LOCAL HEALTH TRADITIONS
Plurality and Marginality in South Asia

Edited by
ARIMA MISHRA

Orient BlackSwan
When I decided to conduct anthropological research on siddha medicine in 2005, one of the sites I chose was the district of Kanniakumari in the southern state of Tamil Nadu, India, well known for its numerous traditional practitioners. Compared to institutional siddha doctors—those trained in siddha colleges—siddha traditional practitioners acquire their medical knowledge from their relatives, parents and quite often grandparents, and for some, notably in this region, from ḍāga(kal), a local term referring to teacher(s) or person(s) regarded as being highly proficient and knowledgeable in a specialty that defines the siddha tradition. Traditional practitioners possess siddha-related items they inherited from their family, and sometimes from their ḍāga(kal). These items include ancestors’ photographs, diplomas, grinders and apparatus used to prepare medicines, surgical instruments, medicinal components (regarded as ‘precious’ because of their unaltered state considered as belonging to categories of medicines whose preparation required high skill) and manuscripts. During visits to these practitioners with my husband, it was rare that we were not exposed to these items. My husband, who documented the fieldwork in terms of photographs and video recordings, was on most occasions invited to take pictures of such almost unobtainable medical artefacts. Several practitioners, concerned with the preservation of manuscripts they inherited from their forefathers, consulted my husband regarding the process of cleaning and maintaining them and, occasionally, requested him to conduct the work.

The large quantity of manuscripts we discovered in the Kanniakumari district led, seven years later, to the submission of a project on the
digitisation and cataloguing of siddha manuscripts and items to the
Endangered Archives Programmes of the British Library, sponsored by
the philanthropic foundation, Arcadia. The two-year project, referenced
EAP810, and entitled Conservation, Documentation and Preservation
of the Knowledge of Siddha Medicine, began in July 2015. The
digital manuscripts, according to the British Library policy, will be accessible
online. My objective in conducting this project was not only to preserve
siddha knowledge, but also to encourage research on siddha medicine and
on its allied subjects (philosophy, alchemy, yoga, etc.). This field is still
neglected in India and hardly known outside the country, compared to
ayurveda and its allied subjects developed in Sanskrit literature. Therefore,
such research may offer keys to comprehending mutual influences between
these Tamil and Sanskrit traditions, and in identifying the specificities of
the siddha corpus in a comparative perspective with Asian traditions.

This chapter aims at sharing my reflections on this project. Based on
the growing interest in siddha manuscripts I have been observing through
encounters with individuals who have constituted manuscript collections
they obtained from practitioners, I will discuss the motivations of such
collectors as well as their openness or reluctance to participate in the
project. The second discussion will be on the content of the manuscripts,
some of which illustrate the complexity of siddha knowledge as well
as the lack of clarity on the subjects they refer to. Although the project
as it was formulated targeted medical manuscripts, the descriptive
catalogue testifies that in many texts the medical matter is inextricably
enmeshed with other subjects, namely alchemy and magic, philosophy
and spirituality, ascetic practices and astrology, and forms that I would
call the 'siddha corpus.' This corpus differs from the content of what is
today called siddha medicine, whose institutionalisation in schools
modelled on the British educational system at the time of colonisation
led to a clear separation between subjects defined as medical and those
considered as falling under philosophy and history of sciences or of
religions. Given that the syllabus in siddha colleges is increasingly being
infiltrated by subjects related to biomedical practice and concepts, this
raises questions about how this corpus, taught to the students of siddha
colleges, is relevant in clarifying the transformations of traditional
knowledge resulting from its institutionalisation, and in documenting its
reception by the students. This subject, analysing the encounters between
tradition and modernity, and between beliefs and rational and scientific
thought, has been widely debated since the pioneering work of Leslie
(1976). Quite often these encounters have been discussed by researchers
in terms of the transformations of medical practice, such as diagnostic
methods, medication and terminology (Alter 2005; Langford 1995,
2004; Leslie 1992). This chapter proposes another area of observation: the
comparison between the knowledge contained in manuscripts and
that imparted in the colleges.

**DEFINITION OF THE PROJECT TO
PRESERVE SIDDHA KNOWLEDGE IN MANUSCRIPTS**

The project, once finished, will comprise around 400 siddha manuscripts.
The manuscripts are composed of a variable number of texts going from
1 to 65, attributed to a cittar (class of yogis; explained later) or written
by an anonymous practitioner. The texts, composed in verse or prose,
are written on palm leaves collected from palm trees (Borassus flapiferi)
and talipot palm trees (Corypha umbraculifera), the latter being rarer
(Image 5.1).

The palm leaves, prepared by being buried for a few days to darken
them and make them flexible, or being soaked in water to make them
flexible, were then cut out, and holes pierced in one or two places for
receiving the thread that bound them between two boards constituted of
hardwood or palm leaves. The scripts were then engraved on the leaves
with a sharp stylus. Their size is variable; those engraved on talipot
palm leaves, characterised by fine texture and great flexibility, are quite
often minuscule, indicating the high skill of the writer. The writers were
siddha practitioners or copyists they hired to duplicate a manuscript
they possessed or borrowed from peers. The manuscripts have almost
disappeared since paper replaced palm leaves and printing replaced
抄ists in the first decades of the twentieth century. The important
production of siddha manuscripts, still in the hands of practitioners and
collectors or kept in diverse libraries in Tamil Nadu,
contradicts the common idea that the knowledge of traditional practitioners was based
strictly on practice and ignored siddha concepts; an idea that endures
today in the milieu of siddha doctors who claim the superiority of their
knowledge received in college over that of traditional practitioners. This
shows that in the past, siddha practitioners were well-educated and able
to write texts in verse, as many anonymous manuscripts were written in this form. Of those who are able to read and write manuscripts (rare due to the lack of transmission of this practice), some continue to record information on their medical practice in notebooks (Image 5.2) and consult published books too.⁶
In most manuscripts, the leaves are numbered on the left part of the recto, a process conducted either once the leaves were ready to be inscribed or during the writing of texts. This numbering, and according to the texts, that of verses, offers the possibility to reorder the leaves when they are mixed up, or to reconstruct texts when leaves have been removed from the manuscripts. The displacement of leaves from a manuscript may be due to neglect, notably when the thread binding the manuscript has broken. It might result from the medical practice as, before going to the patient's bedside, traditional practitioners selected leaves from texts on astrology, nosology, diagnosis and treatment, corresponding to the patient's condition. A type of medicine box belonging to a practitioner of the Kanniyakumari district who inherited it from his grandfather attests to this practice—among its 23 compartments for storing remedies and instruments, the box has a long central case for receiving palm leaves.

