

From Experiment to Establishment: Homeopathy in Travancore

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Abstract- This article maps the development of homeopathy in the princely state of Travancore from roughly 1900 to 1965, charting its journey from a marginal missionary import to an entrenched element of state-supported public health. Though homeopathy originated in Europe with Samuel Hahnemann's "law of similars," its reception in India was mediated by colonial medical structures, existing indigenous therapeutics, and a long-standing culture of medical pluralism. Travancore emerges as an early and notable case of legislative and institutional endorsement: beginning with India's first legislative resolution favouring homeopathy in 1928 and culminating in the Travancore Medical Act of 1943, which legally acknowledged multiple medical systems like Homeopathy, Ayurveda, and Allopathy, on equal terms. Based on archival documents, legislative debates, and institutional records (including the founding of Athurasramam Homoeopathic Medical College), the article foregrounds the contributions of people such as Dr. M. N. Pillai and Swami Athuradas. It also shows how successful epidemic responses and the growth of government dispensaries underpinned homeopathy's public legitimacy. By placing Travancore's policy choices within the broader national movement toward medical pluralism, the study contends that the region's integrative approach to health governance helped shape Kerala's later public health achievements. The paper contributes to scholarship on state-directed medical reform and the integration of complementary and alternative medicine into public health systems.

Keywords: Homeopathy, Travancore, Kerala, medical pluralism, public health history, complementary and alternative medicine, Athurasramam Homoeopathic Medical College, M. N. Pillai, integrative healthcare, medical legislation in India.

I. INTRODUCTION

The history of medicine records competing epistemologies, shifting therapeutic practices, and enduring quests for healing modes that align with

cultural belief, individual experience, and biological efficacy. Medical traditions from classical Chinese and Greco-Arabic systems to India's Ayurveda and Siddha have long coexisted with newer paradigms. Homeopathy, distinct for rejecting materialist therapeutics and for offering a coherent philosophical framework to remedy selection, was introduced by Samuel Hahnemann in late 18th-century Europe. Its core tenets—the "law of similars" (*similia similibus curentur*) and the theory that ultra-diluted remedies can retain therapeutic potency through potentization—represented a fresh paradigm in early modern therapeutics.

Although it lacked the millennia-long continuity of some Asian systems, homeopathy rapidly positioned itself as a gentler, patient-centred alternative to the often-aggressive interventions of 19th-century allopathy—bloodletting, heavy polypharmacy, and invasive procedures. In contrast to the clinicopathological emphasis of modern biomedicine, homeopathy privileged constitutional assessment, patients' emotional and psychological profiles, and individualized prescriptions based on symptom totality. This holistic, less invasive model attracted considerable public support, particularly among those disaffected by the harsher practices of contemporary allopathic care.

By the late 19th century homeopathy had achieved institutional footholds across parts of Europe and the Americas, even as its scientific legitimacy remained contested. In India, its reception was shaped by a pre-existing openness to multiple therapeutic systems and widespread acceptance of indigenous approaches such as Ayurveda and Unani. As colonial administrations consolidated allopathic infrastructures, homeopathy offered an alternative that resonated with nationalist sensibilities and proved cost-effective and practicable during

epidemic conditions, especially for lower- and middle-income groups.

Within this national tapestry, the princely state of Travancore stands out for its progressive administration, heavy emphasis on public health, and comparatively early institutionalization of healthcare. From missionary introductions in the early 20th century to legislative recognition and formal educational initiatives by the 1960s, Travancore functioned as both laboratory and catalyst for homeopathic reform. The state's 1928 legislative resolution in favour of homeopathy and the inclusive Medical Act of 1943 signalled an uncommon official embrace of therapeutic pluralism. This article traces homeopathy's trajectory in Travancore between 1900 and 1965, examining the roles of key actors, epidemic responses, institutional conflicts, and policy innovations that produced a distinctive model of integrative health governance.

The Arrival of Homeopathy in Travancore (1900–1928)

Homeopathy appears to have entered Travancore around 1900, introduced chiefly by Catholic missionaries based in Kottayam. These early missionary activities integrated therapeutic work with broader educational and charitable objectives. At a time when allopathic services in colonial India were often perceived as elitist or inaccessible—especially in rural and princely regions—homeopathy's low cost and mild side-effect profile made it attractive to missionaries and local communities alike.

Local physicians also experimented with homeopathic methods. Notably, municipal health officer Dr. Krishna Rao in Thiruvananthapuram and Dr. Kurian of the Women and Children's Hospital applied homeopathic approaches alongside conventional treatments. Their hybrid practices reflected the syncretic medical environment of Travancore, where practitioners often drew from multiple therapeutic repertoires without institutional hostilities.

Educational Initiatives and the Rise of Homeopathy Schools

Informal therapeutic practice gradually gave way to organized instruction. In 1923, Dr. M. T. Thomas founded what is often identified as Travancore's first homeopathy school in Alappuzha (Alleppey), inaugurating a pattern of dispensary-based training and short-course instruction. As the number of such schools grew, so did concerns about variable standards: correspondence courses and informal certifications opened space for poorly qualified practitioners, raising questions about safety and professional legitimacy. These anxieties set the stage for the state's first formal engagement with homeopathy in 1928.

