



“Societies & Medicines in South Asia”

*An international programme hosted by the
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Abstracts (Phase I, 2004-2010) alphabetically arranged according to researcher

Healing practices and health explanatory models of the Narikorava (Vagri) in Tamil Nadu

Gabriele Alex (South Asia Institute at Heidelberg)

The Narikorava were until a few decades ago a peripatetic community that earned its living through hunting and selling amulets and folk medicine. Their position within Tamil society was and still is marginal: they have no relation to the *ur*, they speak a north Indian language, and they do not partake in any services related to the temple. Some of the medicines they produce are herbal, but they also use the remains of hunted game for all sorts of amulets. The Narikorava are associated with the wilderness, and their marginal position is related to their supposed skill in fortune telling. Within their own community, however, the Narikorava use different medicines than the ones sold for Tamil clients. The Narikorava do not adhere to the surrounding Hindu pattern, but have their own religious universe, which is connected to their goddess cult and its yearly buffalo and goat sacrifices. Their explanatory models for illness and misfortune are strongly linked to their ideas of sin and *tapu* anchored within this cosmology.

I propose to investigate the role of Narikorava folk practitioners and their Tamil clients, and also to document and analyse Narikoravas' own internal medical practices and beliefs in the context of changes both within the Narikorava community and within the wider medical landscape of South Asia.

The claim made by healers of the Dravidian movement in their discourse on Siddha medicine

V. Arunachalam (Siddha College and Hospital, Shantigiri)

The significance, the efficacy and the “scientific nature” of Siddha medicine had been made slight of by the very long history of domination by Ayurveda. The Dravidians also possessed a long history of Tamil *cittarkal* and siddha medicine. Research needs to be done as to investigate the ‘claim’ made by the leaders of the Dravidian movement for Siddha medicine.

The field of research is both historical and political. The content of research includes the social and the cultural characteristics of the Dravidian Movement. The scope of the research is to identify, annotate and exposit the long struggle of Siddha medicine to stand on its own right. The first level of research must be to find and list the literature that is available on the subject. For this purpose, I will consult volumes of material considered as Discourses of Leaders of Dravidian Movement, speeches and discourses in the Legislative Assemblies, Parliament Sessions and on various levels of platforms.



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A survey will be done to ascertain the role/significance of Siddha System of medicine in the Pre-Independent (pre-colonial period, colonial period and the period of independence struggle) and in post-independent India (period immediately after independence, period of subsequent generations of people in independent India. This survey will be envisaged to highlight the impact of the claims made by leaders of the Dravidian Movement.

The masters of destiny. The Nadi astrologer and the therapeutic dimension of astrological healing in today's Tamil Nadu

Alexis Avdeeff (Ecole des hautes études en sciences sociales)

Studies concerning the practice of the *jyotish* have, regrettably, never interested Western scholars. Work on this topic is indeed rare. Although astrological consultation represents a very important part of the medical and psychiatric traditions of India, it remains insufficiently explored. This is the reason why I intend to study the contemporary practice of *nadi jyotish* in Tamil Nadu, through several months of field investigation. I shall concentrate on the *Nadi* tradition of astrology as practised in Tamil Nadu by the Valluvars. This research aims at studying the Valluvar cast and its tradition of *nadi* astrology, as well as describing and analysing the therapeutic role of the Valluvar astrologers in contemporary Tamil society. Thus I intend to analyse the role of astrological consultations in the therapeutic process, as well as to evaluate the place of the astrologers in the local therapeutic network, both traditional (Siddha doctors, Ayurvedic doctors, gemologists, alchemists, mantravadis and kodangis) and biomedical (biomedical doctors, psychiatrists). Finally, it would be interesting to study the relationship of astrology to cosmological concepts as well as other fundamental traits of the Hindu philosophical and religious tradition, such as the notions of destiny, free will, karma and rebirth. This project on the practice of the *nadi jyotish* today will allow a better understanding of the traditional therapeutic systems of contemporary India as well as of the belief systems to which they pertain.

Indigenous Medicine and Popular Culture in North India, 1900-1955

Rachel Berger (Concordia University)

My research focuses on the politics of indigenous health and health care in colonial North India, juxtaposing the concerns of the imperial and self-governing provincial governments with popular understandings of health found in the Hindi public sphere. I am particularly interested in the way in which issues of gender and sexuality are negotiated in the medical discourse, especially in the resurrection of Ayurvedic medicine and healthcare by contemporary practitioners. I am also interested in the influence of popular discussions of health and medicine on the development of modern Hindi, and the emergence of the Hindi public sphere. Finally, I am exploring the ways in which discussions of health, medicine and the body helped to construct notions of 'difference' and 'belonging' with regard to 'racial', class, religious and



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ethnic politics.

Tibetan Medicine Off the Roads: Modernizing the Amchi's Work in Spiti, India

Florian Besch (South Asian Institute at Heidelberg)

This work explores the social and politico-economic situation of *amchi* medicine (*amchi* designates a practitioner of Tibetan medicine) in Spiti today. Despite all infrastructural attempts to unlock this valley in Himachal Pradesh, north-western India, it still suffers from particular geographic and climatologic conditions. This situation, posited on a historical plane, led to the local health tradition becoming peripheral to the main centres of Tibetan medicine, such as Dharamsala or Leh. During the last two decades, ‘modernization’ – in the form of school education, cash crop cultivation, new modes of labour and government administration and subsidies – rapidly changed the social, economic and political systems in Spiti. My analysis contrasts the medical practices and ideologies of the younger and older generations of *amchi*. I thus unpack the way they negotiate current circumstances and needs, especially in regard to educational modalities, the use of medicine, ritual healing and the introduction of payment for medicine.

I therefore answer the following questions: How do *amchi* reshape their living conditions and their medical practice to fit into Spiti modernity? The Tibetan medicine of the exile-Tibetans (in terms of education and medicine) and state requirements (for financial support and recognition) oriented towards biomedical guidelines form the crucial streams of demands approaching the Spiti *amchi*. Economic pressure and social ambiguities lead a few of them to institutionalize, and most of them to leave, their medical work. The people of Spiti face a considerable decline in health care. Therefore, this research has a potential applicability for organizations that attempt to find ways to break out of the critical situation of *amchi* medicine.

