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*On the Systematization of Siddha Medicine*

by

**Ina Miller**

# **On the Systematization of Siddha Medicine**

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The essay at hand deals with some fundamental historical milestones in Siddha medicine as a means to further understand the development of one major medical tradition that is practiced beyond India and Sri Lanka. This paper is situated in a particular framework that is characterized by its manifold transnational dimensions that become apparent in Siddha medicine, but which are also of significance in many other medical practices in the present time. This includes medical traditions such as Ayurveda, Traditional Tibetan Medicine, or Acupuncture which continue to spread across national borders and establish themselves in new regions of the world, while usually having been transformed in one way or the other during these transnational transfers. Siddha medicine serves as a helpful example by which a look into the past facilitates the understanding of some of the processes and motives behind such phenomena as transnational movements of medical traditions which bring forth the plurality and diversity in medical history.

## **1. Introduction**

In their attempts to colonize newly discovered regions of the world, Western countries and cultures have permeated indigenous societies quite fundamentally. One aspect of this cultural expansion included the introduction of Western medical tradition – allopathy – to regions such as the Indian subcontinent which constitutes the regional focus of this paper. In fact, in India political colonial power was tightly connected to the introduction and practice of allopathy which served the colonial rulers in two major ways: first, to demonstrate biomedicine to the indigenous population as a conceptually superior medical system due to its scientific basis, as opposed to the ‘primitive Indian’ medical traditions, including Ayurveda, Siddha, and Unani Tibb; and the second intention was more of a practical nature, namely to keep the natives healthy in order to ensure their working abilities and hence secure economic revenues of the colonial industry (Ghatak 2004: 2). Essentially, there was an intense encounter of indigenous society with its traditional healing systems on the one hand and the Western colonial power apparatus with allopathy on the other hand, with the latter challenging the legitimacy and authority of the former.

This encounter of biomedicine and traditional medical systems in colonial India provides the discursive framework of this paper, in which I attempt to develop a set of interrelated arguments.

By exploring both the systematization processes of Siddha medicine within the late colonial setting and Siddha's formative stages particularly during the first millennium C.E., this paper attempts to achieve three important goals: first, to define and locate the systematization of Siddha knowledge and practice within the late colonial timeframe as a reaction of Tamil nationalists and Siddha practitioners to the introduction of allopathy; second, to illustrate various influences that have contributed to the emergence and early development of Siddha medicine; and third, to shed light on the connections of Siddha medicine and some Chinese philosophical and therapeutical concepts and practices as a means of highlighting the significance of transcultural connections as they are reflected in Siddha. By following this line of argumentation, this paper speaks in favor of an openness, fluidity, and dynamic of Siddha medicine in its initial stages, when an array of foreign influences was incorporated into its medicinal corpus, and when cultural systems in Eurasia appeared in ongoing processes of extensive mutual borrowing from each other up until the early 20<sup>th</sup> century. With the colonial experience, however, came a ground-breaking transformative moment. Siddha practitioners and Tamil nationalists alike faced numerous challenges that threatened their authority and legitimacy, as well as Siddha's status in society. As a result of this crisis, Siddha practitioners of that time had responded to these perceived threats by reevaluating, negotiating and subsequently transforming the Siddha corpus of knowledge and practices into a more or less rigid medical system in order to compete with allopathy as well as Ayurveda.

Before I turn my attention to describing Siddha's formative stages with their various foreign influences and Siddha's dynamic and open character in more detail, I will first explore the notion of Siddha as a 'medical system' and elaborate on the concept of 'systematization' per se, which can be viewed as the setting up of defined boundaries around a more or less fixed corpus of knowledge and practices. Based on Weiss' works (2008 & 2009) and Attewell's book "*Refiguring Unani Tibb. Plural Healing in Late Colonial India*" (2007), my aim will be to question Siddha as a 'medical system' – an idea that has persisted for quite some time - and to identify this problematic notion as a construct of colonial times that is to be understood as a response of Siddha *vaidyas* (traditional healers) and Tamil nationalists to reforming and to systemizing Siddha medicine on a par with the Western system of medicine by establishing Siddha institutions, forming professional associations, creating historical narratives, etc. In a second step, I will elaborate on the various influences which have shaped Siddha medicine in its early stages, such as Tantrism and Yoga. Here, I will focus on the connections of Siddha and Chinese philosophy and therapeutics, including Taoism, alchemy, and the concept of immortality. Finally, I will summarize the key arguments of this paper and draw some concluding thoughts.