The 1928 Legislative Resolution: A First in India

In April 1928 Dr. M. N. Pillai introduced a resolution in the Travancore Legislative Assembly advocating state-supported institutionalization of homeopathy—an unprecedented move in India. The resolution proposed establishing dispensaries and providing financial support to qualified homeopathic practitioners. Its passage by a significant majority reflected the system's growing political legitimacy and the influence of reform-minded elites who viewed homeopathy as compatible with both scientific modernity and cultural tradition.

The years from 1900 to 1928 therefore constituted a formative period: missionary transmission, individual experimentation, emerging educational structures, and finally formal legislative recognition together transformed homeopathy from a peripheral practice into a subject of public policy in Travancore.

Following the 1928 resolution, homeopathic advocates moved from advocacy into institutional politics. In August 1930 the Travancore government conducted a census of homeopathic practitioners—an administrative signal of the system's scale and a practical step toward subsidy allocation. By March 1931, ten assembly members led by Dr. Pillai petitioned the state for formal recognition, arguing that allopathic practitioners enjoyed licensing and funding advantages while homeopaths and other traditional practitioners operated without legal protection.

In February 1932 the government published a Medical Bill aiming to regulate medical practice, but it addressed only allopathy. The omission provoked

sharp criticism from homeopathy and indigenous medicine proponents, who perceived the bill as an attempt to consolidate allopathic dominance. Dr. M. N. Pillai vocally opposed the measure in regional periodicals, urging an inclusive legislative model—citing examples such as the Baroda Act—as the appropriate route for equitable governance of multiple systems.

Professional Organization: The All-Travancore Homoeopathic Association

In 1935 practitioners consolidated their political and professional interests by forming the All Travancore Homoeopathic Association. The Association organized lobbying campaigns, standardized practice norms, and spearheaded public outreach. When the 1932 Medical Bill resurfaced in the mid-1930s, the Association, under Dr. Pillai's guidance, mounted a sustained campaign that ultimately pressured the government to reconsider exclusionary regulatory plans.

The cholera epidemic of 1936 presented a decisive opportunity. The government authorized a treatment team organized by the All Travancore Homoeopathic Association to manage outbreaks in several southern districts. The homeopathic intervention reported an 85.3% recovery rate among treated patients—an outcome that substantially shifted public and official perceptions. Financial backing for the effort signalled that homeopathy was attaining measurable public health value and that the state was willing to incorporate it in epidemic response.

Travancore's developments paralleled a broader Indian push for homeopathic recognition. In 1937 several provincial legislatures and the Central Legislative Assembly debated and passed resolutions in support of homeopathy, and advocates in different regions sought formal training standards and institutional representation. These national movements reinforced the local momentum in Travancore, contributing to a legislative environment amenable to pluralistic health reform.

The Travancore Medical Act of 1943

After sustained advocacy and committee review, Travancore enacted the Medical Act of 1943, based on recommendations from the Thirumurthy Committee. The Act legally recognized Allopathy,

Homeopathy, Ayurveda, Siddha, Unani, and Dentistry—placing them within a single regulatory framework. Taking effect on 1 September 1943, the law institutionalized therapeutic pluralism and set a precedent for equal legal status among diverse medical systems. It also provided a legal basis for standard-setting and the closure of substandard institutions, securing homeopathy's institutional survival.

Between 1928 and 1943 Travancore moved from legislative curiosity to a statutory model of pluralistic medical governance, shaping administrative and professional structures that would outlast the princely state itself.

National Developments and Institutional Convergence

Parallel initiatives such as Bengal's institutional moves contributed to a nationwide trend toward formalizing homeopathic education and qualifications. In Bengal, the establishment of the State Faculty of Homoeopathic Medicine in December 1943 sought to regularize curriculum and licensing, reflecting similar impulses that had animated Travancore's reforms. These contemporaneous regional initiatives collectively signalled the transition of homeopathy into a regulated professional domain across India.

The Thirumurthy Committee's recommendations in 1943 advocated for integrating homeopathy into the state's educational architecture. When asked about including homeopathy in a proposed medical college, Dr. Thirumurthy indicated (in a letter dated 5 May 1943) that a chair for homeopathy could be considered once the college was well established; an indication that the committee envisaged academic recognition as part of a phased institutionalization.

Post-1943, efforts intensified to regularize training, close unregulated schools, and establish dedicated hospitals and licensure mechanisms. Travancore's legal recognition of multiple systems created administrative space for such reforms, and the state increasingly prioritized quality control, professionalization, and integration into public health planning.

