

Siddha Medicine: Historical, Social and Medical perspectives

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Abstracts

Body and self: non dualism in Siddha medicine

V. Sujatha (Jawahar Lal Nehru University, New Delhi)

While the social, political and economic aspects of systems of medicine such as Siddha and Ayurveda have received research attention from social scientists, the cognitive and conceptual dimensions of the medical knowledge have not been examined as much. This paper seeks to present the underlying view of the body in Siddha medical literature and show how this is undergoing transformation.

The idea behind this paper is to delineate, if selectively, the substantive concerns of Siddha medicine and to show that it involves a distinct view of the body and its environment and, for the knower, entails a definite set of methodologies. The Siddha view presents a conception of the body and nature that includes its gross (material) and subtle (non material) aspects, so that the body and mind are not treated as dual entities. Such an enquiry into the cognitive framework of systems of medicine is relevant to the emergence of alternative conceptions of science in a unipolar world. It also interrogates biomedicine's position as the sole arbiter of the reality of the body, and considers epistemologies that offer a different conception of knowledge and knower. The paper will conclude a brief section on the changes that characterize medical conceptions of Siddha system.

The Tamil Siddha medical tradition: a biographical note on Pōkar, the alchemist.

Kanchana C.V. Natarajan (University de Delhi)

My research focuses on Pōkar's alleged journey/'flight' to China, his encounter with the Chinese master Kalañki, his apprenticeship, and his consequent conceptualisation of Siddha medical theory. As with many *cittarkaḷ*, Pōkar's life is shrouded in various confused, superficial, and exaggerated accounts found in myths, folklores, oral, literary, and on websites. My research tries to retrieve the life of Pōkar from all the exaggerated claims made by various Siddha experts. A few scholarly studies have identified three Pōkar belonging to three different historical periods. My paper has taken into account the possibility of three Pōkar, and I have reconstructed the life and times of Pōkar III from the text *Pōkar 7000*.

A Pathway to Eternal Bliss: Kāyakarpam in Siddha Medicine

S.Jega Jothi Pandian (CRIS, Chennai)

Kāyakarṣam is the art of rejuvenation which is highly developed in the Siddha system of medicine. A science of longevity aimed at the attaining of *mokṣa*, it deals directly with heart, mind and soul theory in the interests of increasing the quality, and improving the pattern of life.

Among the eighteen *cittarkaḷ*, Tirumūlar, Pōkar and Koṅkaṇar framed the basic principles of *kāyakarṣam*.

Regular food habits, breathing practices, meditation and auto urine therapies are some features of *kāyakarṣam*. The variations and similarities among these authors are discussed in this paper.

A Few German Diary Reports on Siddha medicine in the Halle Mission Archives

C.S. Mohanavelu (Principal Investigator, U.G.C., New Delhi.)

With the arrival of the first German named Balthasar Sprenger in south-west India in 1505, Indo-German interactions are now already 500 years old. But significant German interest for Tamil studies came to be only from 1706 onwards.

German Lutheran missionaries visited Tamilnadu on 1706, to spread the Gospel. Coming from cold Europe to the hot tropical Tamilnadu without any knowledge of tropical diseases, they knew nothing about the corresponding indigenous medical treatment, better known as the Siddha *vaittiyam*. Dozens of German missionaries, who suffered from tropical diseases for the first time in Tamilnadu, were cured by the native medical-men – the *cittayavaittiar* - with tropical herbs. According to a German diary report dated February 20, 1726, the Tamil medical-men knew of as many as 4448 diseases and their corresponding herbal drugs. Struck by nascent curiosity, mixed with pleasant surprise, the Germans collected hundreds of medical palm-leaves to know ever so more about Siddha medical system. They sent rare Tamil medical manuscripts with notes on each disease to Germany “in a remarkable haste by the next available ship”. This kind of medical interest outshone and overshadowed their very purpose of coming here, which led to a spiritual paralysis. I will also outline a proposal for a digital archive, in order to make Siddha medical data stored in German Archives, available to medical researchers.

Cittarkal and ancient rock-cut caves of Saduragiri Hills, Western Ghats

S.P. Anandan (Dt Pharmacy, MSU, Srivilluputur)

Among the eighteen *cittarkaḷ* belonging to the Tamil tradition, there were many who travelled to the hills of the western ghats in Tamilnadu, and chose to live and to meditate there, in rock-cut caves. Thanks to their supernatural powers (*cittikkaḷ*), they adapted themselves without difficulty to the environmental conditions of these caves.