## 2. Systematization of Siddha Medicine in Late Colonial India

Parallel to Unani Tibb and Ayurveda, Siddha medicine underwent an extraordinary transformation in the course of some few decades in late colonial India. And despite its wide presence and significance especially in South India, there seems to be no detailed academic account on Siddha's developmental stages, which is a gap that the present article is attempting to approach. Based on various sources used here, this paper formulates the assumption that Attewell's (2007) claims in his ground-breaking book on Unani Tibb in the late colonial setting can be partially applied to the development of Siddha in the same context, at least as far as the gradual systematization of its medicinal corpus and practices is concerned. In his attempt to place Unani in a historical context, Attewell describes Unani Tibb throughout its history up to the colonial period as a fluid and open medical tradition made up of various 'streams of knowledge' (Attewell 2007: 21). He understands Unani as a tradition that was never truly pure or free of influences, but rather involved in interactions with other medical traditions to a point where one could state that Unani and Ayurveda not only borrowed from each other but in fact co-produced each other (Attewell 2005: 388). Attewell's views are supported by Metcalf, another accomplished researcher on Unani Tibb who emphasizes the original openness and plurality of Unani in the historical context (1985: 5). This initial openness was challenged in the late colonial period which ultimately paved the way for the emergence of Unani Tibb as a 'medical system'- as Attewell states, when traditional hakims (Unani practitioners) engaged in processes of restructuring and institutionalizing their knowledge and practices.

Siddha medicine developed according to these lines. Venkatranam, who explores the Tamil Siddha cult as a socio-religious phenomenon in his book *"History of the Tamil Siddha Cult"* (1990), shows in this in-depth study that Siddha was developed over time and branched out into various schools during its development. It has various Indian as well as non-Indian roots, including diverse Śiva cults in South India and aspects of Tantrism which, according to Venkatranam, synthesized with Yogic and alchemical practices and beliefs during the 4<sup>th</sup>-7<sup>th</sup> century C.E. (Venkatranam 1990: 3, 23, 25, 28). This clearly speaks against a unilinear development of a fixed body of knowledge and practices, but rather highlights the importance of various streams of knowledge that fed the Siddha medicinal corpus in its initial stages. This is not to suggest that Siddha medicine, as it is practiced today, is not open or flexible, but certainly subject to more regulative and defining parameters.

A second contribution of Venkatranam's work with regard to Siddha's history is the claim that Siddha as a 'medical system' appears to be a rather new concept established in the 19<sup>th</sup> century as a byproduct of the systemization of Siddha knowledge and practice which was initiated by Tamil

nationalists and traditional vaidyas alike in their struggle to compete with biomedicine as well as Ayurveda. Systematization in this context is simply understood as a process of drawing more or less rigid boundaries around a body of knowledge and practices as to distinguish oneself from conceptual 'others' and, thus, create a seemingly unique identity. Although Siddha medicine has already been systematized to a certain degree by its practitioners centuries ago, the intensity and extension of Siddha's systematization and boundary drawing in late colonial India was extraordinary and shall be discussed below, after a short description of Siddha medicine and its relationship with Ayurveda. This way, one can better situate Siddha medicine within the Indian medicinal landscape on the one hand and better understand the efforts of Tamil revivalists and traditional vaidyas to create a distinct (Tamil) medical system on the other.

### **2.1 Siddha Medicine: Main Concepts and its Relationship to Ayurveda**

The purpose of this section is to give a short overview of Siddha medicine and, simultaneously, highlight the major similarities and differences with Ayurveda, India's probably best known traditional medical system. This approach enables us to critically view the links of Ayurveda and Siddha as well as the suggested claim by some scholars to view Siddha as primarily influenced by Ayurveda, and the claim by others to conceptualize Siddha and Ayurveda as totally different systems with no significant points of intersection.

