

## Review Article

## Revitalisation of Ayurveda in Colonial Tamil region and Contributions of Pandit Srinivasa Narayana Iyengar - A Historical Perspective

Kanagarathinam D.V.

Department of History, Central University of Tamil Nadu, Thiruvavur, Tamil Nadu, India

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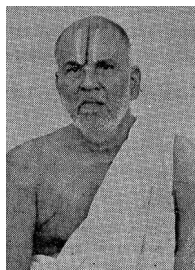
## ABSTRACT

The present paper attempts to study the revitalisation of Ayurveda in Colonial Tamil region and the contributions of Pandit Srinivasa Narayana Iyengar in the movement. Western medicine was introduced initially for benefit of Europeans in British India and later extended to the Indian population as a 'tool' of empire. Gradually, Colonial government and practitioners of Western medicine stigmatised Ayurveda as irrational, dangerous and superstitious medicine and strived to marginalise it in the government policies and public sphere which paved the way to get cultural domination over colonised. As a result, physicians of Ayurveda attempted to revitalise their medicines through professionalization, systematisation and standardisation. Besides, they instituted printing presses and published numerable tracts, pamphlets, journals and books to counter the hegemony of Western medicine. In this contest, the meanings and boundary of Ayurveda were reconfigured and medical practices (written in regional languages) which did not fit into newly constructed medical identity – Ayurveda, were marginalized from the boundary of Ayurveda though they were part and parcel of the system until the late nineteenth century. As a response, an alternative medical identity – Tamil Siddha Medicine – was constructed by Tamil physicians in Colonial Tamil region. In this milieu, the present study traces the valuable contributions of Pandit Srinivasa Narayana Iyengar in promoting Ayurveda and solving the disputes among Sanskrit Ayurveda and Tamil Siddha practitioners in colonial Tamil region.

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## 1. Introduction

Ayurveda is an ancient system of medicine in the Indian tradition that has served millions of people since Vedic times. It was plural in nature and coexisted with other medical traditions from the remote past. Knowledge of medicine was borrowed from other cultures and was adapted locally. In this scenario, Western medicine entered into the subcontinent with the advent of the Europeans. In the beginning, its primary responsibility was to protect the health of the Europeans and not the Indians, with the exception of Indian servants, plantation labourers, soldiers and prostitutes who were considered an apparent danger to the health of the Europeans. The political and financial burden of the colonial government also restricted the colonial state in intervening in the health of the colonised. However, the colonial government took interest in the health of the Indians from the nineteenth century onward due to the international pressure and economic losses caused by diseases. Scholars such as Arnold and Bala, who have done their work on colonial medicine, revealed that Western medicine was used as a 'tool' of the empire to colonise the body of the Indian masses while it was introduced to combat epidemics and other dreadful diseases [1]. The colonial state used Western medicine to prolong

E-mail: [kaviart86@gmail.com](mailto:kaviart86@gmail.com).

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the supremacy of colonial rule over the colonised. According to scholars, imperial medicine represented a blending of 'social control and humanitarian concern'. In addition, imperial medicine acted as an ideological tool of empire [2].

The relationship and dialogue between Ayurveda and Western medicines was not a linear process but comprised many complexities and contradictions. The relationship between these systems crossed different stages over more than 400 years. The practitioners of Ayurveda and Western medicines mutually helped to develop their respective systems in the early years, but not in the entire colonial period [3]. The relationship moved from appreciation and acceptance of Ayurveda by practitioners of Western medicine in the seventeenth and eighteenth centuries to scientific scepticism in the nineteenth century. Scientific scepticism enlarged the gulf between the systems and pushed Ayurveda from the boundary of scientific, rational and legitimate medicines into an unscientific, irrational, dangerous and superstitious category. This scepticism led to the withdrawal of support from the colonial government, as reflected in the closure of the Native Medical Institution [2]. The emergence of hospital medicine (Western medicine) had a new form of knowledge about anatomy and physiology and newer practices of medical intervention, which marginalised Ayurveda as a primitive and outdated system [4]. Furthermore, the colonial government did not recognise Ayurvedic physicians as legitimate practitioners and did not create any employment for them in the government hospitals and dispensaries, except for a few lower grade positions [5]. Ayurvedic medical knowledge was evaluated based on Western medical *techne* and *episteme*, which ultimately devalued and delegitimised the practice of Ayurveda [6,7].