The project was drawn up in order to digitise and catalogue manuscripts collected from Kanniyakumari and other districts. The digitisation is conducted at the residence of Akila Thiruvithancore Siddha Vaidhya Sangam (ATSVS) or Association of Siddha Practitioners of Travancore, Munchirai, for the collection of Kanniyakumari, and at the French Institute of Pondicherry for the manuscripts of other districts. The descriptive catalogue is prepared by two experts on manuscripts; the one from Tanjavur is in charge of manuscripts of all the districts except for those of the Kanniyakumari district, which are catalogued by the president of the ATSVS, a siddha practitioner. The descriptive catalogues are translated in a comprehensive manner into English and, to maximise access to texts, are presented in the database in two versions, Tamil and English.

The distinction between manuscripts coming from Kanniyakumari district and those from other districts is based on two grounds. The first is that numerous manuscripts, comprising the collection of ATSVS and manuscripts of traditional practitioners, were identified in the Kanniyakumari district, and the owners were willing to digitalise. Second, the difference in the manuscripts' origins allows for assessing the specificities commonly credited to the medical practice of Kanniyakumari district—a therapy based predominantly on plants; and a practice of acupressure and manipulation called varnam. During my observations on consultations in many siddha clinics and hospitals of this region, I noticed that practitioners prescribed complex medicaments, made up of metals and minerals prepared by iatrochemical processes only when the disease resisted treatments based on medicinal plants. Practitioners justify their extensive usage of plants by the availability and diversity of species, favoured by climatic conditions and by the varied topography of this region, which offer the means to treat almost all ailments. However, the manuscripts of the region do not reflect this therapeutic practice. The recurrence of medicaments based on metals, minerals or metallic salts such as centiñaram, paripam, cuññam or kattu,7 as well as of iatrochemical processes for purifying metals, metallic salts and minerals, and of alchemy-related products such as muppu, racamañi,8 some kattu, cuññam and centiñaram is as significant as in manuscripts coming from other districts. The discrepancy between formulations described in manuscripts, dating from the early nineteenth to early twentieth century CE, and those prepared and prescribed in the Kanniyakumari region today is the result of at least four factors.

The first is the influence from the neighbouring state of Kerala, well-known for its practice of ayurveda that gives primacy to herbal formulations. The second is the cost of raw materials, time of preparation and level of skill, which must be much greater to produce metal/mineral-based medicines. The lack of skill in preparing complex medicaments is pointed out by some practitioners who denounce the decline of siddha knowledge (Sébastia 2013): others complain about the present mentality of practitioners, especially those trained in colleges who, in quest of 'easy money', are not eager to throw themselves into the preparation of elaborate products. The third factor is awareness of intoxication risks due to the utilisation of poisonous substances (Sébastia 2015). As in the West, medicinal plants, even though they are not always free of risks due to environmental contamination or toxic components, are rarely seen as harmful in India.9 Lastly, current practice may have been influenced by Maruturva Ācīriyam, a book written in the mid-nineteenth century by Poq Mikēl Nāğiyar of Kāriyāvilai (Kanniyakumari district), very popular in this region. In this text dealing with preparations of medicines, some formulas of centiñaram, paripam, pills and kattu are described but compared to the numerous formulations based on medicinal plants, they are under-represented.

On the other hand, manuscripts on varnam (vital spots; treatment of injured vital spots) are numerous in Kanniyakumari district, while none comes from other districts. Practitioners of the Kanniyakumari
region attribute the practice of varnam to the Nāṭār community. The Nāṭārs form a caste partly constituted of ex-Cānārs who held the traditional occupation of climbing coconut and palm trees (Borassus flabellifer) to collect the fruits and sap, which they converted into alcohol, and sugar (karuppati). This labour, realised by rudimentary means and still practised today, led to severe injuries resulting from falls for which a medical field, called varnam, was developed by the Nāṭār community. Varnam is practised conjointly with bone-setting and siddha medicine. The deciphering of texts on varnam requires an expert to clarify the meaning of the term itself, which varied according to context. Varnam refers to varma kalai or art of vital spots, which comprises two arts: that of neutralising or killing enemies by injuring vital spots (martial art) and that of reviving unconscious people and of healing injured vital spots (therapy). These two arts, relying on the common knowledge of the exact location of vital spots in the body, are performed together by some practitioners. The vital spot is a location where the breath of life circulates (piraṇam). Varnam refers to a category of pressure; it is necessary to apply this on specific spots to release the circulation of piraṇam (Sanskrit, prana or life energy), which causes the injury. Varnam is a deep and sustained pressure for treating serious injuries. The texts of varnam present a description of the number of vital spots located in diverse parts of the body, explanations of the types of acupressure according to the injured varnam, and preparations of internal and external medicines to treat injuries. They rarely mention the cause of injuries, but a text we have digitised specifies those resulting from fighting and occurring during the practice of the martial art called varma aṭṭi (literally, hitting the vital spot) or cilampam.