Moral economies, the commoditisation of material medica and Tibetan Medicine in Ladakh, India

Calum Blaikie (University of Kent)

The research will examine the dynamic relationships between the exchange and trade of medicinal plants, the medicines made from them and the practice of Tibetan medicine in Ladakh, Himalayan India. Much recent literature concerns the impacts of market expansion on the management of medicinal plants and on their potential to further both rural development and conservation objectives. However, detailed studies of the commoditisation of medicinal plants and medicines and the effects of shifting patterns of access to them for traditional healing are scarce, leaving important linkages between socio-economic change, natural resources and medical practices insufficiently understood. Building upon observations made over recent years in Ladakh and a broad literature review, this research aims to assess recent



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historical and contemporary processes that are shaping the economy of *materia medica* and to establish their likely implications for the future of medicinal plant management and the practice of Tibetan medicine in Ladakh. This will be achieved through an in-depth study combining anthropological and ethnobotanical methods. Outputs will contribute to debates in a range of academic fields and will provide data of value to policymakers and actors concerned with issues of natural resource management, public health and traditional medicine in the Himalayan region and beyond.

Institutionalisation of indigenous medicine in Kerala. Problems and prospects

Burton Cleetus (French Institute of Pondicherry)

The institutionalisation of health care and the relatively high level of investment in western medicine, made by the state as well as by individuals and social groups has been an important factor, among other things, in the identification of the state of Kerala as a progressive one. Large number of western medical institutions in the village and urban centres were established leading to the engagement by the people of the state with western medicine and its basic epistemic paradigms and methods for the last one and a half century. The indigenous medicine which hitherto catered to the need of the indigenous society over the period of time made a slow exit from the mainstream society and the state.

The study seeks to understand as to how did the indigenous medical tradition of this south western coast of the Indian sub-continent negotiate with the political authority of the state as well as with the proponents of western medicine either through the integration or negation of the ideas of western medicine and science in its attempt towards framing an institutional pattern with or without state aid. This is also an attempt to explore the possibilities of providing universal health care to the people with the engagement of the indigenous medicine in an institutionalised manner.

Himalayan Healers in Transition: Professionalization and Identity among Tibetan Medicine Practitioners in Nepal

Sienna R. Craig (Dartmouth College)

This project asks why, and to what extent, Tibetan medicine practitioners (*amchi*) from Nepal are professionalizing in relation to Nepal's state-development apparatus, biomedicine, institutions of Tibetan medicine (primarily in India and the Tibet Autonomous Region, China), and their patients and home communities. *Amchi* professionalization is a lens through which to view the political dimensions of medical practice: cultural change and identity contestation between individuals and localities, between states and their marginal peoples as well as their diasporic communities. This project explores how new forms of praxis – from the creation of clinics, schools, professional associations, etc., to the drive to standardize medical curricula



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and pharmaceuticals – affect what it means to be a “good” *amchi* today. I also explore the impacts, both rhetorical and political, when *amchi* are classified – or classify themselves – as “traditional medical practitioners” and their practice as “ethnomedicine” or “indigenous knowledge”. This theme is explored within a larger discussion of conservation and development discourse and practice in South Asia and beyond. This research traces and theorizes the strategies employed by *amchi* to transform and defend their practice, and the attendant medical, socio-cultural, and political impacts of this process of change. This project draws on fieldwork conducted among individual *amchi* and the Himalayan Amchi Association, a Kathmandu-based NGO, as well as representatives of state and non-governmental agencies that are invested in the future of *amchi* and their practice in Nepal. Although this project is based primarily in Nepal, it is also informed by comparative fieldwork in Tibet and India, as well as through international gatherings of researchers and practitioners of Tibetan medicine.

Medicinal Plants in Landscape Dynamics of the Western Ghats in Kerala: The Combined Issue of Biodiversity Conservation and Participation of Populations in Resource Management

Lucie Dejouhanet (French Institute of Pondicherry / University of Paris 10 – Nanterre)

In Kerala, the booming of ayurvedic pharmaceutical industry has resulted in an increasing demand on medicinal plants used for drug production. Most of those plants are harvested in the forest and an enlightened management of it is a crucial environmental and economic issue.

The forests of the Western Ghats belong to the twenty-five Biodiversity Hotspots identified in the world; it contains 27% of the Indian plant species and around 1800 endemic species. The area of this study covers several Forest Divisions of the Western Ghats and is situated in Thrissur region, South of the Palghat pass. It includes different rich ecosystems but its density is high as four dams have been built there and many estates are managing commercial plantations. Different groups categorised as “Scheduled Tribes” live in the hills more or less isolated. As those populations are the only one authorised to collect Non-Wood Forest Products, including medicinal plants, they are integrated to an economic network going further the limits of the forest. Based on the idea that the forest space is included in spatial, economic and social large dynamics, this work will try to understand and explain the organisation of these flows and the change wherein. I will focus on the relationships between actors involved in collection and marketing of medicinal plants and on the participation and benefits of local population in the forest conservation strategies.

Three main topics will be looked into: 1/ the use of the forest resource and its management: methods of collection, appropriation of the forest space by collectors of NWFP, impact of different policies about forest conservation, 2/ the flows related to NWFP collection and marketing: itineraries of the collectors and the plants, actors involved, impact on population welfare and environment, and 3/ the integration of the forest in regional dynamics related to the marketing of NWFP.

The methodology is based on interviews of collectors and local observations. An analysis of



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official texts will permit an understanding of the frame of actors’ relationships. The use of GIS and cartography will also be essential in such a geographical work. This research project will be closely linked to the work of Santoshagouda V. Patil (see abstract below).

Children of AIDS: Social and medical care in South India

Marion Delpu (Université Victor Ségalen, Bordeaux 2)

My research project will examine the forms of social and medical care of children affected by HIV/AIDS in India (Pondicherry / Tamil Nadu). Source of the permanence of families, names and patrimonies, the “child” is also the source of changes, conflicts and violence. The child is considered here, on the one hand, as an “object in movement” and an object of representations and, on the other hand, as an actor inscribed in a set of particular social relations, that take place in various economic and social situations, and in different historic and spatial contexts. These situations will be analysed in order to define what could be the different roles and status of the child in India.

Monitoring of affected children would enable an analysis of the conception of childhood and disease, through the observation of the diverse modes of treatment, integrated with the study of the forms of social, economic and educational support. These modes of treatment (biomedical, traditional or religious) will be examined.

Integrating the peculiar condition of families affected by HIV/AIDS within a wider set of practises, would allow bringing out the specificities and the evaluation of the vulnerabilities, linked to the discrimination and the stigma due to the disease, that confront them: What are the actual repercussions of HIV/AIDS on the forms of social support to the children, whether affected by AIDS or not?