With regard to the former claim, one could cite Abeysekara (2006), who wrote a book on Sri Lankan traditional medical systems with a focus on Ayurveda. She claims that Ayurveda and Siddha medicine differ primarily and almost exclusively in their use of herbal vs. mineral preparations, but are conceptually essentially the same (Abeysekara 2006: 75). There is no doubt that some fundamental similarities exist, such as the *tridosha* theory (though slightly different in both cases) and the concept of *panchabhuta* – a fact that points to Siddha's and Ayurveda's historical links (Kumaraswamy 1985: 68; Scharfe 1999: 629). We also find similar diagnostic techniques, such as urine analysis or pulse reading, as well as similar animal and plant matter as therapeutic measures. However, considering the different body concepts alone – Ayurveda is based on a humoral body concept with the notion of a perishable body, while Siddha is centered on a tantric body concept with so-called *chakras* (psycho-physical nerve centers) that promotes physical immortality – Abeysekara's claim seems questionable (Venkatraman 1990: 101). Besides this difference in body concepts, Siddha and Ayurveda differ in numerous diagnostic and treatment methods. Moreover,

Siddha is regionally confined to Tamil Nadu and Tamil Diaspora. Its core medicinal texts are written in the Tamil language, as opposed to Ayurvedic Sanskrit texts. This Tamil connection is distinctive and of great significance as we turn to the next part of the paper that deals with the systematization of Siddha in late colonial India – a process that was happening in a discourse of Tamil identity formation centered on the premise of authoritative knowledge.

## **2.2 Formative Moments in the Systematization Process**

The present paper argues that Siddha as a fixed medical system is indeed the product of the Tamil nationalists' and vaidyas' interactions with the biomedical discourse and with Ayurveda towards the end of the British rule in India, when vaidyas had redefined, restructured and systematized the Siddha corpus of knowledge and practice to a great extent. To understand this process of systematization a little bit more, one first needs to take a closer look at the historical particularities of that time.

Social and political changes as well as numerous uprisings swept across late colonial India, accompanied by the spread of epidemic diseases and a new medical tradition – allopathy. These occurrences made up the framework in which traditional Siddha practitioners had found themselves caught in a far-reaching identity crisis. At the same time, there was an increase in nationalist politics, such as the Indian national movement with its emphasis and promotion of Sanskrit tradition as well as Ayurveda as *the* Indian medicine suited for the Indian bodies. The goal of this movement was to create the idea of Indian unity that could withstand colonial domination. And Siddha was portrayed in this vision as an “inferior form of Ayurveda” (Weiss 2008: 80).

Additionally, the Brahman minority in South India had started to collaborate with the British and gained benefits in fields of administrative positions, political authority, and educational advantages. This is a relevant point considering the fact that most Siddha vaidyas and Tamil revivalists belonged to the vellalar caste – a wealthy shudra caste – and were rivals of Brahmins. These Tamil vaidyas and nationalists started to feel challenged and saw their authority threatened by these developments. Subsequently, they started to engage in efforts to promote, systematize and, thus, legitimize Siddha medicine on a par with Ayurveda and allopathy in order to create and strengthen Tamil identity (White 2008).

Having provided some relevant background information, let us now turn to the specific pillars of systematization and try to answer the question of how Siddha vaidyas and Tamil nationalists managed to achieve the redefinition of Siddha medicine and how they set up boundaries in order to

both distance themselves from Unani Tibb and Ayurveda even more, despite all historical links, as well as distance oneself from the idea that the three are simply variations of one and the same medical tradition expressed in three different languages: Urdu, Sanskrit, and Tamil.