Varmakalai is, nevertheless, not unique to Kanniyakumari; it has been developed in Kerala through the martial art called kafari payattu and the therapy called marmar (Alter 2005; Zarrilli 1998). The differences in terminology are not so much substantive as an expression of regional identity politics (Alter 2005). The similarity between these two traditions has to be understood by the fact that the district of Kanniyakumari was associated with the southern part of present-day Kerala to form the Travancore kingdom before the creation of Tamil Nadu and Kerala in 1956. As pointed out by Immanuel (2002), just as the practice of varnam was developed by the Nāṭārs, in the same way, marmar was in the hands of the Elavas, a caste assimilated to that of the Cānārs of Tamil Nadu from the sociocultural viewpoint. This therapeutic technique seems to be spread more through Kerala than through Tamil Nadu, thanks to oil massages, which constitute a part of the therapy pahākarma (meaning ‘five actions’; these are therapies that aim at purifying the body) that has become the emblem of ayurveda.

The comparative content of manuscripts between those coming from the Kanniyakumari district and those from the other districts testifies clearly that the varma (marma) practice is specific to the ex-Travancore region. This specificity is well-illustrated by the authorship of texts such as Varm Kaṭṭi, Varna Mutuva Cari 1200 or Varna Vāl Vicai Cūttrām, attributed to Kattiyar. In the Kanniyakumari region, the number of manuscripts under the name of Kattiyar is much more significant than in other districts; this is a reflection of his status as ‘father of medicine’ that the siddha practitioners of Kanniyakumari region attribute to him. Lastly, while from the point of view of the utilisation of organic and inorganic components in formulas it is difficult to assert a difference between Kanniyakumari district and other districts, it is worth mentioning that many manuscripts of Kanniyakumari refer to a medical specialty such as treatment of child and mother, skin diseases, eye diseases, mental illnesses and poisoning, in addition to varnam. These specialties are learned in siddha colleges, but they are integrated into general medical practice, rarely as specialties. However, the increasing popularity of varnam has been leading siddha doctors to set up a varnam clinic after having improved their practice with acāṅkaḷ from the Kanniyakumari district (Sébastia 2010, 2016; Sider 2015).

Private Manuscript Collections: Multiple Motivations

The rearrangement of palm leaves in manuscripts is a complex task when the material given for digitisation is badly maintained, as in the case of a collection of bundles and leaves we obtained from an ayurvedic doctor14 of Karaiikutti (Sivagangai district), who was unable to reconstruct the texts (Image 5.3). The classification of leaves based on physical criteria, notably size of leaves, number of holes for receiving the thread and their location and type of writing, then checked by the expert in manuscript reading, led to obtaining 98 manuscripts of diverse numbers of palm leaves, which belong to the siddha corpus.
The necessity for an expert in siddha knowledge for reconstructing manuscripts is due to the poor maintenance of collections, in some cases by individuals who have created an association to constitute collections. They justify this work by recurrently arguing: ‘Practitioners have no interest in manuscripts, and thus, we requested them to give them to us in order to preserve the siddha knowledge for the future generations.’ It is a fact, as I have observed several times, that the manuscripts are discarded by their owners, notably when they are in bad condition or when descendants are not interested in siddha medicine. However, the adequacy of the verb ‘to preserve’ is questionable as these collectors simply store the manuscripts without providing the necessary care to stop deterioration by insect larvae and eggs, and fungus, or even to protect healthy manuscripts from contamination caused by affected ones. Among the collectors I met, some are siddha doctors or traditional practitioners. Siddha doctors give their manuscripts for digitisation easily as their objective is not driven by a study of their content, and they see the project as an opportunity to reorder and clean them. The underlying motivation to collect this material seems to go along with my observations of the milieu: to gain the credibility of their clients by exhibiting manuscripts or other iconic objects in their clinics. Indeed, when patients have recourse to a private siddha clinic, they quite often turn to traditional practitioners who have acquired a solid reputation because of their family, rather than to siddha doctors who have no link with siddha tradition.

In contrast, traditional siddha practitioners who have collected manuscripts from their peers are not inclined to share them. Their goal is neither to preserve the knowledge contained in texts nor to obtain legitimacy as they are already recognised. Their intention is to study texts in order to improve their medical practice or knowledge, to write books, develop new medicinal formulas or seek information on materia medica, remedies and occult techniques to increase longevity, or on processes to produce highly iconic substances of the siddha tradition, especially the müppu, a combination of three salts. Although numerous manuscripts provide formulas to prepare müppu, it seems that the veritable and authentic recipe needs to be discovered (Venkatraman 1990). This quest, relying on the esoteric and alchemical aspects of siddha knowledge, underwent a growing interest from promoters of siddha medicine and also from practitioners willing to increase their reputation and to be recognised as acaśa. They use strategies to hide their secrets from their disciples and reveal them, parsimoniously, only when they have acquired enough confidence in those disciples. The question of secrecy is sometimes mentioned in manuscripts, either to emphasise the importance of maintaining it, especially when the texts describe the vulnerable vital spots and alchemical processes, or to disclose alchemical secrets. A few traditional practitioners denounce their peers’ lack of openness. Particularly aware of the loss of siddha knowledge, they are ready to share anything which may serve the purpose of its preservation and promotion. It is with this intention that the owner of a large collection of manuscripts of Kanniyakumari agreed to participate in the project. His objectives were in line with those of his grandfather and father, who were presidents of the ATSVS before him—that of disseminating siddha knowledge.

