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Folk healing and the negotiation of  
shifting social identities in Tamil Nadu,  
India



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## Abstract

This paper is concerned with a special branch of folk medicine in Tamil Nadu, India, which is practiced by the Narikuravar, a formerly peripatetic hunter community settled all over South India.

This paper starts with a description of the Narikuravar folk healing practices and epistemologies and discusses processes of professionalization and commercialisation. The second part of this paper asks how the Narikuravar healers gain authority and popularity in the growing health industry market in Tamil Nadu, and what makes their medicine so special in the eyes of their clients. The argument put forward here, is that the power of the Narikuravar healer is related to the position and image of the Narikuravar community within the wider society. Narikuravar are associated with 'nature' as opposed to the surrounding peasant caste groups which stand for 'culture'; and they are often regarded as still living in the 'Indian past', as opposed to 'Indian modernity'. In the *Kuravanci*, a folk literary genre which was very popular in Tamil Nadu from the seventeenth until the nineteenth century, the image of the Narikuravar as a fortune-teller and folk healer is elaborated upon, but notions of their traditional life style and magic healing powers are also found in later representations of the Narikuravars, for example in the 1972 movie *Kuratti Magan*. Narikuravar medicine is located within various pairs of oppositions, such as East/West (English), traditional/modern and folk/classical medicine. These images and representations are today exploited by the Narikuravar themselves as commercial tools in their representations of themselves in the context of market strategies, but they are also used for the negotiation of identity within the wider social and political sphere, for example in the efforts of the Narikuravar Tamil association to gain the recognition of a Scheduled Tribe. In other words, they accept and welcome these representations of "natural" and "traditional" healing powers and transform them into a resource that can be sold in specific encounters with clients from other communities or used in articulating their identity and place in the hierarchy in the diversity management of the modern nation state.

Dieser Artikel beschäftigt sich mit einer spezifischen Heiltradition und den mit ihr verbundenen Repräsentationen und fragt, wie sich diese auf die Beziehungen zwischen unterschiedliche Akteuren und Gruppen auswirkt. Der Fokus liegt auf der

Heiltradition der Narikuravar, einer ehemals peripatetischen Kastengruppe, die von der Jagd lebte.

Nach einer Beschreibung der Heiltradition und der zugrunde liegende Epistemologie werden die Prozesse der Professionalisierung und Kommerzialisierung diskutiert. Der zweite Teil dieses Artikels untersucht wie die Narikuravar an Autorität und Popularität in der wachsenden Gesundheitslandschaft Indiens erlangen und was ihre Medizin in den Augen der Patienten so effizient macht. Es wird dahingehend argumentiert, dass die Heilkraft der Narikuravar durch ihre generelle Stellung innerhalb der Gesellschaft legitimiert ist. Die Narikuravar werden mit „Natur“ und einer romantisch besetzten Vergangenheit assoziiert, im Gegensatz zu den sie umgebenden landwirtschaftlich arbeitenden Gruppen, die mit „Kultur“ assoziiert werden.

Im Kuravanci, einer in Tamil Nadu sehr beliebten folkloristischen Literaturgattung des siebzehnten Jahrhunderts, wird das Bild des Narikuravar elaboriert, der als Heiler und Wahrsager arbeitet; aber auch in späteren Repräsentationen finden sich Hinweise auf den Lebensstil und die magischen und medizinischen Kräfte, so zum Beispiel in dem Film *Kuratti Magan* von 1972.

Die Narikuravar Medizin kann im Spannungsfeld verschiedener Gegensätze untersucht werden: East/West, traditionell/modern und folkloristisch/klassisch. Die damit verbundenen Bilder und Repräsentationen werden von den Narikuravar bewusst im Rahmen von Marktstrategien eingesetzt, aber auch in der weiteren Identitätspolitik, zum Beispiel in den Bemühungen der Narikuravar Tamil Association den Status eines Scheduled Tribe anerkannt zu bekommen. Die Narikuravar akzeptieren die Repräsentationen und Zuschreibungen von Außen, und nutzen sie als eine Ressource, die in der Interaktion von Heiler und Patient eingesetzt werden kann, und die bestehende Hierarchien in Frage stellt.