The first of these pillars of systematization consists of processes of (until now ongoing) standardization of drugs and fees, which is evident, for instance, in the compilation of the *Siddha Pharmacopoeia* (monitored by the Indian Ministry of Health and Welfare) or the *Formulary of Siddha Medicines* (established by Indian Medical Practitioners Cooperative Pharmacy and Stores) (Subbarayappa 2001: 440, 441). Subbarayappa (2001) also mentions the emergence of clinical trials and clinical research where the efficacy of drugs is tested according to and in coherence with Western biomedical episteme. Finally, one can add here the increased institutionalization and commercialization of Siddha medicine, e.g. the establishment of educational institutions and ongoing advertisement for Siddha treatments in mass media. In 1921, for instance, the first Siddha medical conference took place, accompanied by a gradual increase of literature on Siddha. Four years later, Siddha was taught at established educational institutions (Kumaraswamy 1985: 68). All these developments have contributed to defining a more or less coherent medical system.

The second pillar of systematization includes the emergence of and engagement in the Tamil national identity movement and Tamil separatism efforts in order to construct a unique Tamil identity and establish the antiquity of Siddha medicine and its universal value as well as its rational and scientific foundations – notions that were meant to stand in stark opposition to Ayurveda, which was portrayed as religious, superstitious and irrational.

Fueled by ongoing archeological excavations towards the beginning of the 20<sup>th</sup> century of Harappa and Mohenjo Daro, two highly developed civilizations that existed around 2400-1700 B.C.E., the discourse on Tamil identity and Siddha's significance and uniqueness has received an additional momentum in terms of claiming antiquity for Siddha, as it was linked with these Indus Valley civilizations. The discoveries of the archeologists made it apparent that there had been highly developed civilizations on Indian soil that could be compared in their complexity and advancement with Ancient Egypt, Mesopotamia and Ancient Greece and that also had extensive medicinal knowledge. Siddha practitioners used these discoveries to establish Siddha as an old, traditional and effective medical system in order to keep their legitimacy and authority (Kumaraswamy 1985: 64). This claim of antiquity was then woven into a complex (utopian) narrative which was created and perpetuated by vaidyas and Tamil nationalists with the purpose of providing a history of the Tamil people and Siddha medicine so as to strengthen Tamil identity (Weiss 2009). This narrative talks of a prehistoric, non-Brahman island (Lemuria) where an ethnically and racially pure Tamil population has resided that is described in the most positive ways. Siddha is portrayed there as the oldest

medical system that was practiced there until the Brahman Aryan invasions happened. These invasions, which were associated with “superstitious” Ayurveda, supposedly led to impurity, deterioration, the introduction of a caste system and the loss of Tamil rationality and Siddha medicinal knowledge (Weiss 2008: 81).

The above mentioned developments in the history of Siddha medicine clearly show the active efforts of Tamil revivalists and Siddha vaidyas to further systematize Siddha medicine and establish it as a ‘medical system’ - a rather modern concept. This argument is supported by the second part of this paper that will follow here and that builds on the discussion provided so far by illustrating Siddha’s openness and flexibility in its initial stages of development, exemplified by the “Siddha-China-connection” case study.

### **3. Cultural Interconnectedness, Siddha’s Origins, and the Chinese Connection**

Cultural flows have been covering the Eurasian landmass for centuries. Its prime carriers included missionaries, pilgrims, explorers, soldiers, and merchants alike who managed to transmit all sorts of cultural goods via land and sea routes, such as the famous Silk Road that connected China, Europe and the South Asian subcontinent. In *“A World History”* (1999), McNeill provides the reader with a helpful overview of this interconnectedness of cultural flows and the “new frequency of contact across the entire Eurasian continent” (McNeill 1999: 166) especially in the time between 500 B.C.E. – 200 C.E. With regard to the Indian context, McNeill argues that southern India served as a location of long distance trade (1999: 176) and, thus, trade routes have played a pivotal role in the transmission of Indian culture, in particular Buddhism, to other regions. Considering this spread of Buddhism, it becomes clear why pilgrimages also played an important role in the context of cultural interconnectedness (Paramesh 2001: 517, 518; Liyanaratne 2001: 399).