A contest arose between Ayurveda and Western medicine in the colonial period. The hegemony of the latter was challenged in all its forms. The protagonists of Ayurveda viewed the act of marginalisation by the colonial government seriously and the attitude of the practitioners of Western medicine as cultural oppression and deprivation of the indigenous people. They observed the practice of Ayurveda as part and parcel of their culture, and they began to revitalise their medicine to compete with Western medicine. According to K.N. Panikkar, the revitalisation movement was an unmistakable tendency of confrontation with colonial medicine, which would appear to be an expression of cultural nationalism and contesting colonial cultural hegemony [8]. While Western medicine was seeking legitimacy and authority and projecting its superiority with the patronage of the colonial state, practitioners of Ayurveda started to standardise their medicine to challenge the authority of Western medicine. The practitioners of Ayurveda were very keen to determine ways to modernise their medicine, and they adopted different methods such as institutionalisation and standardisation to legitimise their medicine in the public sphere.

Revitalisation of Ayurveda not only included the process of institutionalisation and professionalisation of medicine but also reconfigured systemic meanings and boundaries. The practitioners of Ayurveda renegotiated the authority through the translation and reinterpretation of medical texts, while contesting the scientific authority of Western medicine [9,10,11]. Moreover, the history of Ayurveda was constructed in many ways; one among them was the writings of Sanskrit-centric Ayurvedic physicians that then became dominant. Ayurveda was reconstructed from a set of eclectic and ever-changing practices to a medical system with pristine medical knowledge coming from Vedas. In this process, whatever did not fit into the newly constructed Ayurveda was marginalised or categorised as an illegitimate practice [12]. The meanings and boundaries of Ayurveda were reconfigured on the basis of religion, race and language [13,14a,b,c]. Sanskrit-centric Ayurvedic physicians constructed Ayurveda within the boundary of the Hindu religion, Aryan race and Sanskrit language, while there was a need for the authority

and legitimacy of Ayurveda. In course of their process, they indeed had to face a counter from another section of indigenous medical practitioners who were from the Colonial Tamil region. Tamil medical texts and practitioners were marginalised from the boundary of Ayurveda, within which they had shared space for a long period of time [15]. Tamil physicians began to construct a new medical identity named Tamil Siddha medicine on the "Dravidian-Siddha-Tamil" axis. This new identity paved the way for a triangular contest to emerge among Western, Ayurved and Tamil Siddha medicines in Colonial Tamil region during the third decade of the twentieth century. In this context, the present study analyses the contribution of Pandit Srinivasa Narayana Iyengar to the revitalisation of Ayurveda and his stance on the bifurcation of the medical systems in Colonial Tamil region. The present work also attempts to uncover the reasons behind the negligence of his work in the public sphere.

## 2. Biography

Pandit Srinivasa Narayana Iyengar was born to Pandit Srinivasa Iyengar in Nerur, a village near Karur in Tiruchirappalli district, on October 25, 1883. He learned Sahitya, Nyaya and Vishistadvaita from his father and Vyakarana from Maha Mahopadhyaya Sri Sethu Madavachariar. At the age of 17, he went to Benares, where he studied Sabara Bhashya under Maha Mahopadhyaya Sri Sivakumara Pandit, and Advaita Bhashya under Maha Mahopadhyaya Sri Agnihothri Subramania Sastrigal. He acquired knowledge on theory and practice of Ayurveda from Sri Umacharan Kaviraj at Benares [16]. In 1908, he settled down in Madurai where he practised Ayurveda. In 1954, he returned to his native village and spent his last days there until he died on February 22, 1959 at the age of 76 [17].