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## Contents

Introduction.....	7
I. The Narikuravar .....	8
II. Perception and representation of Narikuravar medicine .....	10
III. Narikuravar folk healing practices .....	14
IV. Conclusion .....	19
Bibliography .....	22



## Introduction

In ethnically and culturally heterogeneous societies, medical diversity tends to be linked to the politics of ethnicity, the medical encounter being an important field in which individuals and groups negotiate their identities and relationships with each other. Medical systems operate inside and in dialogue with other ideological and religious systems, and besides possessing healing properties they are linked to ethnicity, religion and the like, from which they derive particular forms of authority and knowledge. They therefore mirror already existing diversities, but at the same time create a platform where diverse ideologies are voiced and negotiated. A number of studies have shown how indigenous medicine is used as a counter project to modernity, for example by indigenous groups to deal with authoritarian states (e.g. Crandon-Malamoud 1991, White 2001). It is especially in the context of competing medical systems, when medical authority is claimed through the politics of culture and identity (Weiss 2009). In South India, Siddha medicine becomes an expression of Tamil nationalism, when it articulates itself against the Western/English medicine and Ayurveda (Weiss 2009, 2008), whilst Ayurveda situates itself in opposition to the 'evils' of modernity and biomedicine (Bode 2006, Majumder 2006, Langford 2006, Nichter 2001, Tirodkar 2008).

Historically pluralistic, Tamil society has had to deal with ethnic and religious diversity for centuries, and the incorporation of strangers, as well as the negotiation of boundaries between different groups, is long established. The administering of medicine holds the potential to render boundaries of little, if any consequence, or as West and Luedke (2006: 2) put it: "(If boundaries can be said to exist between the rural and the urban, the local and the global, the official and the unofficial, and the traditional and the modern, between ethnic groups, languages and religious communities and between religion and science, the material and the immaterial worlds, and healing and harming, then healers it would seem, cross boundaries constantly." While healers cross boundaries, they can at the same time both reaffirm and negotiate them.

In this paper, I will discuss a specific form of folk healing and the representations and negotiations of different identities involved in the respective medical encounters. This paper focuses on the particular cultural field of the folk healing practice of the Narikuravar, a formerly peripatetic hunter community in Tamil Nadu.

## I. The Narikuravar

The Narikuravar are thought to have migrated around 400 years ago from northern India to the south; their language (*vagriboli*) indicates a Gujarati origin. Until a few decades ago, they were vagrant; groups of a few families would wander on more or less fixed routes, living through hunting, fortune telling, and selling medicines or other items. After independence, they were given small plots and houses in newly constructed settlements called colonies due to the revision of Indian settlement policies. Today, there are around 900 so called Narikuravar colonies in Tamil Nadu, ranging from 20 to 400 houses in size.

The Narikuravar are organized into a clan system, with two principal clans between which women are exchanged. These two clans are the *gujarato* and *mevado*, the latter being characterized by the sacrifice of goats and the former by the sacrifice of buffaloes. Each family possesses a goddess in the form of a little silver statue, to whom sacrifices are to be made regularly. Whereas Tamil people locate themselves socially and spiritually with reference to their *ur*, the 'earth' or 'soil' they come from (Daniel 1987), the Narikuravar stress no such connection. Instead, they acquire identity and structure relationships between individuals and groups through their position within the kinship and clan system. Internally, Narikuravar society is divided into a number of hierarchically ordered patrilineal exogamous clans, which stand in a fixed relationship to each other and are unevenly distributed over Tamil Nadu. Inter-colony relations are chiefly established through long standing perpetuated marriage relations, supplemented by political and economic activity. Geographical proximity, on the other hand, does not necessarily lead to such cooperation or intermarriage.

Narikuravar are often depicted as sexually active and also promiscuous, which partly has to do with their use of 'obscene' words, when they mock their counterparts, but also with the different way Narikuravar men and women interact with each other. In fact, sexuality is very much monitored and controlled by the community and by the goddesses, and especially pre- and extra-marital sexual relations (by men and women), is seen to result in diseases and misfortunes. In times of illness and distress Narikuravar use the public health institutions as well as their own available medicines or those of the neighbouring communities. Many health problems, especially those related to reproduction, are however explained in reference to the breaching of rules.

Permanent settlement has led to a number of changes among the Narikuravar. First of all, their subsistence patterns have changed: hunting, once a principal means



of living, can now only be carried out privately, due to the passing of environmental laws restricting the commercial hunting of most species. As an alternative, the catching of rats from rice fields has become an important source of income for local peasants. Another lucrative new way of earning money is the production and selling of necklaces, a business which has over the last two decades turned into quite an industry.