ATSVS was created in 1937 by Netiyananda Samikal on donated land located on a small hill in the village of Muncirai. The grandfather of the current president participated in the establishment of a small college to supplement the clinical knowledge of siddha traditional practitioners by providing theoretical insights. The college was then developed into a college-cum-hospital which received recognition from the Department of Health and Family Welfare of Tamil Nadu in 1996 for training students
and delivering the BSMS degree (Sébastia 2010). A large part of the collection of manuscripts of ATSVS is the work of the first president, who hired copyists to copy manuscripts collected from his peers in order to establish a library in the college and to develop a range of remedies, some of which are still prepared and prescribed in the hospital. The rest of the collection (around one tier) was undertaken by the father of the present president of ATSVS and by the president himself. His tenacity in obtaining manuscripts from his peers is in accordance with his objectives to improve and make known certain parts of siddha medical knowledge, by publishing books from manuscripts and by participating in the revision of textbooks for students of siddha medicine. In the past, he has written many books on the practice of varnam; his present focus is to write books on the preparation of siddha medicines.

The willingness or reticence to share manuscripts, which is largely dependent on the identity of the collectors, as I attempt to show, demonstrates that this material is highly valued as a resource of authentic knowledge on the siddha corpus. Although many books have been printed from manuscripts, notably those attributed to the major cittarkal, the common idea shared by all the collectors is that the manuscripts contain precious information, especially on medical and alchemical formulas, which needs to be discovered.

FROM SIDDHA CORPUS TO SIDDHA MEDICINE: A REDUCTIONIST KNOWLEDGE

Syllabus in Siddha College: Are Students Eager to Learn the Siddha Corpus?

The periods of digitisation conducted at the ATSVS, Municrai, offered me the opportunity to complement my knowledge and observations on the siddha therapeutic milieu, traditional as well as institutional. On the one hand, I was exposed to traditional practitioners who regularly visited the ATSVS’s president for friendship and/or advice related to medical practice (formulas, patient’s symptoms, etc.), and on the other hand, I was free to move around in the out-patient wards, the pharmacy where medicaments are given free to patients, and the laboratory where the students learn to prepare medicines. Additionally, I interacted with students during all my fieldwork periods. One of the points of conversations had been to evaluate the interest of students in siddha medicine and to discuss what drove them to join this medical specialty. On a similar point, I learnt, through discussions with students of the government siddha colleges at Chennai and Palayamkottai and doctors trained in these institutions, that siddha medicine was rarely the first choice. The students had turned to it because the marks they had obtained to pursue their education were insufficient to gain a seat in government biomedical colleges. The responses of the students of the ATSVS college of Municrai were similar: they expected to enter a biomedical college, but their marks were insufficient to get a seat not only in a biomedical college, but also in the government siddha colleges of Chennai and Palayamkottai.

However, they decided to enter this medical field because their focus was to become a doctor, a highly valued profession in India, more attractive from the point of view of prestige and money than from a humanitarian perspective. However, a category of students stands apart: they are those who belong to a family of siddha practitioners. For these students who have already acquired a solid medical knowledge and practice in the family, turning to siddha college is the means to continue their family profession. Since the registration of traditional practitioners was stopped in 1972, an institutional degree is required to practise medicine legally (Sébastia 2010).

As the college of Municrai was recognised by the government in 1996, its syllabus was changed to comply with that defined by the Central Council of Indian Medicine. Consequently, while in the past the traditional knowledge (siddha corpus) was privileged, the syllabus has progressively integrated more disciplines drawn from biomedical sciences, notably anatomy, physiology, biochemistry, microbiology and pharmacognosy. As I have discussed elsewhere on the institutionalisation of siddha medicine (ibid.), the introduction of biomedical disciplines and concepts into Indian medical colleges results from the repeated strikes organised by students who have attempted to mimic the biomedical model. It offers students the possibility to conduct their internship in biomedical hospitals and, possibly, to reorient their career towards this medical field which offers valorised jobs with better remuneration. The disciplines related to siddha knowledge still have their place, but their importance in the syllabus is dependent on their ability to fit into ‘modern’ subjects commonly offered in other colleges. While materia
medica including botany and pharmacopeia (kunapāyam), patholog/etiology of diseases (nōy nāṭal), physiology and anatomy (ulal tattuvankal) and diagnostic techniques are taught in the whole curriculum, a set of subjects very specific to the siddha corpus called tōki, the short form of tāgāra kārana arāyacchi, are in the syllabus of the first year and, to a lesser extent, of the second year of BSMS only.

Tōki, which is also translated as history and fundamental principles of siddha medicine, includes the study of 96 tattuvankal that comprise physiological and anatomical concepts such as the three humours (tidrōsām or mappinī), five elements (aim pūtam), seven bodily constituents (elu tāttu), five organs of actions (karumēntiriyam) and of senses (nāgēntiriyam) and 10 nerves (taca nāṭi), etc., and other concepts difficult to categorise, as they concern the subtle and sensible parts of the body, such as the five states of soul (paṇca cāvastai), the five cases of sheaths of soul (paṇca kōcām), the three cosmic qualities (mukkuṇam), the three regions (māṇru maṇtalam), the eight passions (en vikāram), etc. (Pillai 1931, 1993; Madhavan 1984). Tōki approaches occult aspects of the siddha corpus related to the second category of tattuvankal, such as philosophical concepts of the creation of the universe, conceptions of the body in relation with spirituality (almighty, soul and bondages), ethics and morality, as well as mysticism of cītarkal, alchemy, principles of rejuvenation (kayakarpam) and yoga. However, tōki is never mentioned when students are questioned on their disciplinary preference; they regard it as odd, irrational and outdated. The president of the ATSVS attributes the lack of interest of students in tōki to the complexity of its intertwining subjects which requires to be taught by an expert, almost impossible to find today because of the change of syllabus in colleges and preferences for disciplines that are more modern and scientific.