There are dozens of caves located in the Saduragiri hills of the western ghats; each of them bearing the name of a *cittar*. For example, *kōrakkar kuṇṭam* is a rock-cut cave in the Saduragiri hills where the *cittar* Kōrakkar is believed to have prepared his panacea for prolonging life. As in earlier times when *cittarkal* used to meditate in caves with the help of *kāyakarṣam*, prepared from the herbs of the hills, some hermits continue to frequent these caves and collect rare medicinal plants and sacred trees.

My paper is the result of a biological survey carried out to document rare and endangered medicinal plants endemic to the Saduragiri hills; it was whilst this survey was in progress that the

caves were spotted. I have studied the environment of sixteen caves in the hills and have biologically enumerated the rare and endangered medicinal plants in the ecosystem.

Systematization and identification of the botanical materia medica of Siddha medicine sources, methods and implications

J. Soundrapandi (PhD Christian College, Tambaram)

Siddha medicine uses an extensive pharmacopoeia that includes botanical, animal, mineral and metallic preparations, and possesses a vast vernacular pharmacopoeial literature made up of *kuṇapātam*, *nikaṇṭu*, *malai vākaṭam* and *karpa sūttiram*. These writings, preserved in codified poems and oral transmission, are an accumulation of knowledge about the pharmacology and ecology of herbal, animal and mineral medicines. Much of Siddha medical writing awaits systematic study, de-coding and standardization, hence, this presentation will attempt simply to address the botanical aspects of this medical tradition.

I propose to elucidate and systematically review the botanical materials contained within the *materia medica* of Siddha texts to determine their identification and use. Identification of medicinal materials, especially plants, provides the basis for phytochemical and pharmacological characterization. Ethno-botanical knowledge of *cittavaiṭṭiyar* and the ethno-pharmacological survey of fresh plants, as well as raw material marketing in the State, were utilized to validate, authenticate and identify the botanical *materia medica*. Attempt is made in this study to harmonize nomenclature and place classification of Siddha medicine with that of the binomial naming system and botanical systems of plant classification. I intend to demonstrate the taxonomic richness of Siddha's botanical *materia medica*. By using the botanical data, I also propose to examine the extent of dependence of Siddha on local ecosystems for its pharmacopoeia, and its implications for resource conservation.

Social use of materia medica in Siddha system of medicine

G Veluchamy (Director of CRIS, Chennai)

Medicine as everyone knows is not merely a science but an art as well. The Siddha system of medicine is one of the oldest in India. The term 'Siddha' means achievement and the *cittarkaḷ* were saintly figures who have contributed to the development of this medical system.

According to the *cittarkaḷ*, the human body (microcosm) is a replica of the universe (macrocosm), and so are foods or drugs irrespective of their origin. The *Cittarkaḷ*, through enumeration, implied that the herbs are used as 'special foods', serving to eliminate excesses and to strengthen deficiencies. They have a powerful nutritive impact on a weakened body and their primary action is to stimulate particular organic functions, thereby acting more effectively than normal food.

This paper elucidates the social uses of *materia medica*, and throws light on their mass production and the hurdles that hamper the growth and development of the popularization of the Siddha system of medicine.

An effective tool in organising digital knowledge of Siddha medicine
G.Gnana Sekari (CRIS, Chennai)

An expert system in information technology serves as a potential tool in the management of digital asset. An expert system is a knowledge-based system which facilitates organization of knowledge in such a manner as to fill the gap or compensate for the absence of an expert in a particular field.

Siddha system is an impressive and ancient Indian medical system which, historically, was not popularised due to the secrecy maintained by the *cittarkaḷ*. The expert knowledge in this field is found in the form of Tamil poems and was not properly organized. This information should be organised in digital format so that it is easily accessible to, and understandable by, a layman.

This paper aims to describe the organization and digitization of information about Siddha medicine in the form of expert system with hypertext facility. This study mainly explains, how these two modern information technologies can be used to manage the digital asset.

Varmam point induction experiences with traditional practitioners
T. Rajendran (Siddha practitioner, KK District)

I am a post-graduate homoeopathic physician belonging to a traditional *varma* practitioner's family, and I have gained much experience from other such practitioners whom I met, with a view to improving my knowledge of Siddha and *varmakalai*. Most of these traditional practitioners are illiterate or minimally literate and could not understand the basic needs of society or the need for education. They believe themselves to be the authorities of the practice, but because of this ignorance, they are destroying the value of the particularly experiential knowledge of our tradition. Even though some traditional practitioners have had higher education, they have no interest in exposing their knowledge freely and openly.