Being permanently located in one place has, of course, also had an impact on the relationship of the Narikuravars with the Tamil population. Whereas in earlier times the Narikuravars' role in the village was that of a transient people, they now, in some respects, occupy a position comparable to that of other low caste groups, and they act as voters, as well as members, of the *panchayat*, the traditional village council. Permanent settlement has enabled Narikuravar children to go to school. There, they mix and make friends with Tamil children, and they learn to speak, read, and write in the Tamil language. Further, the established health services have assumed a supervisory role for the Narikuravar by carrying out various programmes administered by village nurses, which aim at health improvement. The health status of individuals, as well as general health provision, varies greatly from colony to colony; the same is true for the educational status. To my knowledge, there are around fifteen schools providing especially for the Narikuravar, which are financed by NGOs, Christian missionaries, or the state, but the drop-out rate is high, and only few pupils complete 'plus-two' (A-levels).

The focus of subsistence differs across Tamil Nadu: in the rice growing regions the catching of rats from the fields has become a source of wage labour; in the areas of Thanjavur, Villupuram and Chennai the production of cheap jewellery for the Indian and international market is a major income source. Some colonies have specialised in pig breeding or aviculture; and in the area of Seyyar the production and selling of medicine has become the main source of income for around 60% of families. Some colonies have started to join forces, setting up a number of Narikuravar societies (*sangams*), such as the Narikuravar Welfare and Education Society or the Sri Sonagiri Association. The new development here is the establishment of a cooperative-like business structure, mainly based on kinship relations, which has led to relative wealth for a few families. On a larger scale, three core business branches are active: education and welfare, beads and jewellery, and medicine. Education and welfare here refers to the organisation of schools and welfare schemes for the community in the form of trusts or NGOs. There are half a dozen of schools and school schemes providing hostels, food, and uniforms, all of them organised by a few families who administer

finances and personnel. For this they need support and official acknowledgement from the villagers. The bead industry is growing rapidly, which is also organised in the form of family enterprises: beads and wire are bought wholesale and distributed to villagers, who then receive a certain amount for each necklace produced. These are sold on at a much higher price to folk craft stores and fairs, as well as to international distributors, and marketed as 'tribal' craft.

The professionalisation of the selling of medicine has increased over the last decade. It is organised in the form of family enterprises, which buy herbs and oils wholesale, distribute the costs and then individually sell the medicine. This takes place in various regions, and the medicines, therapies and market strategies differ accordingly. I will now turn to historical and recent conceptions and images of the Narikuravar healer before turning to the differing levels of professionalisation involved.

## II. Perception and representation of Narikuravar medicine

When asked, Tamils will often present an image of the Narikuravar, which in fact stands in sharp contrast to their lived reality. Tamils assume that Narikuravar are bestowed with extraordinary strength and health, women are said to be beautiful and of fine complexion, and the men brave and noble. The Narikuravar's health is viewed as proverbial, his strength enormous, and unlike others, he is said to be able to eat anything at all and sleep anywhere with no deleterious effects (Sujatha 2003). One informant told me that in his childhood he would marvel at the Narikuravar in the market, seeming so beautiful and healthy that their skin appeared to glow. Their power to tell the future, as well as to bestow curses, is also widely acknowledged, and as low as they might be considered in terms of status and purity, most people I talked to said that they wouldn't want to get on the wrong side of them. They are known for dispensing fox horn and aphrodisiac medicines, and even though today the majority of them engage in other work, this image sustains powerfully. But the opposite image is also often reported. People I spoke to would describe them as dirty, smelly and scruffy, poor and needy, and ready to steal and use their children for all kinds of felonies. They are also often depicted, within a variety of development discourses, as abidingly 'backward', and in dire need of education and 'modernisation'. At the same time, their association with the past and the non-modern is freighted with positive connotations, identifying them with the forest, the 'natural', and with a roman-

tic past. Using three examples, in the following passage I will briefly describe how this image of the Narikuravar as the representative of the forest and the mountains evolved and developed historically.

In the poetry of the Sangam period, Tamil society is differentiated into five different landscapes (*tinai*), each having its own characteristics and inhabitants. As Selby has pointed out, *tinai* is difficult to translate, since it “includes geographical space, time and everything that grows, develops and lives within this space and time, including emotion.” (Selby 2008: 25) One of these *tinai* is called *kurinci*, descriptive of an area of hills and mountains, and the home of the Kuravar<sup>1</sup>, who are hunters and gatherers. Its associated season is autumn, its temperature is cool and moist, and its emotional quality the union of lovers, exemplified by the union of Murugan and Valli, from which the latter had been brought up by the Kuravar. The classification of different landscapes and their inhabitants does not follow a hierarchical pattern; rather, they are to be seen as a sequence that tells a love story. The mountains and the waterfall are felt to both symbolise and actually ‘embody’ the lovers and their union.