Srinivasa Narayana Iyengar dedicated his life to performing research on Ayurvedic texts and writing commentaries on them in the name *Ayurveda Vadavali* [18]. He started a charitable dispensary, Meenakshi Dharma Vaidyasala in Madurai. He treated poor patients and dispensed drugs to them free of cost. He founded a medical manufacturing industry that produced efficacious Ayurvedic drugs such as *Jeevarakshamirtham*, *Tsayandagam*, *Kushta Kulandagam* and *Ruthusoola Nivarani*, which were popularised in the Madurai region [19]. He delivered his drugs by post to Ayurvedic dispensaries, hospitals and even individuals. Ayurvedic drugs that he supplied to the people to treat epidemic diseases such as cholera and plague were awarded with gold medals at associational exhibitions [20 a,b].

## 3. Revitalisation of Ayurveda

During the colonial period, Ayurvedic physicians felt a sense of insecurity, while the colonial state used Western medicine as a cultural force to hegemonise Indian masses and establish superiority over Ayurveda in the public sphere. A number of protagonists, such as Ganga Prasad Sen, Gangadhar Ray and Gananath Sen in Bengal, Shankar Shastri Pade in Maharashtra, D. Gopalacharlu, Duraiswami Aiyangar, Achanta Lakshmiopathi (A. Lakshmiopathi), Thriparangott Parameswaran Mooss, Paniyinpally Sankunni Varier (P.S. Varier), and others in Colonial South India, were involved deeply in the revitalisation movement. The practitioners of Ayurveda strove to uncover causes for the decline, such as the ignorance of practitioners, stagnation of knowledge, non-availability of medicine and hegemony of Western medicine in the public sphere. In these aspects, Pandit S. Narayana Iyengar also rendered his contribution for promotion of traditional practices.

### 3.1. Dissemination of medical knowledge

Indigenous physicians understood that a lack of knowledge among practitioners and the unavailability of medical texts were

the fundamental causes for the degeneration of Ayurveda. Pandit Srinivasa Narayana Iyengar started a medical journal, *Vaidya Chandrika* a monthly Ayurvedic periodical in Tamil, in June 1925, to disseminate previously inaccessible medical knowledge to the community of physicians. The periodical went out of print in August 1927 due to a financial crisis, but he again brought the journal back in December 1938. He was the publisher and chief editor of the journal until that role was assumed by Tamil Nadu Ayurveda Mahamandal (1945) [21]. The journal created a common platform where the indigenous physicians had debates and discussions over medical practices. Narayana Iyengar was one of the main contributors of the journal and he wrote many articles on various issues such as the comparison of different medical systems, the superiority of Ayurveda, and the efficacy of Ayurvedic drugs. He dedicated articles that organised public opinion on Ayurvedic medical education and the registration of indigenous practitioners. He also elucidated the types of diseases, methods of diagnosis, treatments and drug preparations for learners, for which the journal provided separate columns under the titles of *Vaidya Saram* and *Oushada Saram*. He also translated Sanskrit Ayurvedic medical texts such as *Yoga Rathnagaram* and *Sahasrayogam* into Tamil that were published as series in every issue of *Vaidya Chandrika* [22].