I wish to narrate an experience of mine: once, my master sent me out to purchase a piece of cloth from a shop as for a bandage for a patient when, actually, it was to avoid the exposing of his induction or *varmam* point stimulation treatment given to an unconscious patient. Incidents of this kind frequently occurred when I met with practitioners to learn from them.

Varmakkalai: A historical perspective

P. Jeyabalakrishnan (Annamalai University, Chidambaram)

Varmakkalai, or the art of *varmam*, is a part of the Siddha system of medicine. The sage Agattiya, regarded by Tamils as the father of Tamil literature and Siddha, is also considered as the father of *varmakalai* due to the fact that some manuscripts on *varmam* bear his name.

Varmam includes in its meaning: eternal secret, that is, the secret of life; death; fighting; defence; bringing back to life; and knowledge of the self. It is a martial art which contributed greatly to the bringing down of the enemies of the rulers, and it is also a therapeutic art based on the knowledge of specific secret vital points of the body which, when they are disturbed, affect the body and nervous system and cause diseases and disabilities.

My paper will present the history of *varmakalai* and its practice in Kanyakumari district by *nāṭār* who have preserved this hereditary art in a traditional way. The study of *varmakalai*

practice will allow for the evoking of the cultural traits and way of life of the people associated with this art.

Traditional Siddha practitioners in Tirunelveli: their strategies, techniques and experiences
M Ramakrishnan (Manonmanian Sundaranar University, Tirunelveli)

Change occurs in every field of activity in life, but the nature and direction of change may not be uniform. In the case of western medicine, the progress is quite visible, any innovation or finding in the field of western medicine is available for scrutiny and discussion. In the case of Indian medicine, whether Siddha or Ayurvedha, dissemination of knowledge does not, however, take place since the practitioners keep their knowledge and findings secret, thus giving the system of indigenous medicine and the practitioners of such medicine a low profile.

It does not require scholastic knowledge to prove that Siddha is not being practiced in its pure form. A variety of factors have contributed to the phenomenon of dilution in this arena, but it should be acknowledged that the traditional Siddha practitioners have certainly contributed to the improvisation, simplification and sophistication of therapeutic procedures and techniques.

Tirunelveli, which has earned a historical reputation for its Siddha medicine, has produced committed *vaittiyar*. Even today, *bona fide* Siddha practitioners, known for their distinct and effective therapeutic techniques, attract clients from different socio-economic strata, and there can be no doubt that such practitioners play a vital role in keeping alive the system of Siddha medicine in this region.

The present paper, based on the case analyses of a few traditional Siddha practitioners, presents certain secrets, special talents, innovative techniques and folk psychosocial tactics of the practitioners, which may be described as unique and individualistic.

Siddha practices in Kongu region, Tamil Nadu

R. Maruthakutti (Manonmanian Sundaranar University, Tirunelveli)

This proposed research on Siddha practices will be carried out in three sub-cultural regions viz. the Erode, Salem and Palani areas of Tamil Nadu. These regions are very renowned for this medicine due to the presence of hills which possess a rich diversity of medical plants and which are considered to have welcomed various *cittarkaḷ* considered as the authors of medical manuscripts.

This sociological study will look at the comparison between practitioners who consult patients in the Siddha ward of government medical hospitals, the Siddha doctors of *panchayat* dispensaries, those in private Siddha clinics, and in the religiously endowed hospitals (Siddha). The data as it concerns the practitioners will evaluate: their socio-demographic profile, their education, their perception and the expectations they have of their medicine, the diagnostic they used and the medicines they distributed, the tariff of consultation; and as it concerns patients: their socio-demographic profile, the illness provoking the consultation, previous therapeutic attempts, the perception of Siddha medicine and of the doctor, and the content of the consultation.

This study will allow for the defining of the therapeutic role played by Siddha medicine in this area and will offer a field of comparison between it and other studies conducted in different areas

of Tamil Nadu. Its focus will be on ascertaining the choice of the Siddha medicine in preference to other practices and also towards the socio demographic factors which condition the choice.