The character of the Kuravar people in these poems is not extremely detailed, but they emphasise the important point that the Kuravar are part of the people of the Tamil region, which is composed of the five different groups contained in the respective *tinai*.

Being familiar with a first representation of the Kuravar, I will now discuss a second one, given in the *Kuravanci*, a classical literary genre dating from the 17<sup>th</sup> century, if not still earlier. Adaptations of these literary texts were performed at local folk theatres, where they were broadcast to substantial audiences. The *Kuravanci* has two different story lines, which repeatedly intersect; the first is the story of an upper class woman who sees the king in a procession and falls in love with him. After she has sent a messenger to the king, a Kuravar woman (*Kuratti*) joins the scene and enters into conversation with her. When asked to foretell her future, the *Kuratti* predicts that the lady will be married to the king before the day is out. The second part of the play then tells the story of the *Kuratti*'s husband, who, together with his fellow Kuravar friend, is searching for his wife. The Kuravar character and way of life are introduced, there are long descriptions of faraway places they once travelled to, descriptions of

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1 Kuravar refers not so much to a concrete community, but is rather an umbrella term for all wandering, hunting, and wilderness-associated groups, and the Narikuravar are one of these groups.

the birds they catch with snares, and also a depiction of the Kuravar's healing abilities. Two passages from the *Melagaram Tirikutarasakppa Kavirayar* exemplify how the Kuravar man describes his medical powers:

Now if you demand the potent medicine  
That makes a prostitute go crazy,  
Or the magic powder that will make  
Other people shut up, or half share  
In our take, or an egret, or even  
A jackal's horn, I will give it all to you, ...  
(Buck 2004: 315)

Perfumes medical powders  
Magic powder that make wooden dolls  
Set up on grinding tones tag along  
After you, medicines that bring  
People together, medicines that make  
People who always stick together,  
Split up, Kuralis power to tie up  
the forest and control the fire,  
and power to tie up the eyes: all these  
I will teach you.  
(Buck 2004: 347)

In the Kuravanci genre the upper class woman encounters the mysterious migrant with magical powers, the Kuravar, and thus two different 'worlds' that meet are introduced. These two worlds have been both probably more or less alien to the majority of the audience, mostly comprised of members of the agricultural castes. As Petersen (2008) argues, in offering a dialogue between the itinerant people from the wilderness and the settled agrarian communities, the Kuravanci communicates an "imaginative commentary on changing relations among persons, land, and landscape, in an era of fragmented polities, increased migrations and shifting social identities in the Tamil region." (Petersen 2008: 11) The drama introduces the land and the people within the framework of a love story, building upon the images of the Sangam period, which depict the Kuravar as related to the lovers union. Thus, the Kuravanci builds the characteristics of the Kuravar by adding qualities and skills probably sourced from observation of the new migrants of this time, of which one community were the Narikuravar. The Kuravanci thereby combined old and new images of those groups who were not settled, living instead on the basis of hunting and gathering, and having a close relationship to the wilderness (Petersen 2008). In fact the Narikuravar

and the Kuravar from the mountains constitute two different groups, but in the literary genre outlined they are grouped together in pan-ethnic fashion by the surrounding society. The Narikuravar came to Tamil Nadu as a consort of the Nayaka and Mughul rulers when they conquered the South. The Kuravanci takes up these new migratory developments and depicts the migrants in their context, their relationship to the surrounding world, and in this process a separate Kuravar identity is created, one which emphasises those qualities and characteristics that differentiate them from the outside world.

The third and last representation of the Narikuravar I want to discuss here comes from the 1972 film *Kuratti Magan*, a literal translation of the title is ‘son of the Kuravar woman’. In the film a Kuravar woman is expelled from her community for no more serious crime than arriving home later than expected. She and her little son are compelled to leave home and wander the streets alone. One day, when we see her out begging and selling beads, she is called into a house by a couple who fear their ill son is close to death. The Kuravar woman takes some medicine out of her pocket, mixes it with milk, and feeds it to the boy, who is fully revived within a minute. The couple are overwhelmed with joy and gratitude towards the Kuravar woman. As a mark of their appreciation they consent to take in the Kuratti’s son and adopt him as their own. A good part of the film then elaborates on what is seen, through the adoptive parents’ eyes, as the peculiar behaviour of the boy, who follows the Kuravar way of life and only slowly learns the conventions of his new family, which operates within the then Tamil middle class way of life. After these initial problems with familiarisation, the boy becomes a top student, and at the end of the play mother and son are re-united.