Narayana Iyengar published medical texts such as *Oushadasaram*, *Shasrayogam*, *Kayakalpam* and *Tsayanoyum Chikitsaiyum*. *Oushadasaram* was a compiled medical text published in 1938 that collected information from various Sanskrit texts. The text had details about 41 diseases, symptoms and diagnostic techniques, and 234 drugs, and it imported knowledge on preparatory methods of herbal and mineral medicines. Preparations of essential drugs such as *Centhurams*, *Pasmas*, and *Kalpams* were clearly described, and there was a step-by-step depiction to the process of “*Suththi*” (purification) given much importance [23]. *Sahasrayogam* was a medical text for Kerala that was translated from Sanskrit to Tamil by T.S. Subramaniam and published by Narayana Iyengar in 1938. The book contented preparatory methods of 181 Kasayams, 85 Tailams, 89 Churanam, 21 Lekhiyam, 75 Janni drugs, and other drugs for diseases of the eye, nose, ear, etc. The book comprised 817 drugs and usages [24]. *Kayakalpam* contained the rejuvenation techniques of Ayurveda. In this text, Narayana Iyengar explained rejuvenation treatments through herbal and rasayana therapies. *Tsayanoyum Chikitsaiyum* was a text on tuberculosis and its treatments. Tuberculosis, its causative agents, symptoms, diagnostic methods, inferences, treatments, drugs and preparatory methods were explained clearly in the line of Ayurvedic medical texts side-by-side with Western medicine explanations [25].

### 3.2. Formation of associations and conferences

The practitioners of Ayurveda had to face certain difficulties, such as a lack of networks and mobilisation, and there was no platform to exchange their ideas, knowledge and new findings. When Ayurveda was marginalised and branded as quackery, collective mediation and wider mobilisation were needed to challenge Western medicine and the colonial government. The practitioners realised that if they wanted to make demands from physicians and protests against the colonial policies fruitful, they needed to have collective participation in a common platform. Consequently, the indigenous physicians of the Madras Presidency began regional associations such as Dravida Vaidya Mandal (1918) and Madras Ayurveda Sabha (1918). Narayana Iyengar was one of the founding members of these associations and actively worked in the Madurai region. Dravida Vaidya Mandal consisted of the Sanskrit Ayurvedic physicians and the Tamil physicians, until there was a division among them. The cordial relationship between the Sanskrit and Tamil physicians faded gradually

during the second decade of the twentieth century. In this circumstance, Pandit D Gopalacharlu, Pandit S Narayana Iyengar, Virudai Sivagnana Yogi (Tamil physician) and a few other physicians attempted to minimise enmity between these two groups to thus benefit the development of indigenous medicines. Dravida Vaidya Mandal was established to fulfil this expectation. The association elected Pandit. D. Gopalacharlu and Virudai Sivagnana Yogi as president and vice president of the association, respectively [26]. However, after the demise of Pandit D Gopalacharlu (1920), Tamil physicians left the Dravida Vaidya Mandal and formed separate associations such as Tamil Vaidya Sangam at Kovilpatti, and Chennai Presidency Siddha Association at Madras. They also constructed a unique medical identity named Tamil Siddha Medicine and contested against Ayurveda. Hereafter, Dravida Vaidya Mandal mostly accommodated Ayurvedic physicians who conducted *Sammelans* every year at various places of the Madras Presidency. The members of the association renamed Dravida Vaidya Mandal as Dravida Desiya Ayurveda Mahamandalam in the 13th Dravida Vaidya Mandal's Conference held at Madurai in October 1945; it again was rechristened as Tamil Nadu Ayurveda Mahamandal in January 1946 [27]. The association promoted Ayurveda through various methods such as celebrating *Dhanwantari Pooja* and conducting medical exhibitions and lectures in public places to create awareness among the public. The association formed committees and prepared reports to advise the government regarding the development of medicine or to counter negative criticism propagated by practitioners of Western medicine. For instance, while Koman projected indigenous medical systems and drugs negatively in his report, a rebuttal was prepared by a group of physicians from Dravida Vaidya Mandal and Madras Ayurveda Sabha to counter his views and explain the scientific nature of Ayurveda. Narayana Iyengar was one of the important protagonists in the movement [28,29]. The association continuously criticised the step-motherly attitude of the colonial state and requested that the government promote Ayurveda. The association kept pressuring the government to change its policies towards the registration of indigenous physicians and Ayurvedic education such as qualification for admission, syllabus pattern and teaching methods [30a,b,27]. In view of the continuous pressure of the association regarding the registration of indigenous physicians, the government amended the ‘Medical Registration Act 1914’ in 1933 and allowed indigenous physicians to register their names, as was requested [31]. Narayan Iyengar and his colleagues, such as V. B. Nataraja Sastri, V. R. Subramania Aiyar, A. Raghavarao and P.S. Rama sarma, played a dynamic role in the process.