The Transformation in the practice, education and Research on Siddha System of medicine consequent of the social changes

T. Anandan (CRIS, Chennai)

The practice of Siddha medicine has undergone radical change both in the preparation of medicine and in the pharmaceutical forms in which the medicine is administered. In this era, in order to achieve the goal of global acceptance and of advancement in the field of medicine, education, practice and research have experienced greater changes according to the guidelines issued by WHO. These changes will be discussed in detail.

Siddha treatment in institutional setting: a study in Southern districts of Tamil Nadu

N. Kannan (Manonmanian Sundaranar University, Tirunelveli)

The present paper makes an attempt to cast more light on the part being played by ashrams which run treatment centres, and by manufacturing, in the institutionalising of Siddha-based health and medical care practices, with reference to the area of the western ghats in the southern districts of Virudhunagar, Tirunelveli and Kanyakumari, Tamil Nadu.

Since an understanding of the origin and development of ashrams in the study area will provide more information on the historicity of the institutionalisation of health and medical care practices, the field-based study is designed to fill up the gaps in our knowledge of the institutional treatment setting, professional background of the treatment providers (*cittavaiyyar*, *ācān*), and the disease profile for which Siddha treatment is sought. The study also focused on the supply (of raw material)-production-distribution network of medicines used in Siddha treatment, which plays an important role in the commoditization and commercialisation of Siddha medicines.

The study found the renewed interest, recognition and resurgence in the use of Siddha medicines in health care in recent times to be the result of market forces, operating at both local and global levels. This popularisation has opened new horizons for traditional Siddha practitioners.

Manufacturing Siddha Medicines: Issues in Standardisation and Procurement

N. Lalita (GIDR, Ahmedabad)

Regulations pertaining to the manufacture of Siddha medicines come under the Drugs and Cosmetics Act of 1940 and Drugs and Cosmetics rules of 1945. As part of the regulations, as for chemical pharmaceutical units, Siddha manufacturing units should adhere to the “Good Manufacturing Practices”, which assures users that the medicines are manufactured in accordance with world standard manufacturing practices. However, sufficiently widespread, unorganized manufacturing of Siddha medicine takes place, which is difficult to bring under any regulation. The GMP not only cover manufacturing practices, but also ensure that only standard raw materials are procured. It emerges from the current procurement practices adopted by two

manufacturing groups, TAMPCOL and IMPCOPS, who also supply health care facilities to the Government of Tamil Nadu, that these agencies procure raw materials by tender, specifying certain standards. These raw materials come from various places in India and some items are also imported. Just because the raw materials are provided by different agencies, adequate attention is not presently being paid to: a) sustainable aspects of the raw materials, or to b) benefit sharing practices. It is evident that many of the medicinal plants are becoming extinct and hence, if the procuring agencies are not adequately sensitized about the sustainability aspects of herbs particularly, many of them will be added to the extinct list and a number of currently available Siddha products will also become extinct. Hence, in the institutionalizing of Siddha medicines it is necessary to pay great attention to the sustainability of resources: this is the need of the moment.

A clash of practices: Siddha medicine exportation and foreign laws on drug quality
Brigitte Sébastia (IFP/EHESS Toulouse)

Little is known about Siddha medicine outside those Asian countries with significant Tamil communities. Over the last few decades, however, the revitalization of this scholarly medical system originating in the state of Tamil Nadu has been acting as a push towards promotion on the international markets. The distribution of this medicine is not without problems as its practitioners make a great deal of use of metals and of mineral compounds whose tolerance thresholds in the finished product are drastic in some cases, due to toxicity. Warnings of the high levels of metal detected in Canada and England in various drugs belonging to traditional Indian medicines have prompted the health ministries of these countries to strengthen their quality control policies by compelling the specialised manufacturers to apply “Good Manufacturing Practices” and to list the ingredients of each formulation.

Some practitioners, to avoid the risks linked with toxicity, have chosen to give up using metals and other dangerous products in their formulations. Other practitioners believe, however, that these elements are the key to the efficacy and the singularity of Siddha, and therefore do not alter their formulations. How is the export of Siddha medicine and its drugs to be carried on in this situation? In answer to that question a study must, first of all, be carried out, of the regulations pertaining to the importing of medicinal products as might contain residual doses of toxic elements, and the extent to which the export of these products is feasible thereby estimated. I shall next look at the methods developed by the makers of Siddha medicaments (at different production levels) to distribute their products outside India.