*Kuratti Magan* raises various themes: the ‘culturally’ different Kuravar boy becomes, on becoming ‘properly’ educated, a top student, thus effecting to add credence to the notion that ‘backwardness’ is not inherited but learned and can be overcome, a very important idea related to development policies and politics of the post-independence period; the Kuravar woman is a good woman, and most of all a good mother, who puts her son’s wellbeing above her own. Though she ends up missing him terribly, she decides it is better for him to stay in the Tamil house, where neither his origin nor her identity are known. Here there are resonances with the policy of putting children from similar backgrounds into hostels to educate them away from families; the culture of the Narikuravar is depicted in a comic way, the men stupid, naïve, and cruel; this is borne out in the expulsion of the woman and her son for something she was never even guilty of. The woman is seen to have a good heart, but nonetheless left to

roam the streets selling beads. By contrast, the Tamil family is not judgemental; their only concern is to bring out the best in the Kuravar woman and her son. The little boy's cultural specificities and particular way of life have to be overcome, but once this has been achieved, his community background is no longer readily identifiable, and he instead becomes a thoroughgoing 'citizen of the modern world'. Clearly the link to the then and still current ideologies of development and progress here cannot be overlooked; the only positive skills the Kuravar woman has are her medical powers, which, significantly, bring her into closer contact with the Tamil family. Having given medicine to the boy and brought him back to life, the Tamil woman greets her and hugs her feet, clearly gripped by a deeply felt respect. This is the only part of the film where the Kuravar woman can be identified as clearly superior, the 'cultural' difference between Tamil and Narikuravar at this point is not mocked but seen to have acquired a much 'healthier' significance.

In the foregoing depictions of the cultural differences between the Kuravar and the surrounding groups then, we note the emergence of two strong themes: on the one hand, an association with the wilderness and with mountains, symbolising the union of lovers, and on the other, the significance of the medical skills of the Kuravar. In what follows, I will discuss how these themes and images feed into today's Narikuravar healing practices, and what role the accentuation of cultural differences plays in the encounter between Narikuravar and Tamil.

### III. Narikuravar folk healing practices

Although healing is seen as one of the distinctive features of the Narikuravar, and attributed to the community as a whole, folk healers are not part of all settlements, if indeed they ever were: there are no sources reliably documenting this. In the following passages I will try to give a very brief ethnographic overview of the current situation, but first, I will clarify the different terms used in the field of folk medicine generally.

The common term for folk medicine in Tamil is *nattu maruntu* which literally means 'land medicine'. This is an umbrella term, which entails all kinds of different traditions of healing, and it is often colloquially used as synonymous with Siddha, even though Siddha medicine is acknowledged as constituting a distinctive healing



tradition (Sujatha 2009, Weiss 2009). Another term used for the folk medicine is *pac-cilai*, meaning ‘medicine prepared from green fresh leaves’.<sup>2</sup>

My research indicates that historically the most common type of professional Narikuravar folk healer was the itinerant healer and fortune-teller, who would, either independently or with an assistant, pass through villages and cities offering his services. This was the image conjured by reports from Narikuravar and Tamil people alike, and it is also the clearest image to be gleaned from the literature and public media. Early ethnographic reports on the Kuravar describe the men as hunters, also selling amulets, aphrodisiacs, and different kinds of medicines, and their wives selling beads and palm-reading (see also Werth 1996, Thurston 1909). They are most famous for selling fox-horn or jackal-horn, a supposedly extra little horn on the animals’ skulls bestowing potency and power on whoever holds possession of it.

The practice and scope of folk healing has changed over the last decades: settlement policies and new professional structures have enabled the Narikuravar to open healer shops and practices in towns or in their new villages, and also to work in bigger, mostly family based, cooperatives.

In order to give an introduction into the variety of healing practices, I will now briefly describe three different healers. My first portrait focuses on Chandra Babu, who is sixty years old and earns his living through medical treatment and fortune telling. He lives in a settlement near Thanjavur, and goes on day trips through the surrounding villages, and also into Thanjavur town, offering his services to both old and new patients. He is equipped with a little bag containing a variety of internal and external medicines listed below:

1. The head, paws, teeth, and tails of foxes;
2. A selection of twelve different oils (*tailam*) for external use;
3. A selection of eight different powders from various plants and trees;
4. A selection of twelve different woods;
5. A collection of different grasses and leaves from bushes;
6. Cowry shells, used in a kind of fortune telling;
7. A collection of various kinds of rudraksha bead (*Elaeocarpus ganitrus*).

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2 Folk healing takes place within different levels of professionalisation. The simplest form is the kind of healing that takes place within the community, and is based on family-inherited knowledge, and often constitutes the first resort in the event of illness. This is referred to as *patti maruntu*, meaning ‘grandmother’s medicine’ (see also Nisula 2006).