Pandit S. Narayana Iyengar solely founded the Swadesha Vaidya Sangam in Madurai, which consisted of physicians of various indigenous medical systems, and he was the president of the association until his demise. He was an active member of national and regional associations such as the All India Ayurveda Mahamandal and the Trichy Ayurveda Mahamandal. He was elected president of the Dravida Vaidya Mandal in 1923 and 1941 and led the associations' annual *Sammelans*. He presided over the Darsanika Parishad of the 39th All India Ayurvedic Congress *Sammelan*, Kottakkal [17,32,33]. He published the activities of local, regional and national associations in his journal.

### 3.3. Contesting hegemony of Western medicine

While practitioners of Western medicine, such as Dr. Koman and Megaw, were promoting the superiority of Western medicine and defaming Ayurveda, Pandit S. Narayana Iyengar attempted to demote the supremacy of Western medicine and responded to criticism of Ayurveda through his journal in the public sphere. He

countered the views of Koman and questioned each and every aspect of the report in his journal. He seriously criticised the qualification and investigation methods of Dr. Koman. He said that Dr. Koman knew only Malayalam and English languages and was familiar with English medicine, but he investigated the medical systems that were unknown to him. Koman particularly did not have knowledge of the prime languages of indigenous texts: Sanskrit and Tamil. He mostly depended on the translated books from which one could not expect the truth [34]. Finally, he countered the appointment of Dr. Koman with the following:

“The government should consider the knowledge of Dr. Koman on indigenous medicines before appointing him as an investigator. I ask the government that at least, does Dr. Koman know about the fundamentals of indigenous medicines such as tridoṣa tattva, pañca nidāna svarūbaṅga (diagnostic symptoms), sneha, sveda, ṣōdhana, vasti and raktamokṣaṇa (bloodletting) methods? Thus, it indicated that the government appointed him to destroy indigenous medicines to favour Western medicine” [34].

Koman stated the following regarding the nature of indigenous drugs: “The articles employed by the Hindus in medicines are extremely numerous. Many substances are daily prescribed with but dubious or trifling virtue if, indeed any virtue to be recommended.” [28]. Further, he criticised the properties of the indigenous drugs and humoral theory as follows:

“The first embarrassment I had to encounter while attempting to study the properties of drugs was in connexion with the hypothesis of the three humours, wind, bile, and phlegm which forms in Hindu medicine the basis of the aetiology, symptomatology, diagnosis, prognosis and treatment of diseases. All diseases are supposed to be caused by the derangement of one, two or all the three humours together. Different interpretations have been given to these humours by eminent Kavirajs, Pandits, and Vaidyans. With no pretensions whatever to any critical study of this subject, I must confess the more I have exerted to make a study of these humours the more have I got into deep mire. Kavirajs and Pandits are doing their level best to reconcile and bring them into accord with the modern views of physiological functions and pathological conditions. But I do not think they have succeeded or can succeed in their attempt. The hypothesis of derangement of humours in connexion with diseases might have formed a working basis in the ancient days of Maharishis and long before Harvey discovered the circulation of the blood; but it cannot hold good against the rational scientific physiology of the present day” [28].

Pandit Narayana Iyengar noted that the Ayurveda system emerged from three humours. Ayurvedic anatomy, disease causations and properties of drugs were understood on the basis of these three humours, which were fundamental in Ayurveda. Although unidentified by the naked eye in the human body, these humours play a very prominent role in the body and diseases. One who fails to understand this ultimately would fail to comprehend the system [34]. Furthermore, Narayana Iyengar compared the nature of Western and indigenous systems as follows:

“Allopathy is a system of treatment in which remedies are given to counter the morbid condition present. The method is the one in ordinary use and is intended to produce in the body a condition contrary to that of disease without understanding the nature of disease. But, indigenous medical systems understand

the nature of derangement of humours and prescribed the drugs to regularise the derangements which ultimately helped in curing diseases completely. Besides, they help to improve the immunity of the body instead of creating side effects like Western medicine” [35].