Exploration of Manuscripts:
The Complexity of the Siddha Corpus

The catalogue presenting the digitised manuscripts describes their physical aspects and the content of text(s), which is based on the information indexed on the left part of the palm leaves or, when it is insufficient or absent, on an exploration of text(s) to identify the subject(s). A catalogue is certainly frustrating for researchers like me who do not have the ability to read the manuscripts, but it provides information on the recurrence of subjects, the enmeshment of subjects in certain texts, and on the identity of certain manuscripts' owners.

A large majority of manuscripts, as they belong(ed) to medical practitioners, concerns medicine-related subjects. Some deal with astrology, quite often in relation to health prediction and astral influences on the body, alchemy, meditative techniques, religious rituals and cults, māntiram (mantras used for magic), veterinary medicine, and Tamil literature and epics. The medical matters presented in texts that I would categorise as simple predominantly concern descriptions of nosological categories in terms of aetiology, symptomatology, diagnostic and treatment, medicinal formulations, sometimes with indications on the diseases for which they are recommended, on their posology, appropriate time of their consumption and dietary regimen, diagnostic methods focusing mostly on pulse reading (nāṭi kuri) and diseases resulting from their derangement and, as mentioned earlier, of the practice of varṇam in terms of anatomical description, pathology and/or therapeutic methods.

The content of texts on nosology and medicinal formulations informs about the prevalence of diseases and disorders at the beginning of the twentieth century and earlier. The most frequently mentioned diseases or troubles result from precarious living conditions, lack of hygiene, excessive hard work and malnutrition or undernourishment. These are fevers of which numerous types, varying according to their aetiology, are described—the dictionary of T. V. Sambasivam Pillai (1931) mentions 77 types—diseases of the urinary tract, digestive disorders such as peptic ulcer, diarrhoea, dysentery or flats, skin diseases and infections, diseases of the head region especially those of eyes, infectious diseases such as tuberculosis, leprosy, jaundice and disorders of reproductive organs. A disease, recurrently mentioned in the texts, drew my attention as it concerns the psychiatric field on which I conducted anthropological research 15 years ago (Sébastia 2007, 2009). This disease is caṇgi, translated as delirium. Its recurrence is reflected in the dictionary of Pillai (1931), who describes 50 types of delirium defined in siddha medicine, to which he adds more. Cāṇgi, as he mentions accurately, is a symptom occurring in many diseases such as typhoid, tetanus, syphilis, neurological disorders, alcoholism and poisoning, which are caused by lack of adequate health policy, unhygienic conditions of life (anaemia and undernourishment, premature pregnancy, hard work, crowded habitat, etc.) and consumption of toxic substances.
Compared to these simple texts, others are much more obscure and ambiguous as they approach multiple subjects belonging to the siddha corpus, but in an extremely tangled way. Books and articles introducing siddha medicine have not neglected to present the diverse aspects of the siddha corpus referred to previously as tōki (Kandaswamy Pillai 1993; Kannan 2000; Narayanswami 1975; T. V. Sambasivam Pillai 1931, 1993; Subbarayappa 1997; Subramanian and Madhavan 1984; Thirunarayanan n.d.; Uthamarayan 2005). However, they treat these aspects separately and briefly, so the feeling of confusion reflected in the manuscripts is hardly perceptible. Except for the introduction to siddha medicine by T. V. Sambasivam Pillai (1931, 1993),21 these works not only simplify the siddha corpus, but also reduce it to its medical dimension. The best example is the use of products such as centūram, cavyām, cyamīr or kaffu obtained by iatrochemical processes which are presented as remedies, while in certain manuscripts it is not possible to distinguish if they are used in the domain of alchemy or of esotericism, to obtain the ability to perform magical acts (asjākarmam) or to increase the potentiality of meditation during the practice of the kūntaṇi yōkam. This process of reduction, which precludes disciplines and concepts deemed irrational, has enabled traditional medicine to be recognised as one of the Indian systems of medicines as it fits the requirement of scientificity extolled by supporters of Western medicine since the nineteenth century.

A specificity of texts which has been conserved and has served to define this medicine is the authorship of texts. Even though a large majority of texts confined in manuscripts are anonymous, siddha medicine is attributed to cītarkal. Cītara refers to a category of accomplished yogis who would have acquired supernatural powers (cittī from Sanskrit siddhi) through stringent meditative practices whose ultimate goal is to transcend the materiality of the sensory world in order to attain liberation, that is, union with the supreme deity (Sēbasta 2015; Weiss 2009). According to Tamil tradition, as well as in the manuscripts which mention cītarkal, their number is 18. However, it reaches more than 90 if we consider the lists presented in siddha literature (Ganapathy 1993; Shanmugavelan 1963; Venkatraman 1990; White 2004) and in the catalogues of manuscripts (Madhavan 1984; Palanichamy 1973; Samuel 1998). Historians have pointed out that many siddha texts were written under the name of famous cītarkal such as Agattiyar, Tēraiyar, Irāmatāvar or Pōkar (Kutumbiah 1973; Venkatraman 1990).

Venkatraman (1990) and Meenakshi (2001) have pointed to the anti-conformist character of cītarkal which is expressed by their opposition to brahmanical ritualism, casteism and orthodoxy, and by their tantric ‘orientation favouring the cult of Śiva–Śakti.22 The cītarkal were in line with the siddha groups which emerged in the north of India from the middle of the first millennium CE and initiated heterodox practices and concepts, which were defined thereafter under the denomination of tantrism (Gray 2016; White 2004). Tantrism or tantric traditions, as Gray proposes, represent the plurality of practices and thought of the siddha sectarians (ibid.). The adherence to tantrism is perceptible in the manuscripts mixing medicine, alchemy, religion, magic, yoga, etc., and it is this affiliation that makes the siddha corpus obscure and, for students, hardly credible.