Epistemological approach of homeopathy in South India

Hugues Dusausoit (Université de Louvain-la-Neuve)

This research aims to offer an understanding of homeopathy, taking as a base the philosophy of Richard Rorty. First, I will consider some of the perspectives and insights that pragmatist philosophy can bring into the current epistemological debate surrounding homeopathy. This research will thus explore the relevancy of metaphysical realism, which is still characterizing modern science. Since we recognise with Rorty the many deconstructions of the idea of “corresponding-truth” (*vérité-correspondance*), such an approach can shed new light on this medicine. Indeed, the very necessity of scientific legitimacy for homeopathy must be questioned, as far as this legitimacy is based on presupposed criteria largely depending on a traditional metaphysic which is today rather shaky. Further, the substitution of the concept of “truth” by the concept of “utility” that pragmatism offers seems relevant to explain the success of homeopathy. As Rorty himself did encourage the encounter between continental and Anglo-



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Saxon philosophies, I will therefore consider in this epistemological research the contribution of hermeneutic philosophy.

Second, I will turn to transcendental pragmatism and transcendental phenomenology to explore the possibility to overrun such an artificiality of meanings. The humanist approach that homeopathy offers, particularly expressed through patients’ narratives, thus appears as a specific locale to examine, beyond approaches that favour objectivism and psychology, the absolutism of subjective life that is claimed by transcendental phenomenology.

Law, Governance and Sustainable Development. Healing Traditions and Access to Health Care in India

Christoph Eberhard (Facultés Universitaires Saint Louis at Brussels)

This research constitutes a micro level-oriented work, complementary to the broader, more general questions raised by an international research program focused on law, governance and sustainable development. The present research highlights specific points regarding intercultural issues and challenges in this field. The perspective is that of legal anthropology.

Policies dealing with access to health care in India do not ignore traditional healing systems, which constitute the main primary health care resource for the majority of the Indian population. Nevertheless, so as to carefully plan such policies, one must obviously understand that healing traditions are both the expression and consequence of specific worldviews, logics and socio-cultural organization, but also that they may already have their own regulation systems, which are different in indigenous medicines and biomedicine.

From an anthropological viewpoint, this research explores the relation between ‘modern’ and ‘traditional’ forms of medicine and between their ‘modern’ and/or ‘traditional’ regulations. From a legal point of view, it will translate these insights into the legal and political plane while furthering current reflections on access to health care in discussions on governance and sustainable development.

The workings of disciplinary power: (re)turning to biomedicalized Ayurveda

Ritika Ganguli (University of Minnesota)

This research will explore the process of the biomedical disciplining of institutionalized Ayurveda in India. It will examine contemporary clinical research in Ayurveda, which has seen a qualitative shift in its conduct in the last four decades. The general standards of appraisal, the procedure in which conclusions are drawn, the assumptions they are based on, and the language used for communicating the results of research, are derived from the organization of research in western medical science. In my study, I became increasingly aware of the limitations of the dominant approaches to understanding medical pluralism in India. While



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most such theoretical perspectives continue to work within the framework of power and domination, coercion and persuasion, struggle and resistance, this project will seek out how institutionalized Ayurveda has redefined its relationship to itself and to its ‘dominant’ other in an almost liberating, ‘scientific’ and ‘progressive’ way.

This research also intends to look closely at collaborative research studies in medicine, research that gains from the medical knowledge base of scientists trained in two distinct traditions of medical thought – the Ayurvedic and the biomedical – and that culminate in multi or co-authored journal articles. Biomedical doctors have, for a very long time, been present as invisible interlocutors in Ayurvedic discourse and Ayurvedic research. The crucial difference in collaborative research, however, is the presence of biomedical doctors as visible and material actors and not as imagined or absent subjects of address. What is the nature of the biomedical influence on Ayurvedic research that is collaborative, and how does this new way of conducting science form an important practice in establishing an Ayurvedic elite in India, while marginalizing other forms of Ayurvedic practice and research?

Between text and context: Therapeutic use of gems and precious metals in Tamil Nadu

Caterina Guenzi (French Institute of Pondicherry / CEIAS-EHESS, Paris)

Gemstones are very commonly used in India as a remedy to control the influence of *navagraha*, the nine planetary deities of Hindu astrology. Precious stones and metals are deemed to be powerful substances having an impact on the body and on the life of individuals and families. These expensive remedies are nowadays especially popular among educated, “modern”, middle to upper-middle class families. Most jewellery shops in Indian cities hire astrologers or other kinds of specialists in order to advise the clients about the appropriate gemstones or jewels to wear. Magazines, TV programs and internet websites advertise the therapeutic properties of gems and metals in order to sell their products.

The use of gemstones and metals for therapeutic ends is a multifaceted phenomenon that can’t be reduced to a folk, magical or superstitious belief. Like many other Indian therapeutic practices, gem-therapy is both a system of knowledge codified in Sanskrit and vernacular ancient literature, and a contemporary, globalised phenomenon where economic and ideological trans-national flows meet. This project intends to study gem-therapy in its two dimensions of a traditionally codified knowledge and a cosmopolitan, “modern” and commercial phenomenon. This research aims at analyzing how these two dimensions interact at a local level and contribute to the shaping of contemporary therapeutic practices. The textual theory codified in gemmological and astrological treatises will be compared to the applied knowledge and *savoir-faire* of astrologers, jewellers, traditional goldsmiths, ayurvedic and siddha practitioners using gemstones and metals for their professional activities. Fieldwork will be conducted both in urban centres such as Chennai, Madurai and Thanjavore, and in rural areas. I shall also investigate the way national and trans-national networks, New Age movements and Indian diaspora affect the diffusion and popularity of gemmology in contemporary India.



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Transmission of Tradition, Knowledge and Techniques of Midwives of Rural Maharashtra: A study of the social dynamics surrounding childbirth

Jessica L. Hackett (University Paul Cézanne)

Through ethnographic observation, my goal is to collect information concerning the tradition, knowledge and transmission of techniques and practices of the traditional birth attendants (TBA) of rural Maharashtra (*suins* or *dais*). At a local level, this study should reveal the place and importance of this female practitioner and her practices within her own community. This topic is a window onto contemporary social dynamics in India because childbirth, and issues surrounding it, draw the attention of not only local people, immediate family and relatives, but also actors from diverse sectors of society, both local and foreign: from the biomedical professions and also the associative milieu (NGOs). Therefore, this study leads to a broader level and an investigation must be conducted to ascertain the interactions of these different actors: the TBA and her community, the biomedical representatives, and the humanitarian organizations (NGOs).

In order to carry out this study, we propose to examine several villages in the district of Pune in rural Maharashtra. Classical ethnographic methodology (such as observation, formal and informal interviews and discussions with the aid of an interpreter) is to be employed when conducting this study.