McNeill (1999) further argues that during the Gupta Empire ( ca. 200-600 C.E.), Indian influence on China was quite fundamental (183). At the same time, he acknowledges the importance of Chinese pilgrims who traveled to India and carried with them philosophical and medical knowledge and practices (McNeill 1999: 190, 191). This argument is supported by Tatz who, based on the evaluation of Nepalese Sanskrit and Tibetan sources, states that in the 11<sup>th</sup> century Maitrigupta, a Buddhist author in India, had traveled to “seek a tantric guru among tribal people in the hills” (1987: 695) and had returned to India and had gathered numerous disciples, many of whom traveled to North Nepal, Tibet and potentially China (1987: 710). A final author who is worth mentioning here



and who speaks of this interconnectedness of cultural regions via Buddhist pilgrimages is Kværne, who emphasizes religious contacts among different Asian regions, specifically in Tibet and India, by pointing to an existing “Buddhist siddha tradition” of “tantric adepts, and possibly also Sivaist yogins” (1972: 38) in West Tibet. This religious aspect is underscored in Siddha works. Buddhist concepts that probably came from Central Asia, are included in the famous Tirumandiram, for instance – a text written by the Siddha sage Tirumular sometime between the 10<sup>th</sup> –12<sup>th</sup> century. What the above mentioned academic accounts illustrate is that medicinal traditions have traveled with cultural flows, have mutually influenced each other and have mixed over the period of centuries (Richter in Kumaraswamy 1975: 10). A prime example of this is presented by Deshpande (1999) on the science of ophthalmology, the science of eye-related diseases. In her account, Deshpande discovers a transmission of medicinal material from India to China, including the transmission of gall-nut, which was recorded to have happened in the Yuan period (1206 - 1368) (1999: 319). By studying various Chinese texts, Deshpande concludes that in the field of ophthalmology, Indian knowledge was introduced into Chinese medicine, facilitated by the spread of Buddhism in medieval times (1999: 307).

The above description of the general interconnectedness and cross-cultural relations provides the framework within which it is possible to position Siddha medicine and to analyze the array of formative forces that contributed to its emergence and development. It further enables us to uncover the openness, fluidity, and dynamic of Siddha medicine in its formative stages, which is the topic of the following sections.

### **3.1 Siddha Medicine: Formative Stages**

Indian as well as non-Indian developments played an important role in the formation of Siddha medicine. Siddha’s Indian roots include Yoga which has until today occupied an established position within the Indian philosophical and therapeutical landscape. Yoga has been practiced in India for centuries and is also important within the Siddha medical practice (Venkatramam 1990: 99). Its popularity and significance started to increase in the 2<sup>nd</sup> century B.C.E., however, the oldest written works on Yoga emerged between the 2<sup>nd</sup> and 5<sup>th</sup> century C.E., such as Patanjali Yoga and Yogatavopanisad (Venkatramam 1990: 45). These works speak of some essential motives: longevity, alchemy, and the achievement of siddhis (superhuman powers) (Venkatramam 1990: 25, 100). These motives are central to the Siddha medical corpus. It was Hatha Yoga in particular that was practiced in order to achieve the set goals of longevity and siddhis through meditation,

breathing techniques and postures (Subbarayappa 2001: 434). White (1997) categorizes this form of Yoga as a Saiva tradition that aims at channeling sexual fluids and bringing together the male (associated with Śiva) and female (associated with Śakti) principle.

The second Indian development which is relevant for the formation of Siddha medicine is Tantrism, which originated in India in the 5<sup>th</sup> century C.E. Tantric rituals focused on the male-female principle and made extensive use of meditation techniques in order to channel divine energy in the human body and thus achieve freedom and creativity (Subbarayappa 2001). Its foundation, according to White (1997), consists of both Indian as well as non-Indian elements. Some Hindu sectarian groups – religious communities that flourished in the 12<sup>th</sup> century and are referred to as Siddhars – comprised the Indian root of Tantrism (White 1997: 5). And one of its non-Indian, Chinese roots was the use of alchemy which was also being used among Taoists in China at that time (Venkatranam 1990: 128). Before we turn to these Chinese roots of Tantrism and subsequently Siddha medicine, a few words must first be said about the Tantrists/Siddhars/Yogis.