The parts from the fox – head, tail, and paws – are hung at the entrance of the house to ward off evil spirits. The teeth are sold to men as “tiger teeth”, worn on a string around the neck and intended to bestow strength and potency. The oils (*tailam*) are an external application, sold in little bottles, rubbed and massaged into the skin. These are used as a remedy against joint and muscle pain, but also to ameliorate headaches, stomach-aches and other forms of pain.

The medical powders, for example eucalyptus or liquorice, are bought from the folk medicine shop. The healer gives them to patients in a little bag and tells them how much to take. The woods are shredded, powdered, and then placed into an amulet (*tayittu*), which the patient wears around the arm; the grasses and leaves from bushes are for internal use, cooked in milk or sometimes also powdered and swallowed with fluids; the cowry shells are used as a sort of oracle: with the help of which he will effect to guide clients uncertain as to which way to turn in making significant decisions, or, if evil is thought to be present, to determine what sort of spirits (*pey*) they are.

Chandra Babu has been touring the neighbouring villages as well as the big cities for decades. At one time he would go on trips around Tamil Nadu and the neighbouring states for a few months, but over the last ten years he has sold his medicine exclusively in his own area. He will leave in the morning by bus to visit villages where he has patients to treat. He goes to these villages at regular intervals, so that he can keep his patients stocked up with medicines. People from neighbouring settlements also come to see him for medicines, but inside his own community, their usage is limited; although appreciated and considered beneficial, their use within the settlement is mostly for children’s diseases or minor ailments, and the ‘oracle’, described above, is never called upon.

I next turn to look at the healer Ravichandran, who is based near Pudukottai. In the rat catching season, he works to rid the pests from the farmers’ fields, and he has also been engaged in aviculture. Out of season, he goes on business tours selling *tailam*, the medical oil. He learnt the recipe of this specific *tailam* from his brother in law, who invented this special mixture in the 1980s, and who he accompanied and assisted through that decade on his selling tours. Today, Ravichandran has his own assistants to accompany him, in a similar way. The preparation of the *tailam* takes place in his house, the process requiring a few days to complete. The ingredients are bought in Madurai, where there are huge folk medicine shops, which get their supplies from the mountain areas, and also from Kerala. A number of different roots, herbs, and some secret ingredients are heated up in a combination of oils. The temperature must remain steadily hot for three to four days, so that the herbal ingredients



soak into the oil. Once the oil has cooled down, it is poured into large pots, which serve both for storage and for transportation. He travels to big cities and sells his medicines either at the station or in front of public buildings, such as the court or the electricity board. The oil is sold in little bottles for 10–20 Rupees. The *tailam* is promoted as being effective against a variety of diseases, reportedly restorative in cases of “knee pain, joint pain, palm pain, nerves pain, waist pain, leg pain, foot burning, injuries, all kinds of paralysis, shoulder pain, chest pain, foot non-feelingness, blood jam, itches and all kinds of diseases”. The *tailam* is mostly sold without an individual diagnosis or explanation of disease involved, simply a claim that the oils’ effectiveness derives from both its forest origins and the Narikuravars’ traditional knowledge of herbs and plants. Over the last couple of years Ravichandran has started to work with an assistant who got some training at a Siddha facility, and since then he started to engage in pulse taking and also more elaborate diagnosis.

As with Chandra Babu’s medicine, *tailam* is also used within the community, to a restricted extent, in fact in parallel with many other medicines from the pharmacy or the hospital.

The third healer I want to introduce here is Ramarajansingh, who is from Seyyar near Chennai. Seyyar has developed a special healing tradition over the last twenty years, and become the leading Narikuravar healer centre in north Tamil Nadu. Ramarajansingh’s father, who lived in Madurai for a while during the 1980s and studied at a Siddha institution, was effectively the ‘instigator’ of this ‘tradition’. He started to work as a healer in Madurai, and at the end of eighties came back to Seyyar, erecting a temple and practicing there. Soon after setting up he became famous, and other Narikuravar came to train in his healing mode, going on to open healer shops of their own. Today there are 20 houses in Seyyar advertising healing, and around 25 practitioners working outside the area (e.g. in Chennai, Pondichery, Thanjavur, Kumbakonam), in healer shops or as itinerant healers. Seyyar has developed a very specific tradition, which uses pulse taking as a means of diagnosis, and explains illness and health in the vocabulary of heat, but also with reference to blood cells and vitamins. One of the healing specialities of the Seyyar School is the treatment of infertility and impotence, but they also treat all kinds of other conditions. The range of products consists of internal and external medicines, the external ones being different *tailams*, and those used internally powders, which are sold as tablets or ‘capsules’, and electuaries. The healers claim to grind the ingredients of the powders themselves, but in most cases I witnessed they are bought either from the folk medicine shop or are floured in mills.