While practitioners of Western medicine criticised the nature of indigenous drugs in their writings, Narayana Iyengar continuously hit back against Western drugs. His article entitled “*Edu Uyarnthathu*” projected that.

“Western drugs are artificial creations. The contents of Western drugs mostly are chemicals synthesised in the lab and these chemicals are very harmful to the human body. On the contrary, Ayurvedic drugs are gift of nature like herbs and minerals and are biotic components of the environment which never produce side effects. Further, metals and minerals like iron and mercury are used in Western medicine to prepare compound medicines but these medicines create negative impact on human system. At the same time, practitioners of indigenous medicines also use the same poisonous substances to cure diseases without producing harmful effects due to the knowledge of purification of these elements which knowledge is absent in Western medicine” [36].

He also attacked Western medicine as catalogue or advertisement medicine, as it was prescribed irrespective of bodily temperament. He said in his article “*Marundu Seibagam*” that practitioners of Western medicine never try to understand the different types of bodies and conditions of diseases. They prescribe drugs from the catalogues of medical stores without having knowledge of their preparation and ingredients [37]. Furthermore, Narayana Iyengar criticised Western drugs as a mixer of animal products and as a spoiler of Hindu *Satvik* life. He pointed out in his article “*Periya Idaththu Pitharal*” that.

“English physicians prescribe the drugs: Pepsin and Pancreatin for the disease of dyspepsia. But these drugs are made from animal products. For instance, Pepsin is obtained from the stomach of the recently killed pig or calf and similarly, pancreatin is taken from pancreases of animals. These medicines spoil Hindu *satvik* life and do not have any superior effects” [38].

Narayana Iyengar further compared the nature of Western and Ayurvedic diagnostic techniques and therapies and asserted the superiority of the latter in the public sphere [36, 39a,b,c].

Indigenous physicians and members of legislative councils continuously struggled with their request for the colonial government to support indigenous medicines. As a result of these struggles, in 1921, the government led by the Justice party constituted a committee to report on the question of the recognition and encouragement of the indigenous medicines. In this respect, Narayana Iyengar presented his evidence before the Usman Committee and championed the orthodox cause of indigenous medicines [26,40]. On the recommendations of the Report of the Committee, the Indian Medical School was founded in Madras on 3 November 1924. A government hospital of indigenous medicines began as an attachment to the school. The local boards and corporations opened indigenous medical hospitals and dispensaries where practitioners of indigenous medicines were appointed [41]. Thus, these were milestone achievements in the contest against practitioners of Western medicine and the colonial government. The contestation

and constructions against practitioners of Western medicine not only brought some positive results but also created tensions in the medical sphere.

#### 4. Voices against systemic boundary constructions: Ayurveda versus Siddha

The practitioners of Ayurveda started to reconfigure their medicine in the revitalisation movement. They constructed authenticity and wrote a history of Ayurveda in various ways, in which the rhetoric of Sanskrit-centric Ayurvedic physicians became dominant. Sanskrit-centric Ayurvedic physicians propounded a norm that would delineate a legitimate medicine in universalised terms. They stated their medicine as a legitimate and progress-based scientific tradition through monolithic historical construction. Its origin, progress and complete advancement were explicated in the public sphere to claim superiority of their medicine as an age-old practice of this country against the assertion of the practitioners of Western medicine. The construction of a unified single tradition was influenced by Hindu nationalism in this process [14a]. Sanskrit-centric Ayurvedic physicians mostly connected the origin of medicine with Vedas and claimed authenticity and legitimacy over Sanskrit texts [14c]. A plethora of multiple meanings, practice and texts under the name of Ayurveda were transformed into a monolithic medical practices on the basis of Sanskrit texts [14c]. Sanskrit-centric Ayurvedic physicians tried to secularise their medicine by marginalising other indigenous practices as superstitious and irrational and termed them to be folk medicine, although those practices previously were considered as a part of the classical Ayurvedic texts [42,43,44]. Above all, 'Sanskrit Ayurveda' — a newly formed competing model — was projected as a national medicine [45].