Yoga and Tantrism merged sometime between the 7<sup>th</sup> – 11<sup>th</sup> century, according to Venkatranam (1990: 24, 25). This development was accompanied by social flexibility, i.e. practitioners (yogis/siddhars) were usually non-Brahmans who originated from diverse social groups and who constituted an opposition to brahmanical Hinduism and existing religious and scriptural authority (Kumaraswamy 1985: 65; Venkatranam 1990: 156). Instead, they focused on mystical experiences while challenging “the religious orthodoxy in the Tamil region up until 17<sup>th</sup> AD” (Sujatha 2009: 78).

Siddhars tried to achieve immortality through yogic exercises, but also started to use alchemical means, such as ingesting mercury to transform into a “superhuman” (White 1997: 81), which makes the link with China clear because alchemy was probably developed in China and was transmitted to India from there (Venkatranam 1990: 130). An accomplished author on the alchemical concepts and practices in India is White (1997). He points to the fact that Hatha Yoga and alchemy played a role in Siddha medicine and in Tantrism, and that the emergence of Tantrism was influenced by Chinese, Tibetan, Central Asian, and European interactions and developments which traveled via the Silk Road and maritime ways and ports (White 1997: 1, 2). Let us look further into these Chinese influences for they seem quite fundamental considering the position that alchemy and Taoist elements have in Siddha medical tradition.

### 3.2 The 'Siddha-China Link'

As mentioned above, there were Indian as well as non-Indian roots to Siddha in its formation, which interconnected over the period of some few centuries. Having discussed the Indian roots, we shall now discuss its non-Indian, specifically Chinese roots.

Around the 3<sup>rd</sup> and 4<sup>th</sup> century C.E., Taoism had flourished in China. It is a philosophical school that is based on the yin and yang principle and the use of extensive physical techniques, such as meditation and breathing exercises, to achieve a Taoist goal in life, namely physical immortality. During this golden age of Taoism, the science of alchemy had merged with it as a means to achieve the set goal of physical immortality (Subbarayappa 2001: 427). It is not certain yet, and remains debated among scientists whether or not alchemy originated in China itself. However, while this question is not of primary concern in the present paper, it points to the significance of alchemy in both Chinese Taoist circles as well as among Tamil Siddha practitioners of South India. The Taoist concept of yin and yang became associated with mercury (male) and sulfur (female). And Taoists started the production of alchemically produced elixirs for longevity and immortality around that time.

This knowledge on Chinese alchemy was probably transmitted to India by Chinese and Buddhist monks around the time of flourishing Tantrism and was being Indianized, i.e. Śiva is associated with mercury (male principle) and Śakti with sulfur (female principle), according to Subbarayappa (2001). The transmission of alchemy might have been facilitated by the fact that, according to Venkatramam (1990), there are similarities of yoga and alchemy in their idea of transmutation, i.e. "to transmute a baser thing into a nobler thing by sublimation" (Venkatramam 1990: 132; see also Venkatramam 1990: 129). Yogis/siddhars incorporated alchemy into their practices and started to experiment with yoga and alchemy and to form a medicinal corpus of knowledge, i.e. yogis/siddhars started to document their knowledge in written form, using the Tamil language as well as a hermetic script (Kumaraswamy 1985: 66; Liyanaratne 2001: 397). One could also add another aspect here that illustrates this Siddha-China connection, namely the argument that some of the practicing Siddhars in India were (likely) of Chinese origin, including some of the 18 Siddha sages who are handled as the forefathers of this medicinal system (Natarajan 2004: 256; Subbarayappa 2001: 428).

The importance that alchemical use and the concept of physical immortality had in Siddha is striking when we consider that it is not expressed in other Indian medical systems to the same extent – though Ayurveda also has alchemical texts and the notion of longevity expressed in its texts. This oddity suggests a link with China, especially when we consider the above mentioned frequency

of cross-cultural relations in South India as well as the notions of alchemy and immortality in China, which shall be discussed in more detail here.