The high value attributed to cītarkal is due to its association with the development of medical knowledge under the name of siddha medicine. No study, in my knowledge, has tried to explore when this association occurred. It seems, however, that it emerged in the first decade of the twentieth century during the period of Tamil revivalism, which fought against the cultural and linguistic hegemony of north India (Weiss 2009). While the previous committees appointed by the British government to evaluate the pertinence of establishing a School of Indigenous Medicines in their reports mentioned only ayurvedic and unani medicines, that by Hakim Muhammad Usman, appointed secretary in 1923, uses the term siddha for the first time (Usman 1923). Hausman (1996) has pointed out that the previous reports of committees did not overlook the fact that Tamil Nadu had a specific traditional medicine, but it was called ‘Tamil medicine’ or ‘Tamil ayurvedic’. These terms were also used in some records of missionaries and travellers who visited the region, with other words such as ‘native medicine’ or ‘bazaar medicines’ with reference to drugs and raw material (Chakrabarti 2006). However, the siddha corpus had induced many debates during the period preceding the opening of the school of Indian medicines in 1924 for determining whether it was scientifically acceptable. If siddha medicine was finally integrated into colleges, this was at the price of a transformation and of a selection of the subjects belonging to its corpus, as reflected in yoga which has been dispossessed of its spiritual and magical qualities to become a therapeutic tool, and in the content of tōki which does not approach magic, while that is very much present in the manuscripts. Magic participates in the
construction of the figure of certain cittarkal described as able to perform magical deeds (cittikkal), thanks to the supernatural powers acquired through rigorous ascetic practice. It is a therapy for treating diseases diagnosed as resulting from bad influences (deegam), transgressive acts, sorcery (suniyam) and evil spirits (pêy). Magic is also related to spirituality as the practitioner uses the supportive intervention of gods and goddesses to heal.

Two collections of manuscripts digitised during the project illustrate the importance of magic as well as of occult practices in the milieu of traditional siddha practitioners. The identity of the owner of the first collection is unfortunately not known, as the siddha doctor who obtained it during a tour to identify manuscripts in the Tirunelveli district did not conduct an interview with the owner on the history of his manuscripts. However, the poor condition of the manuscripts shows clearly that they were frequently used. The palm leaves of those containing mantirankal (mantras) and yantirankal (letters inscribed in geometrical figures) for performing both black and white magic (around a third of the collection) were stuck by fungus and mould, developed by repeated exposure to sandal water sprinkled during rituals to invoke deities (puja).

The second collection concerns the 98 manuscripts that I mentioned earlier. It is illustrative of the complex enmeshment of subjects which blurs the context for which formulas are detailed. Its history is not only fascinating, but also shows that the practice of magic and alchemy could be destructive if it was not used properly. The present owners (the nephew and his paternal uncle) belong to a Telugu Brahmin family established in Tamil Nadu for several generations. The uncle has identified six generations before him; the practice of medicine was developed by his ancestor belonging to the second one, called in manuscripts Parappuvayal Subbayan. The collection of manuscripts began with him. He resided in the hamlet of Parappuvayal close to Navalur, in the present Ramanathapuram district. In the past, this hamlet was near a road which went to Rameswaram (one of the four major Viṣṇu temples in India). Subbayan, who had learnt the medicine from practitioners of the region, took an interest in all practices allied to medicine, among them alchemy, magic, yoga and astrology that he learnt from ascetics coming from north India who went regularly to Rameswaram. However, his deep involvement in the practice of alchemy and magic ended up endangering his family. As the uncle shared:

The manuscripts were collected and copied by Subbayan. He was very attracted by alchemy and he spent his life and his money to search through texts and to make gold. He did not succeed in preparing pure gold and his fascination with alchemy ruined his family. We learnt that the land where Subbayan had lived was pervaded by negative waves: no owner has succeeded in keeping the land for long because of misfortunes.

Scared by the detrimental effects of both alchemy and magic, he encouraged his son to quit the region and to set up in a region of the present district of Pudukkottai, which was reputed for its richness in medicinal plants. The son set up his practice in the village of Arimalam where, on the recommendations of his father, he held himself back from practising alchemy and magic which had destroyed his family. Although the manuscripts in which his name is mentioned do not differ from those of his father as they deal with medicine, astrochemistry, alchemy, yoga, astrology and magic; he dedicated his life to medical practice. It seems that he inherited from his father the fascination with ascetics, as his house is close to a shrine which was inhabited by a yogi that he frequented regularly; a gate of the garden attached to this house gives direct access to the shrine. This yogi is still venerated today and the uncle used to visit the shrine. The medical practice of Subbayan’s son continued to flourish through his descendants, as this house became a residence-cum-hospital. Named Mani Iyer Hospital, it is used for family celebrations, and especially every Sunday to treat patients, work that the uncle, who resides in Tirurachirapalli, has undertaken since his father’s death in 2002. He treats patients with the same medicines, notably medicated oils, developed by his ancestors that he learnt to prepare from his father. Emphasising their effectiveness, he relates that in 2008, he received an award from the WHO dedicated to his father for his contribution to treating patients, especially children affected by polio.

