rather, what occurred was a negotiation and accommodation of the western principles and the subsequent re-organization of the indigenous knowledge and practices in the light of western influence. Thus, the debate on the various practices of Christianity, which was debated within the indigenous Syrian Christian community in Travancore, was part of the larger debate that took place in Europe for a long time. This debate within the Syrian Christians enabled the missionaries to secure a strong hold on the socio-cultural life of the state of Travancore.

The Christian missionaries henceforth came to be seen not as an outsider, rather as part of the ideology of Christian faith. In short, the missionaries, in comparison to other parts of the sub-continent, functioned as a catalyst in the permeation of western ideas of science and modernity. Thus, the project of conversion to Christianity, negotiated through the medium of science, failed to take ground. Nevertheless the missionaries played a major role in the popularization of science as a culture and a social order among the indigenous population.