The idea of longevity or even immortality is wide-spread across the Eurasian continent. Hopkins (1905) writes on the myth of the Fountain of Youth - a myth of rejuvenation across cultures. He finds that this myth appears in various parts of the world (Hopkins 1905: 2). According to Hopkins, there is also a Hindu epic youth and Chinese and Japanese texts which speak of fruits of youth and isles of youth. The notion of immortality is also the subject in Campany's work, in which he claims that in "ancient, medieval, and early modern times, esoteric religious traditions were developed in several civilizations [...] often including alchemical and alimentary disciplines and some sort of claim to personal immortality, which were transmitted in secret texts from masters to initiated disciples and were at least partially defined in contrast to the sacrificial cults of mainstream society" (2006: 291). He continues his account of this practice in the achievement of longevity in late classical and early medieval China by pointing to the practitioners who organized in loosely formed schools, the disciples of masters who were travelling constantly to widen their knowledge (Campany 2006: 292, 293). White (1998) talks of alchemical knowledge as universal in various societies as shown by an Indo-European myth of mercury extraction with the help of a virgin, which is found in Chinese and Syrian texts (see also White 1997: 75). Again, we encounter the problem of alchemy's origin, which is likely to be in China in the 1<sup>st</sup> century C.E., when the art of aurification and the transmutational and elixir alchemy were developed and from where it moved westwards (White 1997: 75).

However, the idea of physical immortality per se is quite distinct to China, as shown by Sivin. So is the use of minerals that we find among Taoists as well as Siddhars. These seem to be the two strongest links within the discourse on the interconnectedness of medical and philosophical knowledge between Siddha medicine and Chinese developments.

In his review of Sivin, who is trying to establish alchemy as a science in the Western sense and a branch of Chinese medicine, Eliade talks about the *Tan ching yao chueh* - a collection of formulas for the preparation of elixirs of immortality (1970: 178) written most likely by SunSumo who was a physician in the 6<sup>th</sup> century C.E. These elixirs for immortality were articulated before by Ko Hung, a Taoist in the 4<sup>th</sup> century C.E. (Eliade 1970: 179). However, the belief in physical immortality in China is firstly described in the 8<sup>th</sup> century B.C.E. when the notion that one could actively achieve it by using certain substances or techniques was still absent (Eliade 1970: 181). However, while Sivin is not so much concerned with the possible links between Chinese alchemy and the concept of immortality and the Siddha medical and philosophical system, Eliade points out that there are Indian sources, which speak of the "incorruptible body". Moreover, Eliade mentions that "the folklore crystallized around the most popular Siddhas, first and fore-most around Gorakhnath,

strongly emphasizes the ‘conquest of death’ through yogic practices and alchemy” (Eliade 1970: 181), specifically through yogic breathing exercises, certain sexual practices, and alchemical use that were pursued by the siddhars in order to reach not only physical well-being but also physical immortality. In India, the first alchemical operations, such as aurification, are described in texts after the 3<sup>rd</sup> century C.E. The use of these alchemical operations in order to obtain physical immortality as well as the notion of physical immortality per se are certainly aspects that were originally foreign in India, specifically in Buddhism (Eliade 1970: 181). It might also be interesting to note here that the important element mercury which is widely used in Siddha medicine has been and continues to be imported to South India via maritime routes. White describes the account of Nagarjuna, who is considered to have introduced mercury in the 6<sup>th</sup> century C.E. into the tantric Indian circles (1998: 64).

### **Conclusions**

The above argumentation has shown an active involvement of primarily traditional vaidyas and Tamil nationalists in reforming and systematizing Siddha medicine in order to secure legitimacy and authenticity, and ultimately compete with allopathy in the colonial setting. It is this particular colonial context which set the conditions that led to the emergence of Siddha as a ‘medical system’ as discussed above. This argument was further supported by the illustration of the various links and streams of knowledge that influenced the emergence and development of the Siddha medical corpus in the course of time. Not only did the overall cultural interconnectedness in Eurasia become apparent, but it was also made clear that there was a connection between China and Siddha, specifically in the fields of alchemy and with regard to the notion of immortality.

There are certainly other interesting links between Siddha and China that were not discussed in the present paper, such as the pulse reading technique which is quite important in the diagnosis process. However, that could be the focus of research in another study that could contribute to further exploring Siddha medicine and its history, specifically its historical links with China – areas that have until now remained somewhat neglected in academic writing.

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