Transition to a National Stage (1946–1949): Institutional Proposals and National Debates

As India approached independence, Travancore's model began to inform national deliberations. In 1946 the Medical Council of Thiruvananthapuram proposed a government-run homeopathic hospital for children backed even by some allopathic practitioners illustrating the extent to which homeopathy had gained cross-disciplinary support. In 1947 the Madras government appointed Dr. R. Janakiram to draft incorporation plans for homeopathy in the "School of Indian Medicine," and parliamentary advocates in the Dominion Parliament pressed for national recognition. In 1948 Health Minister Rajkumari Amrit Kaur, convened a committee to examine homeopathy's scientific credentials; although its 1949 report produced mixed reactions, the exercise signified that centralized policy discussion about therapeutic pluralism had begun.

State Recognition, Educational Reform, and Medical Pluralism (1950–1965)

The 1950 Delhi Conference of Health Ministers issued a set of recommendations closely aligned with Travancore's earlier innovations: creation of diploma and degree programs for Indian systems and homeopathy, unified basic scientific training across systems, parity in service conditions, and establishment of state medical boards registering practitioners. These measures granted homeopathy new administrative legitimacy at the national level and reflected Travancore's earlier policy trajectory.

In 1952 Dr. M. N. Pillai pressed for amendments to the Travancore Medical Act to create separate medical councils for different systems, ensuring autonomy in curricular design and licensure. By 1953 a consolidated medical act for Cochin and Travancore further standardized regulation in the region. These reforms addressed earlier problems of fraudulent institutions and dubious credentials, shifting homeopathy toward regulated professionalism.

Athurasramam Homoeopathic Medical College (1955–1960)

A milestone in Kerala's homeopathic education was the founding of Athurasramam Homoeopathic Medical College. Laid in 1955 under the patronage of Swami Athuradas and formally inaugurated on 14 July 1958 by Dr. K. G. Saxena (Homeopath to the

President of India), the college aligned its curriculum with national norms and enjoyed government recognition. Facilities included separate hostels, a research hospital, X-ray and laboratory departments, and even an N.C.C. unit, features that distinguished it among contemporaneous homeopathic institutions. A 50-bed hospital opened in 1960 and was expanded in 1964, linking education directly with clinical service and enabling students to acquire substantive hands-on experience.

State-run homeopathic dispensaries were inaugurated in 1957 following policy advocacy by figures such as Dr. Pillai. By 1965 fourteen government dispensaries brought accessible homeopathic services to rural and semi-urban communities, serving both curative and preventive functions—maternal care, childhood illness management, and public health education among them. These dispensaries embedded homeopathy into the lived health practices of underserved populations and illustrated the system's operational compatibility with state-supported public health delivery.

Homeopathy's cultural profile grew alongside its institutional expansion. In 1948 All India Radio, Thiruvananthapuram broadcast a lecture by Dr. Pillai commemorating Hahnemann's birth anniversary, marking one early instance of mass-media engagement. Endorsements and support from local rulers, physicians, bureaucrats, and religious leaders helped consolidate homeopathy's moral and symbolic capital within Travancore society.

Situating Travancore Within Indian Homeopathic History

Travancore's homeopathic narrative is one of sustained reform, institutional innovation, and political mobilization—features that make it a national pioneer in the formalization of alternative medical systems. Unlike regions where homeopathy remained primarily a private-sector phenomenon or was overshadowed by allopathy and indigenous therapies, Travancore adopted a state-supported model of pluralism that blended legal recognition, educational investment, and public-health deployment.

From Dr. M. N. Pillai's 1928 resolution to the 1936 cholera interventions, the Medical Act of 1943, the

founding of Athurasramam College, and the proliferation of public dispensaries, Travancore implemented a coherent strategy that redefined alternative medicine's relationship to modern governance. These initiatives aligned with the princely state's broader commitments to social welfare, education, and public-health reform, and they privileged administrative accountability and scientific training over colonial hierarchies of knowledge.

Travancore's policies anticipated later post-independence debates and provided a model for integrating multiple therapeutic traditions within a regulated, professional framework. Importantly, the state's measures ensured that homeopathy reached beyond elite circles to serve ordinary citizens through subsidized care, cooperative institutions, and outreach programs.

By the 1960s Kerala had become a significant centre for homeopathic education and practice, an outcome traceable to Travancore's early policy experiments. The state's approach to health governance emphasizing pluralism, prevention, professionalization, and public responsibility remain an instructive example for contemporary discussions about healthcare access, therapeutic diversity, and the role of complementary medicine within public systems.

II. CONCLUSION

This study of homeopathy in Travancore between 1900 and 1965 shows how a peripheral princely state shaped a durable model of integrative medical governance. Through legislation, epidemic response, the institutionalization of education, and expansion of public services, Travancore transformed homeopathy from a missionary-introduced alternative into a regulated, state-supported component of public health. The Travancore experience underscores how state actors can mediate between tradition and modernity, foster professional standards, and build pluralistic health systems responsive to local needs. As contemporary health systems around the world reconsider the place of complementary therapies, Travancore's historical experiment offers a contextually rich template for balancing cultural legitimacy, scientific scrutiny, and public welfare.

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