Though different interpretations were given for the emergence of the Non-Brahman movement by scholars such as Irschick, Washbrook and Nambi Arooran, the basic outcome of the movement was a fierce contest between the Brahman community and the (upper-caste) Non-Brahman community in the political, social, economic and cultural spheres [46,47,48]. Several factors played a prominent role in the animosity between Brahmans and non-Brahmans in Madras presidency. The advent of colonial administration and education particularly provided more opportunity to literate applicants, Brahmans, who overwhelmingly occupied 55% of government position compared to 22% by non-Brahmans. These percentages were important when one considers the population of Madras presidency. The 3 percent of Brahmans shared more positions in educational institutions and government sectors than did the 86 percent of non-Brahmans. Apart from these, the cultural, social and economic superiority of Brahmans and the loss of social and economic prestige by non-Brahmans led to the emergence of the Dravidian movement, which attempted to project Brahmans as Aryans and outsiders [15]. The Tamil revivalism and Dravidian movement constructed a separate cultural identity against Aryans, which was also reflected in the medical sphere. These movements had already prepared the ground for the Tamil physicians, and it was very easy to collaborate with those movements because most of the physicians generally belonged to Non-Brahman communities and were connected with the Dravidian party. After the marginalisation of Tamil medical practitioners, they started to revitalise their medicine by forming associations, institutionalising practices, and publishing texts and journals [33]. Tamil medical texts were considered part and parcel of Ayurveda until the second decade of the twentieth century in Colonial Tamil region. Tamil medical texts never claimed their medical practices as a Siddha system. Instead, Siddhas and physicians who followed Tamil medical texts called themselves the practitioners of *Ayurvedam*, which did not have at that time the connotations of the

word as it was constructed in the 20th century [49a–d,50,51,52]. During the revitalisation process, Sanskrit-centric Ayurvedic physicians of Colonial Tamil region pushed Tamil medical texts and practitioners outside the boundary of Ayurveda, and the former called the latter's practices illegitimate [15]. They also propagated that whatever commendable practices were exercised in Tamil medical texts were also plagiarised from Sanskrit texts [53a,b,54,55]. As a rebuttal, Tamil physicians started to construct a separate medical identity, called Tamil Siddha medicine, based on the Dravidian race and Tamil language along with the lines of the political-social and cultural movement of the Colonial Tamil region [15, 56–61]. They posited that Ayurveda was a medical practice of Aryans and medicine of outsiders such as Unani and Western medicine, while Sanskrit-centric Ayurvedic physicians branded Tamil medicine as an illegitimate and plagiarised system [62a–c]. The two medical systems had their own intrigue based on their linguistic and racial identity in the early decades of the twentieth century, even though both systems previously existed as a core component of the *Ayurvedam*. However, those systemic constructions based on language and race did not escape from the condemnation of the physicians who looked at both as part of a single system in Colonial Tamil region.

Physicians such as Pandit Narayana Iyengar of Madurai, *Vaidya Acharya S.R.V. Das* from Vellore, C.Ta. Arumugam Pillai, Pandit R.M.K. Velusami Pillai and Narayan Nayar criticised the divergence of indigenous medical systems based on the nature of medicine, language, race and region. They propagated a common knowledge stock of Ayurveda, and they tried to prove that both herbal and mineral medicines were part of the same system. When Siddha physicians advocated Siddha as a unique medical system based on mineral and metal drugs, these physicians demonstrated much evidence to prove the availability of Rasa medicines in Sanskrit texts. At the same time, the nature of their understanding of the meaning of Ayurveda was different from that of Sanskrit-centric Ayurvedic physicians. They stated that the indigenous medicines had a common name called Ayurveda, which comprised the texts of Sanskrit and vernacular languages. Hence, they attacked those Sanskrit-centric physicians who condemned Tamil medical texts and questioned separatists regarding the criteria for bifurcation [26,63a,b].