Variations in Childbirth in the Context of HIV/Aids in South India

Pascale Hancart Petitet (University Paul Cézanne)

In the framework of projects aimed at reducing mother and infant mortality rates and at reducing the mother-to-child transmission of HIV, childbirth practices constitute the subject of various recommendations advanced by international public health institutions. It would appear, however, that these measures are difficult to put into practice due to the prevalence of a large number of socio-cultural, economic and political prejudices. The distance that separates those recommendations from the actual practices of pregnancy and childbirth may be viewed as an extremely fertile field of study of the diverse social factors that condition the actual implementation of the envisaged safeguards.

The general objective of this contribution to the research programme is to study the variations in birthing practices, in the context of HIV/Aids in South India. The specific objectives are: a) to realize an ethnic mapping of birthing practices in South India b) to analyze practices that encourage or reduce maternal and infant mortality c) to analyze practices that encourage or reduce HIV transmission d) to understand the role of different health practitioners in traditional, semi-traditional and ‘contemporary/western’ medical settings

The practical application of this study will be to contribute to the work currently being



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undertaken regarding the feasibility and acceptability of maternal and child health programmes in South India in order to improve the training of TBAs and health practitioners. From the theoretical point of view, this study wishes to open various perspectives on medical pluralism.

Therapeutic spaces and landscapes in South India. Example of yoga centers

Anne-Cécile Hoyez (University of Rouen)

All around the world, yoga is more and more known and used as a corporal technique meant to improve one's health. This assertion underlines how yogic knowledge has been introduced in different medical and intellectual fields. Which were the incorporative phases? Which are the current repercussions of the alliance between the so-called “traditional knowledge” and the biomedical knowledge over the practices of health in South India?

These questions, concerning the epistemology of therapeutic knowledge, will be first tackled, by taking the example of a yoga center in Chennai which combines “tradition” and “modernity”. Indeed, through fieldworks conducted between 2000 and 2004, we can underline not a paradox but rather a typical contemporary combination, a “*bricolage*” between different attitudes and practices. In Chennai, yoga “administrators” claim an old brahmanic family tradition (established for several centuries) and work for the reinforcement of bonds between biomedical research and yoga. Secondly, this research project will focus on the nature of spaces which are created around these therapeutic referents. The place where a yoga center is settled down is full of significations for individuals and for the enviroing society. Which therapeutic spaces do yogis practice and produce? How do they perceive them and speak about these therapeutic spaces?

The main aim of the project is thus to open up to a discussion about the diverse appropriations of knowledge and spaces that are practiced by individuals or by groups, and that are ruled by policies, the strategies of which differ from the audience's interests.

Performing arts, body techniques and traditional medicines in South India (Kerala)

David Iribarnegaray (Paul Cézanne University)

This research program will explore traditional healing practices in Kerala. This Southern Indian state is known to be one of the main centre for āyurveda, the great scholarly medicine of the subcontinent. There are institutional trainings, a plethora of industries, clinics, and practitioners, and the industry of national and international medical tourism, in which healthcare is prone to consumerism (massages, *panca karma*, etc.). Moreover, Kerala is the birthplace of dances and martial arts, such as *kathakali* and *kalarippayatt*. These “performing arts” are strongly linked with corporal and therapeutics techniques like the *marmacikitsa* (“vulnerable points” medicine) of the *gurrukul*, masters of *kalarippayatt*. The research methodology will be that of classical ethnography with participatory observation, in centres



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where these “performing arts” are taught in association with therapeutic practices.

The axes of research are: an ethnography of the therapeutic techniques observed at the interface of traditional medicines and “performing arts”, as well as an ethnography of corporal techniques within the theoretical framework of the anthropology of the body. This object of study will be understood in the context of globalization, which includes trading but also intellectual exchanges; a context in which practices are transformed. Last, I will also analyse the different levels of underlying legitimacies (processes of scientific legitimization, marketing reasons, identity discourses...).

The Tranquebar Connection: Encounters of medicine and science in the Danish East-Indies, 1700-1850

Niklas Thode Jensen (University of Copenhagen)

From its inception in the 17th century the medical corps was an important element in the Danish East India Company and in the company’s main colony in South India, Tranquebar. In the 18th and first half of the 19th century the medical world of Tranquebar consisted of three groups: the surgeons employed by the company; the medical doctors of the protestant Danish-Halle mission; and the practitioners of traditional Indian medicine. This project will investigate the encounters and interactions between these groups of European and Indian doctors; between the doctors and the various groups in Tranquebarian society; and between their diverse forms of healing and perceptions of illness (suffering) and sickness (disease).

Investigating these encounters the project will provide significant information about living conditions and health problems in colonial South India as well as about the indigenous forms of healing, for instance Siddha medicine. It will also shed light on the scientific achievements of the doctors in Tranquebar, many of whom were doing research in the natural sciences. Through their connections to Indian doctors, princes, and scientist of other colonial nations on the subcontinent and in colonies around the world, Tranquebar became a hub of science. It can be styled *The Tranquebar Connection*.

Reflexive Transformation of "Traditional" Medicine under Globalization: A Case Study from Kerala, India

Masato Kasezawa (National Museum of Ethnology, Japan)

This research investigates the reflexive transformation of "traditional" medicine under the conditions of globalization in Kerala, India. Ayurveda, which was originally confined to the Indian subcontinent and its vicinity, is now becoming a global medical practice, spreading to different areas of the world and acquiring new meanings in theory and practice. In Kerala, many patients are coming from abroad in order to receive treatment, and many residential



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institutions have sprung up for such patients, for Ayurveda is rapidly growing into a huge industry. However, there are anxieties among those involved that Ayurveda is dependent on industry and is dominated by foreign countries. As the patents on Ayurvedic herbal medicines and therapies are taken by companies in the advanced countries, Indian Ayurvedic practitioners and pharmaceuticals are prevented from taking part in the global development of Ayurveda.

I would like to pay particular attention to the cultural politics of ownership of "traditional" medicines as intellectual property. There is an ongoing process of redefinition of Ayurveda as national property, giving rise to social repercussions over the question of ownership of medical culture. I would also like to look at the conscious efforts of local practitioners of traditional medicines to improve and modify their practices and knowledge and to keep themselves involved in the current developments in Ayurveda. In this way, I would like to try to understand the transformation of Ayurveda not only as a result of foreign or global influence, but also in the context of multiple workings of reflexive agencies of the governments, companies, NGOs, and the local people.

The Organization of Tibetan Medicines in India

Stephan Kloos (University of California at Berkeley & San Francisco)

This project is a continuation of my previous work on the practice of Tibetan medicine in North India, which showed the centrality of the *materia medica* and medicines to the contemporary practice and organization of Tibetan medicine. Following and extending Appadurai's suggestion that by analyzing the trajectories of things we can gain important insights into human transactions not only of things but of ideas, knowledge, and epistemologies, I hope to generate new questions and insights regarding Tibetan medicine in India by focusing on its condition *sine qua non* – its *materia medica*.