The Seyyar healing tradition differs in a number of respects from that shown in the other two healer portraits given above. First, the production and marketing are done on a cooperative basis, which allows for bigger investments, and consequently for much larger healer shops and practices. The products are for the most part the same, powders and oils, but the mode of diagnosis is modelled on Ayurvedic pulse-taking, and explanations of disease use idioms from biomedicine and Ayurveda, as well as from general folk healing.

When confronted with a patient suffering from impotence, all three healers in my study dealt differently with this problem in terms of diagnosis, explanatory models and types of therapy. Chandra Babu listened to the patient's oral report and thereby came up with the diagnosis that the patient was suffering an overall loss of strength, brought on by the consumption of 'poisoned' and 'chemicalised' modern food in combination with a modern lifestyle entailing sedentary office work, little if any exercise and eating too much fat. The therapeutic choice consisted of a combination of different medicinal powders and an amulet tied around the patient's arm with a prodigious number of knots. On the second visit he supplied the patient with a fox horn, and since several monitor lizards had been captured in the colony, he called the patient to collect one, since the meat of the monitor lizard is believed to promote male strength.

Ravichandran questioned the patient about semen loss, sex with prostitutes, and masturbation. He explained the problem of impotence (*anmai kuraivu*) as *narampu talarcci*, (nerve or blood-vessel weakness) a problem with a specified 4430 veins (*narambu*) of the body leading to blocked blood circulation and a depletion of energy, leading to a decrease in the production of semen. He prescribed a three-month course of the medical mixture *cittukuruvi lekiyam* (lit. small bird electuary), which contains a variety of medicinal herbs as well as silver powder (*velli puspam*).

Ramarajansingh used the pulse diagnosis, and came to the conclusion that excessive heat, causing the unwanted loss of semen while asleep, was behind the patient's impotence. But he also observed that a bacterial infection caught through intercourse, which causes germs to settle in the stomach and weaken the penis, could be the culprit. And in addition, he felt there could be a problem with a weakness of both white and red blood cells. His therapeutic advice consisted of a dietary prescription, and he supplied the patient with a list of herbs to be consumed with milk, and also worn in an amulet around the arm. The healer informed the patient that he was on his way to the Kolli hills for fresh herbs, and when he returns he would provide the patient with the necessary medicine.

To sum up, the basic inventory of all these three Narikuravar healers contains a variety of *tailams*, medicinal powders and electuaries, many of which are standard folk medicines, such as *atti maturam*, liquorice (*glycyrrhiza glabra*), *vacampu* (*acorus calamus*), or *itampuri-valampuri* (*helicteric isora*). Beyond these, supply depends very much on demand. Some healers make use of oracles, fortune telling and palm reading, some sell the rare fox horn, others provide monitor lizard meat or fat. Where healers who tour the countryside are confronted with a great variety of diseases, in town the patients come to be treated mainly for impotence and childlessness.

There is a notably wide diversity of marketing strategies, models used to explain cause of illness, diagnostic processes, and the patient base. Colonies and families have been developing their own traditions and practices, extended their expertise, and incorporated elements from other kinds of healing practice.

A relationship to the mountains, knowledge of plants and animals, the professional hunting of birds and other prey, and the many generations old tradition of healing is often woven into healer/patient conversations, when telling about the places where they sell medicine, where they buy the ingredients or in the names of specific medicines such as ‘small bird electuary’. Their medicine is just natural and centuries old, thus it might not be as fast and effective as “English medicine”; but it is free of side-effects, and appropriate for the Tamil people, because it comes from Tamil soil. This emphasis on the forest and its products is also apparent in the wooden designs used to decorate the healer practices in town.

Through their appearance and self representation Narikuravar healers embody a charismatic male strength that often makes the Tamil patient feel and seem weak by comparison. They make a point of emphasising their male potency, their vigour, and the numerous children they have fathered. In healing encounters the healers generally wear a *lungi*, a turban, and necklaces, or a tiger skin, and he takes pride in showing his tattooed chests. All the healers I encountered displayed not a hint of subservience, rather stressing the unquestionable trustworthiness of their business.