Pandit S. Narayana Iyengar publicised the commonality of both systems and attacked separatists for their stance and nature of criticising each other. He demonstrated that the Rasa *Sampradaya* of Tamil medicine was identical to the Sanskrit Rasa *Sampradaya*. He presented before the Usman Committee and wrote in his journal that Siddha and Ayurveda proceeded on the *tridosha* theory. He further stated that the treatment in indigenous systems referred to three things, the minerals, rasas and uparasas, and *nadi*. There were 18 Tamil Siddhas and 27 Sanskrit Siddhas. Except for the difference in the names of the Siddhas in the two branches, there was no difference between the Sanskrit and Tamil schools. Tamil Siddha *parampara* came from Eswara. The Sanskrit Ayurveda *parampara* traced to Brahma, while Sanskrit Siddha *parampara* came from Siva [26,64]. He ventured that both schools were the same and simultaneously condemned separatist Sanskrit and Tamil physicians. Through his writings, he attacked those Sanskrit-centric Ayurvedic physicians who criticised Tamil medicine as illegitimate. For instance, he wrote that some Sanskrit-centric Ayurvedic physicians criticised Tamil medical texts written by Theraiyar, Tiruvalluvar, Agastiyar, and Dhanwanthri as counterfeit documents that should be condemned. Since Tamil medical texts were also written based on *tridosha* theory, and they had equal respect to Sanskrit Ayurvedic texts [65 a,b]. S. Narayana Iyengar simultaneously attacked Tamil physicians for drawing a medical boundary. He responded to the Tamil physicians who propagated Siddha medicine as being different from Ayurveda that the systems, which were written in

Sanskrit and Tamil languages, were one when looking at medical texts. He further stated that Tamil Siddhas accepted themselves the idea of borrowing from Sanskrit texts. Moreover, he advocated that nobody could claim the Siddhas in the name of race, caste and language. Finally, he concluded that the physicians who belonged to different regions have written texts on Ayurveda in the Sanskrit and vernacular languages. Even though there were trivial differences in the treatment, the fundamental theory and diagnostic methods were same [65a]. Physicians like Pandit S. Narayana Iyengar, who spoke against the bifurcation of Ayurveda, condemned it in the public sphere, but they were disregarded.

## 5. Conclusion

Pandit Srinivasa Narayana Iyengar was a stalwart and pioneer of revitalisation of Ayurveda in Colonial Tamil region. He dedicated his life to reviving the ancient glory of Ayurveda and professionalising it. He worked hard along with other Ayurvedic physicians to progress medicine through institutionalisation, standardisation, disseminating medical knowledge and forming associations. He gravely contested the hegemony of Western medicine and promoted Ayurveda in the public sphere. His contribution is invaluable in establishing Ayurveda as a legitimate tradition of India. He tried to bridge the gap between the physicians of Ayurveda and Siddha. He propagated that Ayurveda was a common name that had indigenous medical practices comprising herbal and mineral drugs, with texts of Sanskrit and Tamil languages. Tamil Siddha medicine was established as a separate medical identity and projected as a traditional medicine of Tamils by Tamil physicians and the Dravidian movement in Colonial Tamil region. Tamil Siddha physicians also made Brahmins and Ayurvedic practitioners conspire against the Tamil community. The efforts of Pandit Srinivasa Narayana Iyengar and other physicians such as *Vaidya Acharya*, S.R.V. Das, Bilvanatha Aiyar in overcoming the dissection among the indigenous physicians were in vain because of the Dravidian politics, which tried to promote Tamil Siddha medicine.

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## Conflict of interest

None

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