The aim is to problematize this condition, to look at the history of its present use, and to take it as a tool in an ethnographic analysis of Tibetan medicine's institutional politics and policies, networks, and its economy not only of money and medicines, but also of power and knowledge. There will be three directions of inquiry: 1. The different modalities of the organization of medicines will be traced from the 1961 founding of the Men-Tsee-Khang in Dharamsala up to today, in order to situate the study historically. 2. The current social, economic, and political organization and context of Tibetan medicines and *materia medica* will be investigated using qualitative and quantitative methods in a multi-sited ethnographic fieldwork in India. 3. This fieldwork will be enriched by an epistemic focus on the ways knowledge about the medicines, and especially about their organization, is produced, managed, and utilized.

In short, this study is intended to extend our understanding of the role of *materia medica* in the contemporary practice of Tibetan medicine in India by linking local ethnography with structural processes, historical developments, and an epistemological awareness.



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Social Change, Religious Conversion, and Traditional Medicine among the Hmong

Nguyen Tran Lam (University of Amsterdam)

Despite claims that religious beliefs and practices are important to understand human life, little is known about the relationship between religion and medicine in the context of social change. This research investigates the social construction of health and health care among the Hmong, a tribal people living in the Northern Mountain Regions of Vietnam. For many years, the Hmong, a clan-based society, were organised into small autonomous villages, had no system of writing, practiced slash-and-burn agriculture, and were migratory animists. During the last decades, however, many Hmong people have converted to Protestantism, thus giving up their animist rituals, changing their healing beliefs and practices, and consequently using medical pluralism. This research answers the two main questions: 1) How and to what extent have the Hmong health beliefs and practices changed as the result of religious conversion? And 2), Do these changes affect the Hmong identity, and if so, how do they react to these new influences?

As the process of Protestant conversion of marginal ethnic groups in the Southeast Asian uplands (e.g., Karen in Thailand, Akha in Laos) is going on, this research can enhance comparative studies of conversion and medicine among the Hmong fellows living abroad (e.g., Laos, Thailand, and the U.S.). The research will contribute not only to the anthropology of religious healing but also expand understanding of how folk medicine is structured and changed under the centripetal and centrifugal forces of national and transnational integration and globalization.

Protecting indigenous knowledge and promoting traditional medicine: The Indian experience

Yann Le Goater (University of Paris II Panthéon – Assas)

What is the Indian experience in connection with protecting biological diversity and traditional knowledge? I will consider in this research what ‘traditional knowledge’ is in India and who are the holders. One particular issue is how traditional medical knowledge is transmitted among holders, intergenerationally and the role customary laws play into.

India is a party to the Convention on Biological Diversity (CBD). This country has introduced the 2000 Biodiversity Bill to address the basic concerns of access to and utilization of biological resources and knowledge by foreigners. I will consider what the Bill implies concerning prior informed consent, disclosure of origin and benefits sharing. Recently, several cases of biopiracy of traditional knowledge from India have been reported. I shall later see what are the biological materials and the associated traditional knowledge patented by foreigners.

India is also a party to the TRIPS Agreement of World Trade Organization (WTO), which creates among others private rights over inventions. India is still in the process of identifying



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the essential components of an international *sui generis* system to protect traditional knowledge. I will therefore see thoroughly how the Indian Government wants to amend the TRIPS article 27.3 and what is his global view on the future of the intellectual property rights system. Another issue under discussion is how India perceives the concepts of ‘public domain’ and ‘geographical indication’.

Finally, the research will lead us into a south Asian perspective. We will try to see as far as possible, how protecting traditional knowledge is taken into account in various countries involved in this international process, such as Malaysia and Thailand.

Geographical indications in comparative law: the case of agro-pharmaceutical products in India

Delphine Marie-Vivien (CIRAD / Université de la Sorbonne)

India law protects geographical indication which identifies agricultural goods, natural goods or manufactured goods as originating, or manufactured in a region where a given quality, reputation or other characteristic of such goods is essentially attributable to its geographical origin. Therefore, being a collective right, Geographical Indications (GI) could be an interesting tool to protect a wide range of products used in health care, from natural goods as natural plants or agricultural goods used in therapy, to manufactured goods as medicines. Many agricultural products have applied for registration as a GI, as for example Njavara rice, the medicinal rice of Kerala. On the other hand, GI are not yet provided for services as the international agreements dealing with GI do only provide protection for goods. However, the hypothesis of protection of local services by GI could be tested for the protection of local medicinal practices. In both cases, the link between the product/ service and the geographical origin will have to be looked at, in order to see whether local medicinal products/local medicinal practices can fit in the criteria of Indian GI Act. And as legal protection shall serve an objective, the question is thus to see whether such GI registration permits protection of the local health traditions in India for the benefit of those who use medicinal plants, produce medicines, or heal with traditional practices in order to avoid misuse when provided in a open market.

The Tamil Sidda medical tradition: Influence of Chinese medicine and Amchemy on Pokar, the Tamil cittar

Kanchana C. V. Natarajan (Delhi University)

Numerous works are attributed to Pokar and his student Pulipani. Pokar’s medical texts such as *Pokar 7000* and *Pokar Vaittiyam 500* demonstrate how his system combines within itself the tradition of Tantra, the medical chemistry of the Nath siddhas, and some interesting features of



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the Chinese medical system.

This research will focus on Pokar's travel to China, his encounter with the Chinese master Kalangi, his apprenticeship, and his consequent conceptualization of siddha medical theory. I will attempt to relate that conceptualization to the broader intellectual environment from the 15th century onward. I will also explore siddha medical symptomatology, diagnosis and treatment, in order to situate Pokar's methodologies within that tradition, as well as evaluate the Chinese contribution to the siddha system.

Generational epistemologies of science and medicine among Tamil People's Science practitioners

Robin Lynn Oakley (Dalhousie University)

The research involves documenting the unique generational perspectives and experiences of Tamils who have organized, participated in or resisted a people's science organisation by focusing on formally trained medical and scientific experts ranging from *Siddha* practitioners to biomedical physicians and engineers. These organisations are prolific throughout South India, with the national All India People's Science Network, and its Tamil branch (Tamil Nadu Science Forum) located in Chennai. They differ from other NGO's in that they tend to eschew foreign funding relying instead on the volunteer work and resources of their professional membership. A generational perspective, participant observation and interviews will reveal the extent of epistemological and ontological generational-based content of notions of science and medicine. This study is centrally concerned with understanding what kind of knowledge becomes accepted “expert”? What is the content of such knowledge? Who wields this knowledge and for what purposes? How is such knowledge rooted in historical, social and biographical time? My particular interest in this project is not just *in what they do*, but *what motivates* these experts to partake in the work of popularizing science, by exploring their *understandings of science* and how they are embedded within the epistemological and pedagogical parameters of their generational location. I am particularly interested in the generations born between 1920-1940, and 1940-1960, as they tend to have very strong notions of science, volunteerism and development. Arguably no other modern cohort have been so educationally well-rounded as these two, and in particular, the 1940-1960 cohort, due to the fluorescence of high colonial and post-colonial educational standards, represent a modern intellectual *renaissance*.