Conclusion

The two collections presented in this chapter come from practitioners who are no longer living. However, the practice of magic and alchemy is still alive among a few traditional practitioners, not always old. Their practice is very close to that described in the manuscripts: they prepare medicines, extemporaneously, according to the specific condition of the patient; they
use astrology for treating a patient and recite mantiranka over the patient and over the medicines they prepare to increase their efficacy; they expose their medicines in the puja room in front of the picture of the divine couple Cakti-Siva; and they conduct experiments in pharmaceutical and alchemical fields to develop components to treat or prevent (karpam 'rejuvenation') diseases. Such practices, which manipulate diverse kinds of knowledge, are on the verge of disappearing, and it is not certain that the practice of siddha medicine, as it is taught now in colleges, will be able to maintain the holistic approach contained in the manuscripts. As a practitioner told me when we were discussing changes in medical practice, 'Even us [traditional practitioners], we do not use magic to treat. I learnt some mantir from my grandfather, I don't use them. They were effective and according to the condition of the patients they give good results. They have psychological effects.'Interestingly, a siddha practitioner I met did not regard the alchemical conversion of metals into gold as a means to become rich. He argued: 'Remedies with gold are essential to fight severe diseases. When we need gold, we require the patients to buy it. For rich patients, this is not an issue. But for poor, it is the duty of the practitioner to make gold in order to prepare these remedies.'

However, a resurgence of interest in siddha medicine and its corpus is discernible among young people, especially among the children of siddha families. Having developed a website on siddha medicine on which, among other things, I present diverse certificates, legal and illegal, and evoke issues on education and registration, I am regularly requested for information on schools which provide courses on siddha medicine or, in case of children belonging to siddha families, on the way to getting a siddha diploma or to be registered as a siddha practitioner. The attraction to the prestige attached to a medical profession, even though it is not biomedicine, seems to be the cornerstone of the interest of the majority of enquirers. However, some justify their requirement by talking about their quest to learn siddha medicine 'authentically.' This recalls the statement made by several students of the Government Siddha College and Hospital at Palayamkottai: 'If you want to know what siddha medicine is, don't stay here, go to Kanniakumari and visit my acan.' These students, therefore, become the repositories of two kinds of knowledge that they consider as complementary. The college provides for them a composite and modern medicinal knowledge and the degree to practise legally, and their apprenticeship with several acan(kal) chosen according to the specialty that they seek to develop, enables them to legitimise their practice; the names of acan(kal) being the proof of the authenticity of their knowledge.

In this context, where the siddha corpus faces a significant erosion of its knowledge but where, at the same time, siddha medicine is experiencing a revival movement, the manuscripts have a role to play as a resource of 'authentic' knowledge. Their digitisation with free access is thus pertinent, or will be if means are developed to train people in manuscript reading. This is the dream of the president of ATSVS who requires that this discipline be included in the curriculum of siddha colleges, and that his family collection of manuscripts receives appropriate attention.

Notes

1. I use the term 'doctor' to differentiate practitioners who possess a medical degree, which allows them to append the title of Doctor to their names, from those without formal medical training. Siddha degrees are of two types: Bachelor of Siddha medicine and Surgery (BSMS) obtained after completing five-and-half-year courses, and Doctor of Medicine (MD siddha) given after additional three-year courses, including the submission and examination of a PhD dissertation related to one of the six branches of siddha medicine: general medicine (potu maruttuvam), materia medica and pharmacopoeia (kuupatham), child's medicine (kalanta maruttuvam), nosography and pathology (nay nataal), toxicology (nace maruttuvam) and special medicines (cirippu maruttuvam) comprising skin diseases (tai naykal), mental illnesses (kirkai naykal), yoga, bone and joints disorders (varnam) and rejuvenation/prevention of diseases (kayakarpan). The Tamil words used in this chapter observe the rules of transliteration defined in the Tamil lexicon (Chennai, University of Chennai). The plural forms follow the Tamil grammar: addition of kal after consonants and vowels, except for the plural of words finishing with m which is nasalised (nakal) and by 'a' and 'a' which induce a change of sound given by the doubling of k (kkal).

2. This project is hosted at the French Institute of Pondicherry (IFP) and conducted in co-partnership with the Centre of Traditional Medicine and Research (CTMR), Chennai. The IFP provides rooms for the cleaning and digitisation of manuscripts and the CTMR gives a space for clerical work. In addition to the supervisor and the co-partner, the team is composed of a photographer, two experts in manuscript reading and a graduate in siddha medicine charged with translating and typing the catalogues. One of the experts, who is the president of the association ATSVS, provides the space for cleaning and digitising the manuscripts of the Kanniakumari district that include his collection.
3. This separation is well-mirrored in books focusing on a particular part of the siddha corpus, such as those by R. Venkatraman (1990) and Kamil V. Zvelebil (1993) which, while defining the work of ‘cittarkai’, focuses much more on their philosophy and occult practices (meditation, alchemy, magic) than on medical matters, or that by T. N. Ganapathy (1993), which is strictly concerned with the philosophical school of cittarkai.

4. The length of texts is extremely variable. In manuscripts composed of a large number of texts, their length may go from a half-leaf to 30 leaves; the short texts may be composed of several verses excerpted from an authored text and/or information provided by the author of the manuscript based on experience, such as medicinal formulas, iatrochemical processes and treatment of diseases.

5. The main places where siddha manuscripts are stored: the Central Research Institute for Siddha (Chennai), Government Oriental Manuscripts Library and Research Centre (Chennai), Saraswati Mahal Library and Tamil University (Tanjavur), Annamalai University (Chidambaram) and the French Institute of Pondicherry. A large collection of siddha manuscripts is also kept in Kerala at the Oriental Research Institute and Manuscripts Library (Thrissur, Thrissur, and Thrissur, respectively).

6. It is worth mentioning that several practitioners have shown me notebooks in which their parents had copied from their manuscripts important information, notably medicinal formulas.

7. *Centurin* is a red calcined powder (oxidation); *parpan* and *chamil* are alkali calcined powder, quite often white; and *kattu* is a stone-like medicine used by rubbing it on a mortar, the fine powder obtained is mixed with milk or honey.