#### IV. Conclusion

In this paper I have discussed the interplay of historically created images and representations of the Narikuravar with their present day healing practice. The Narikuravar have to market and defend their medical practices within the plural medical landscape of India; the popularity of their form of folk healing is of course part of a

wider process of the revival of indigenous medicines (Langford 2002, Weiss 2009 Wujastyk and Smith 2008), but I would nonetheless argue that the role and place of the Narikuravar healer in this process is a special one. Medical pluralism is inter-linked with the politics of cultural identity; representations from the field of health and medicine are constructed by, and at the same time feed into, the areas of politics, economics and ideology. Thus, medical dialogue is one of the arenas where ethnic groups negotiate the significance and content of ethnic identity and affiliation and subsequently of interethnic relations.

The Narikuravar have been made subject to a number of programmes and policies, but despite the efforts of diverse religious missionaries, as well as development officers, they have not taken to conversion, and unlike many of the neighbouring communities, the majority of them have not jumped on the bandwagon of 'class-mobility' through education, middle class jobs, and the shedding of 'tribal' features. Quite to the contrary, subject to limited changes, they are still sticking to their rituals and religious concepts, as well as to their professional specialisations, thereby adapting to circumstances, such as new business opportunities and structures, and registering as traditional healers so that they can open practices. Instead of getting rid of or concealing their cultural and social distinctiveness, they transfer it as a kind of cultural capital, by emphasizing and developing the images that have been historically used to describe their qualities and skills, as well as their relations with their neighbours. This also calls into play a discourse between 'the folk' and 'the classical' and 'the modern' and 'the traditional', and even though one could argue that historically the Narikuravar are relatively recent arrivals in the Tamil land, they have nonetheless become symbolic of 'the traditional'. Narikuravar medical practice constitutes a counter-draft to the detriments of modernity, the 'backwardness' of those Narikuravar who resist schooling, hygiene, and population control policies becomes in this context a strength. Whereas in most other everyday encounters the Narikuravar have to put up with stigmatisation and humiliation from their neighbours, who consider them inferior in all sorts of ways, in the medical encounter, the Narikuravar is in possession of a secret knowledge, and thereby in control and 'superior'. The Narikuravar use images, representations, and roles recognizable and comprehensible to their counterparts, a strategy they have learned over hundreds of years.

They see this as part of an overall interaction with their Tamil neighbours, keeping concealed their true way of life, and instead offering the image they want to see, thereby resisting objectification by the dominant groups around them. For the non-Narikuravar, different rules apply, their morals are considered as clearly inferior

to the Narikuravar way of life, and they are seen as not to be trusted. Narikuravar must use their own strategies when dealing with them, and in these encounters they become quasi-actors who respond to the expectations of the outside world with deliberately ‘skewed’ roles. The Narikuravar also pursue a quest for identity, in this case a “tribal” identity, on a different social level in their efforts to gain the recognition of a Scheduled Tribe by the Indian Central government, a recognition which would guarantee them schemes of financial support and many other state distributed benefits. In this quest the historical representations described above are taken up and refined, in order to prove a truly tribal status.

In medical encounters, historically derived images and representations are re-enacted, and through reference to them authority and knowledge are asserted. This is not to say that their medicine is inefficient or a form of quackery, or that there is no ‘real’ knowledge involved. On the contrary, patients praise the knowledge and healing abilities of the Narikuravar healers, and many of the herbs etc. used in the ‘*materia medica*’ are widely acknowledged for their efficacy. Parts of this medical inventory are based on their traditional healing techniques, and many of the recipes form part of an epistemological grid of Tamil medical lore<sup>3</sup> (Sujatha 2003, 2007). Whilst some of the Narikuravar medicines derive solely from native knowledge, others are borrowed or invented. For the Narikuravar this is not a contradiction, because the question of authenticity does not arise. They know how to heal, and they do the best for their patients, who are on the whole satisfied with the treatment they receive. The fact that even in the matter of their own health they hold different ideas and use different health promoting strategies is consistent with the idea that for Narikuravar and non-Narikuravar different rules apply, morally as well as physically. From his perspective there is no doubt that the Narikuravar is in both aspects superior. Whereas for the patient the Narikuravar healer is a link to the romantic past and to the lost powers of nature, the healer sees in the patient first and foremost a welcome source of income. Rather than subject to the representations and images discussed, he deploys them in such a way as to perpetuate in his counterpart the illusion that he is in control, whereas in fact he reverses the hierarchy and subordinates the patient physically and morally.

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3 Sujatha uses the term ‘medical lore’ to describe “the medical knowledge of the village folk”, which exists “throughout the country”, and which shows “variations in its content from region to region, yet there are some ontological and epistemological similarities among them”. (Sujatha 2003: 31)

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