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Integration of āyurveda in Kerala: An ethnography of a family-based tradition

Mihaela Paina (University of Heidelberg)

The contemporary health-political discourse about the integration of āyurveda in India derives from the global biological perspective of the WHO and its biomedical Primary Health Care concept, whereas local actors and socio-cultural aspects are hardly considered. Forced to meet the postcolonial health expectations of its clients in biomedical terms, Ayurveda must “biomedicalize” and redefine itself. This project therefore investigates the local concepts and strategies of integration of āyurveda by assessing the adaptive changes of an old ayurvedic family-based clinic and factory in the contemporary socio-cultural context of Kerala.

The main objectives of the research are: 1. to document ayurvedic practice and its postcolonial dynamic in Kerala: the family history, its local prestige, the ayurvedic training and social hierarchy of the *vaidya*/B.A.M.S.-doctors/nurses, the division of work and resources, the privatization, standardization, hybridization of treatments (ISO-clinic, GMP-factory, regional agencies), the changing values and aims. 2. to trace the socio-cultural illness behaviour of ayurvedic patients and their relatives: social/financial status, definition of health and illness, illness history and its social impact, strategies of coping and resort to treatment, the efficacy of different medical systems. 3. to identify/discuss both local and global health-politics, their impact on the local illness behaviour and the response of local ayurvedic actors to both of them.

Medicinal plants used in different healing practices in South India: An ecological account

Santoshagouda V. Patil (French Institute of Pondicherry)

In India, about 7 300 species of plants are used in traditional healing practices such as *ayurveda*, *unani*, *siddha* and the folk practices. Moreover, about 2 300 species of plants have been used in different ayurvedic medicines in South India. By considering the origin and diversity of plants and healing practices, one notices that the Western Ghats in South India are a genepool for traditional medicines that have evolved over the course of time and have largely contributed to healing systems in the area. Such healing knowledge and practices vary greatly from one habitat to the other, despite the overall biological diversity and richness of the Western Ghats.

Internationally, the demand for medicinal plants is dramatically growing. Export and local utilization of medicinal plant products within and outside India have also increased; natural resources for such a market are found in South India. Further, this utilization is expected to become even greater in the near future, due to a variety of reasons addressed elsewhere by other researchers engaged in this programme. As a result, there is a drain on medicinal plant species in the studied area. Plants that are used in healing practices require in-depth studies of their ecology and must be appropriately documented.



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This research project will therefore examine the medicinal plants, their origin, and their uses, availability and distribution at the landscape level in the Western Ghats. It hopes to assess the sustainability of the growing utilization mentioned above. In addition, a comprehensive information system (a CD ROM on medicinal plants) will be designed and will help in developing appropriate strategies for the conservation and management of medicinal plants in the Western Ghats.

The social construction of Tibetan medicine in Ladakh, Indian Himalayas

Laurent Pordié (French Institute of Pondicherry / Paul Cézanne University)

Tibetan medicine in present-day Ladakh, a remote region in the north-western Indian Himalayas, is embedded in a complex network of socio-political factors, which both shape and, to some extent, are shaped by this medical system. This study therefore explores the relationship Tibetan medicine, as a social institution, has with contemporary social and religious Ladakh, Indian national society, transnational political, economic and health agendas, as well as individual and institutional relations to both persons (within and outside the community of Tibetan medicine practitioners, or *amchi*) and medical ‘systems’ (Indian indigenous, biomedical, and ‘Western’ alternative medicines). This approach helps in learning how the local practitioners of Tibetan medicine and their institutions cope with, and shape, their own contemporaneity, and further, helps to understand the social and political construction of their medical system.

In this regard, I have explored over the past years selected ports of entry, with the aim of unpacking the strategic mechanisms, in de Certeau’s sense, of the Ladakhi *amchi*’s community: e.g. professionalization, institutionalization, legitimation issues, legal recognition, commoditization and intellectual property rights. The present research is inscribed in the direct continuation of this work, and adds depth to some of the previous findings. Two new points will, however, be given emphasis. First, I will study the use of biomedical epistemology, ideology, symbols and experimental practices by the Ladakhi Tibetan doctors, and, specifically, the moral consequences of such interaction, as they pertain to the *amchi*’s medical practice and worldviews. Second, I will explore the concept of Nature as a new aesthetic for Tibetan medicine, which is greatly influenced by the international demand for herbal medicine in the West and by the encounter with biomedicine in India. The rhetoric of science and nature are adroitly articulated by the *amchi*, thus showing collective and individual capacities directed towards the efficacy of action in a specific socio-political context.

This approach to the social construction of medicine will enable of the elaboration of a theoretical analytic framework, so as to understand the transformative logics of Tibetan medicine in Ladakh.



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Domestic healing among the women of Tamil Nadu

Vellore Pragathi (Pondicherry Institute of Linguistic & Culture)

In the South Indian State of Tamil Nadu, increasing attention is being given to the problem of rural health, particularly for the women (and children) who are generally considered as “backward” and who suffer great social inequalities in many aspects of their life. However, these women have specific position and skills with respect to health and healing (herbal medications, specific food, etc.) in their household. If a health policy meant for the woman is to be formulated, it is thus important to study domestic healing because it is generally the first healing resource people would use.

Unfortunately, limited work has been done on domestic healing, and even less on the interaction between domestic healing. Data on health, the concept of disease and the nature of treatment are rather scanty in this field. Specific studies are practically non-existent. In this context, such issues need to be documented and studied critically. This research will therefore explore the representation of disease and treatment practices among women, the status and social role of the woman as a healer in the community and the interaction between domestic healing and traditional systems of medicine in the region.

Diffusion and adjustment of Homeopathy in India: Comparative anthropology of the Belgian and Indian situations

Olivier Schmitz (University of Louvain)

Among the wide range of alternative medicines practised in the West, homeopathy has a special place: it is the oldest and the most consumed. The success of homeopathic medicine can be explained by its ability to respond to the aspirations of the Western population. This is shown by some historians of science and medicine, who have studied the interpenetration of homeopathy with critical intellectual movements that wanted to change the scientific vision of the world, while at the same time making peace between science and society. But this success also indicates the emergence of a particular model of health that appears in very different cultural contexts. Today, in fact, different forms of homeopathic medicines lead a social life: they are present in Africa, in America and in some parts of Asia, such as India. It is advisable to consider these adaptations of homeopathy as different “responses” to the therapeutic, clinical and politico-cultural contexts.