8. *Muppu* is, in principle, a combination of three salts including a salt called *vanir or valalai* collected in specific places, during the nights of the full moon in May and June. Muppu, for which multiple formulas are provided in manuscripts, is the most emblematic product of siddha alchemy. *Racanami* is a bead of solidified mercury, also known in Sanskrit alchemy. It is prepared by rubbing quicksilver with minerals and diverse juices of plants. It is sometimes used to treat severe diseases, in amulets as protection from bad influences, or swallowed by the alchemist-cittarkai to obtain supernatural powers.

9. Certain plants used in siddha/ayurveda formulas, as for example *Seminoparcas anacardium, Datura stramonium, Aconitum, Strychnos nux-vomica, Cannabis sativa, Commiphora mukul* or *Plumbago zeylanica*, require a process of purification (*cutti kiram)* before being used (Maurya et al. 2015; Natarajan 1984).

10. The change of caste name from Cânar to Năţar occurred at the end of the nineteenth century. It followed a long political movement and recurrent conflicts conducted by Cânar/Năţar demanding a better status and abolition of their untouchability; see Hardgrave (1969), Sébastiani (2007), Templeman (1996), and also Immanuel (2002) who, focusing on the Năţar of Kanniyakumari, shows the roles that some of them played in the history of this region in terms of politics and social development.

11. The practice of certain practitioners is, however, more centred on varman and bone-setting, so the medicines they prepare correspond to this medical field. These remedies use mostly plants and animal products such as snails, frogs, hens and peacocks (today forbidden, as they are protected).

12. Two factors validate the recruitment of an expert in manuscripts of Kanniyakumari region: the specific terminology of varman and the medical terminology which is particular to this region or comes from Malayalam. In fact, it is extremely difficult to differentiate varman from marma and siddha from ayurveda.

13. The study on the practice of varman, realised by Roman Sieler (2015) with a few practitioners of Kanniyakumari, is helpful to understand the concept of varman and the anatomical siddha terminology. As I have noticed, his definitions related to varman are not always supported by all practitioners; this is because of the lack of homogeneity of this knowledge, each practitioner having their known concepts. The definitions I use here result from discussions with the president of ATSVS, who has written numerous books on varman from manuscripts.

14. When I ask him why he learned ayurveda while the medical specialty of his paternal family is siddha, he explained that the choice was determined by the examination board, which took into consideration his knowledge of Sanskrit acquired at school.

15. For maintaining anonymity, I will not mention the name of the associations.

16. This land was chosen for its location—close to a Siva temple frequented by siddha practitioners, it dominates the plain covered by coconut trees from where emerge some rocks that local legend assimilates to the petrified tears of Ravana (information of the president of ATSVS).


18. This college, due to its affiliation with ATSVS and the significant practice of siddha medicine, receives many more children from traditional siddha families than other siddha colleges.

19. *Tërga* means origin or evolution of life or things; *kirama* order, morality; and *arîyaci* investigation.

20. The first year comprises the study of (a) tôki, (b) Tamil language, (c) communicative English, (d) biochemistry, (e) medicinal botany and pharmacognosy, and (f) microbiology. The second year comprises the study of (a) Western anatomy, (b) siddha physiology (a part of tôki), (c) biomedical physiology, and (d) siddha materia medica. The third year comprises (a) siddha pathology, (b) Western pathology, (c) forensic medicine and toxicology, and (d) hygiene, community health and health policies. The fourth year comprises (a) siddha and Western nosography, (b) external therapy, including varman and special medicine, (c) surgery, and (d) siddha and Western gynaecology and paediatrics.
21. Let us mention also the work of A. Shanmugavelan (1992), which extensively presents the diverse aspects of the siddha corpus due to the fact that they participate in the principles of rejuvenation and longevity (theories of the universe and of the body; physiology; yoga; materia medica; alchemical products; magical power; etc.).

22. The Śiva-Sakti principle is the union of Śiva with Sakti which, through kundalini yōkam, allows for the attaining of the state of blissfulness where 'all consciousness of duality and fear of falling again into the bond of samsāra are removed forever' (Ganapathy 1993: 87). Kundalini yōkam is performed to develop the eight supernatural powers (citt: āsīmā (power of becoming very small), āgrāmā (of becoming very light), pūjā (of obtaining everything), prākānaya (of having irresistible will), mahāmā (of increasing one's size), viśītā (of becoming superior, great), vasiśtva (of bringing others under one's control), and kamāvasthātī (of suppressing passion) (Banerji 1992: 628). The names of the supernatural powers are in Sanskrit.

23. In Tamil, Vayal means paddy field. This village belongs to the taluk of Thiruvadanai. In manuscripts, the name of the village of the practitioner precedes his name.

24. Fascinated by this story, I proposed to go to Parappuvayal. The land, unsellable, is now used to extract earth for brickwork. According to neighbours we met, the land would have been affected by the ill-effect of a statue of Kali which belonged to this land. But we succeeded neither in finding the statue nor in learning more about it.

25. When I asked him about his registration, which he did not previously have due to the fact that he did not take siddha medicine as a profession, he explained that after his retirement, he applied to be registered and his application was accepted. He is registered as a siddha medical practitioner.

26. Information from Rajendran, Kanniyanakumari district (July 2008).

27. Information from Rajkumar Vaitiyar, Kanniyanakumari district (February 2017). I met this practitioner, who knows how to write on palm-leaf manuscripts, thanks to the president of ATSVS. He arranged the meeting in order to make a documentary on the subject. The documentary is entitled A Declining Tradition in Siddha Practice: Writing on Palm-leaf Manuscripts.

REFERENCES


Menakshi, P. 2001. 'The Siddhas of Tamil Nadu: A Voice of Dissent' In Tradition, Dissent and Ideology: Essays in Honour of Romila Thapar,


—. 2013. 'A Medicine in Loss of Identity.' *IIAS newsletter* no. 65, Autumn.