My research focuses on the social and cultural processes of the diffusion of homeopathic medicine in non-Western societies, especially in India. The objectives of the research are twofold: first, to comparatively explore the ways of this spread in the Belgian and Indian situations and, second, to evaluate the impact of the presence of homeopathic medicine on the local healing activities, with special attention to the relationships between patients and therapists (healers and physicians).



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Siddha medicine in Tamil Nadu : Identity, representations and contemporary practices

Brigitte Sébastia (French Institute of Pondicherry / EHESS)

This project explores the position of *citta* medicine (known as Siddha Medicine) in Tamil Nadu from both medical politics and consumers' points of views. In this State, *citta* medicine is well considered. Nevertheless, it must face up with two difficulties: the domination of biomedicine and the prominence of āyurveda in the field of indigenous medicine.

In order to unpack the dynamics at play here, I will first examine the way *citta* medicine is promoted in the discourses pertaining to Tamil identity, that is, the Dravidian Movement leaders. I will also highlight the different qualities credited to this medicine by its supporters so as to promote it and to differentiate it from (actually, to render it superior than) biomedicine and āyurveda. Moreover, it will be expedient to understand the socio-demographic identity of both the practitioners of *citta* medicine (the *cittamaruntuvan*) and their patients. I will thus explore different dimensions of the medical practice (private therapists in a village, Primary Health Centres, hospitals or private clinics), medical training and medical research. This study will contribute to understanding the social and political position occupied by *citta* medicine in Tamil Nadu, as well as the phenomena of hybridization in the field of medicine.

The "vital spots" - ethnography of a South Indian healing tradition

Roman Sieler (SAI, University of Heildeberg)

The medical discipline of Varmam, which is considered a branch of the South Indian indigenous medicine of Siddha and at which core stands the philosophy of vital spots (varmam or marman in Sanskrit) is still to be explored scientifically and also ethnographically in detail. While both life-histories of practitioners of Varmam and the available palm-leaf manuscripts clearly hint at a special guru-sisya relationship characterised by extreme longevity of the phase of learning, intensive testing of the student's readiness and right mental state by the guru, and a strict codex of hiding of certain parts of the knowledge considered to be sacred and dangerous, it is possible to find Varmam advertised on the Internet, with an alleged modern and westernized labelling of 'Thanuology' and practitioners struggling to keep their heritage alive. Also, if slowly, Varmam is being incorporated into institutional curriculae.

At the same time, the extrememely intriguing person of the guru himself, known as the Varmani Asan, who more often than not is notorious for his secretive behaviours, being known as drunkard and also as a possible master of the secret martial art of varma ati or ati murai, related to the knowledge of the vital spots, which makes him a source of danger at the same time that he is respected as a healer, seems to be transformed itself in contemporary South Indian reality of illness and healing. The related ayurvedic marman also stand in the centre of a recent trend to combine different medical systems, notably the Indian and the Chinese one in the form of Acupuncture. It will be one of the main questions of this study if local or



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indigenous knowledge with its often closed forms of learning can exist without giving in to developments like globalisation and related phenomena as medical plurality in a contemporary environment and how transitions come to terms with conflicting powers of tradition, modernity and healing.

Institutionalisation and de-Islamisation of Indo-Muslim traditional medicine during Colonial and post-colonial periods

Fabrizio Speziale (Pontifica Università Gregoriana, Roma / Institut Français de Recherche en Iran, Teheran)

The aim of this research is to analyse how the reformist strategies that were adopted by Indo-Muslim traditional physicians during the colonial and the post-colonial periods caused a progressive detachment of the Indo-Muslim medical tradition from the religious and scientific ground of Islamic science. These reformist strategies started to be elaborated essentially in order to reply to the accusations of being unscientific lead by the colonial establishment. The process of de-Islamization was acted through some important linguistic operations. The most important was certainly the use of the adjective *yûnânî*. During the colonial period, Indo-Muslim physicians began to define and differentiate their traditional medicine by using the Arabic adjective *yûnânî* (or *unani* according to English pronunciation) literally meaning ‘Ionic’ or ‘Greek’. Indo-Muslim physicians today would rarely, and never within *unani* health care and research institutions, define their medicine as Islamic, but as Greek. A main intention of the research is to analyse what were the scientific, political and linguistic motivations driving this terminological change. During the post-independence period, this process culminated in *unani* becoming the denomination of all official institutions of Islamic medicine established under the Indian Ministry of Health, while demonstrating the validity of traditional methods according to modern standards became a basic goal of these institutions. *Unani* is a key term for understanding the transformation of the tradition in the last century: the aim of being called *unani* and the efforts to de-Islamize the tradition were and still are inseparable from the aim of being considered as ‘scientific’ as Western medicine.

Biomedicalization of Ayurveda. A study in New Delhi

V. Sujatha (Jawaharlal Nehru University)

Professional Ayurveda practitioners in India are today of many kinds: the *vaidyas* trained by a *guru* (teacher) in the traditional method, and the growing number of college-trained Ayurveda ‘doctors’ who have their private clinic or work in hospitals of indigenous medicine. Ayurvedic preparations are used by biomedical doctors; tourist agencies sell Ayurvedic massages and modern socio-religious movements recommend Ayurvedic therapies to complement their religious prescriptions. It seems that contemporary Ayurveda is acquiring a structure very similar to biomedicine. Is this very different from what it was earlier? Indigenous medicine in



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India has been a set of pluralistic health traditions and has been closely associated with the folk health traditions emerging from people’s own living experience. But most of the contemporary interventions in Ayurveda work to standardize and homogenize its therapies, as in biomedicine, because that aspect fetches high profits in the global market and gives the image of ‘science’ to Ayurveda. The aim of the proposed study is to examine the process of the biomedicalization of Ayurveda and its implications as seen in New Delhi, North India.

The objectives are as follows: 1) to study professional practitioners of Ayurveda (including the traditional *vaidyas* and college-trained doctors) in Delhi. The focus here will be on their social background, professional networks and ideas about their profession, diseases treated by them, methods of diagnosis and treatment and source of medicines. 2) to examine the curriculum, pedagogy and skills included in the Ayurveda degree course at some Ayurveda College and Hospital. 3) to identify other arenas in which Ayurveda is used, such as tourism and socio-religious movements like the ‘Art of Living’ foundation 4) to conduct a preliminary historical investigation into the past of Ayurveda in the Indian capital.

Ethnobiological Studies in Highland Nepal. Focus on Dolpo traditional healing system

Yildis Thomas (CEFE-CNRS)

Ethnobiology studies the relationships between societies and their environments, using methodologies from different anthropological fields including the anthropology of cognition, of techniques and practices. This research thus relates to the ways societies think of and socially organize their actions on the natural environment in the contemporary context of the dissolution of major divides between the local and the global levels and between scientific and ‘traditional indigenous knowledge’.

This research aims to identify practices linking traditional medical systems and medicinal and aromatic resource management. While focusing on the District of Dolpo, Nepal, a region mainly inhabited by people originating from Tibet, this project explores the ecology of high-altitude medicinal plants as well as social and cognitive dynamics related to the promotion and professionalization of *amchi* (physicians of Tibetan medicine) medical practices. Special emphasis is given to the linkages between the set of representations and knowledge brought in by biodiversity conservation narratives and practices in the context of global environment management, and the local worldviews, knowledge and practices of Tibetan medical doctors.



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Medicinal plants trade in the city of Pondicherry

Gaëlle Vincent (University of Paris – Nanterre)

This study aims to understand medicinal plant trade in a geographical perspective. I will first draw up an inventory of the plants sold at the Pondicherry market, including their names (vernacular and botanical) and therapeutic indications (local idioms). This approach will be complemented by the study of the trade network, from shopkeeper to collector, through various intermediary structures. The overall aim of this project is to establish a cartography of the market zone and to explore the notion of social and geographic space as it relates to sale and consumption.

Configuration of tradition in Siddha medicine

Richard S. Weiss (Victoria University at Wellington)

Cittavaiyyar today are often grouped with diverse medical practitioners throughout the world under the rubric of “traditional” doctors. Many *vaiyyar* embrace this designation of traditional, wielding it in ways that lend authority to their practices and distinguish them from the hegemony of biomedicine. While the historical study of medical knowledge and practices has greatly advanced over the past two decades, the nature of authority entailed in calling something traditional, as well as the continuities and fissures between this contemporary designation and prior ways of specifying medical identity and difference, have been little studied. In this project, I will bring into dialogue the pre-modern and modern self-referential practices of South Indian *vaiyyar* who trace the origins of their knowledge to the Tamil *cittar*. I will examine the ways that these *vaiyyar* have transformed themselves over the past two hundred years. In demarcating clear divisions between Tamil, Sanskrit, and Western medicines, *vaiyyar* today consider themselves to occupy a unified medical space called “siddha medicine” or “Tamil medicine.” However, a look at pre-modern medical writings in Tamil indicate that individual lineages took preference over broader considerations of a pan-Tamil medicine. By comparing these premodern writings to contemporary accounts of siddha medical tradition, I will map shifts in the self-referential practices of medical practitioners from *vaidya* to *cittavaiyya*, to *Tamil vaiyyar*, and to *traditional vaiyyar* (*parampariya vaiyyar*).

The social and intellectual history of precolonial medicine in Kerala

Dominik Wujastyk (University College London)

The classical tradition of Indian medicine as interpreted in Kerala has been of unique cultural importance for many centuries, and it continues to be so through its successful adaptation to



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contemporary medical requirements. Nevertheless, its internal history is still little-studied. The rich archival documentation available in Kerala and the survival into the present of some multi-generational lineages of medical practitioners provide valuable sources for historical study.

The aim of this project is to use these resources to answer critical historical questions concerning the lives of individual physicians and their families, the relationships between learned and local forms of medical knowledge, the divergence of Keralan medical traditions from those elsewhere in India, and the physicians who interacted so crucially with Indian Ocean spice traders and colonists during the period of European expansion into Asia from the sixteenth century.

Remedies of the soul, remedies of the body in Portuguese India (16th and 18th centuries)

Ines G. Županov (EHESS-CNRS)

The European encounter with the tropical world of South Asia opened formerly unthinkable possibilities to acquire wealth, women, territory, and knowledge. The costs of this enterprise, especially in terms of its human investment, were high. The tropical climate, along with the seasonal epidemics that ravaged Portuguese commercial enclaves, was held responsible for the disastrous mortality rate of the soldiers, merchants, and administrators exported to the colonies. Keeping Portuguese bodies healthy and virile in the tropics soon became more than a simple medical concern. The equation between illness and sin was at the back of every Christian mind. Idolatry, paganism, as well as crypto-Judaism and heresy completed the equation, while a growing number of ecclesiastical personnel and missionaries imported to Goa and to other Portuguese Asian colonies made it their primary goal to administer the “medicine of the soul”.

I plan to work on various views and solutions proposed by Portuguese physicians, officials, and religious specialists on how to preserve a healthy individual and a healthy social body: ranging from those that celebrated medical indigenization and diversity to those based on hospitalization, disciplining, and uniformity. I am interested in exploring, in particular, the boundary between madness and holiness, between “authentic” affects and dissembling, as well as the baroque *mise-en-scène* of the healing process.

Traditional South Indian medicine surrounding Tranquebar

Kenneth G. Zysk (University of Copenhagen)

Before the coming of the Muslims in the tenth century A.D., two predominant forms of medicine existed in India: Ayurveda in the north and parts of Kerala in the south, and Siddha principally in Tamil Nadu. Both of these traditions of indigenous medicine have long histories and are still practised in their respective areas in India. Much has been written about the history, development and practice of Ayurveda, which has a literary tradition in Sanskrit and



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Hindi extending over two millennia. However, very little is known about Siddha medicine because its literary history is meagre in comparison to that of Ayurveda, and most of its knowledge has been passed down via oral tradition from teacher to student. This project, therefore, will focus on the Siddha medicine in Tamil Nadu, with particular reference to that area surrounding Tranquebar.

Ayurveda uses an aetiology based on the unbalance of three basic bodily humours: wind, bile, and phlegm to diagnose disease. Health is then restore and maintained by means of a combination of herbs, minerals, life-style, and sometimes surgery. Siddha medicine, on the other hand, uses other forms of aetiology, which includes, among others, pulse-diagnosis, to diagnose illness. Cure is effected primarily by as system of medical alchemy that is rarely seen in the modern world. Both systems share a common underlying fundamental understanding of the relationship between the macrocosom and microcosm, or between human-beings and their environment.

Tranquebar in Tamil Nadu is ideally situated to undertake the research into the South Indian traditions of Siddha medicine because records already exist, detailing the encounters between Siddha medicine and medical practitioner and Danish doctors attached to Tranquebar. Using this information as the point of departure, a comprehensive study of the history and practice of Siddha medicine and its influence on and by both western medicine and Ayurveda will be undertaken. This project will focus on the history and development of Siddha medicine in Tamil Nadu and its relationship to Ayurveda.