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TRADITIONAL MEDICINAL PRACTICES IN MALABAR

Traditional medicine (also known as indigenous healing practices or medicine) includes medical aspects that developed over generations within various societies before the advent of modern medicine. The World health organization estimate that eighty percent of the populations in developing countries rely on traditional medicine, mostly plant drugs for their primary health care needs. When adopted outside its traditional culture, traditional medicine is often considered a form of alternative medicine. Practices known as traditional medicines include traditional European medicine, traditional Chinese medicine, traditional Korean medicine, traditional African medicine, Ayurveda, Siddha medicine, Unani, ancient Iranian Medicine, Iranian (Persian), Islamic medicine and etc.

There are number of attempts to define traditional medicine by taking into account the concepts and practices analysed and evaluated by several scientific disciplines but there is not much satisfactory or comprehensive type of definition, which can cover all the aspects of traditional medicine in its true logical spirit. According to Reddy, " traditional Medicine is that of whole, which includes a holistic knowledge and practices oral or written, functioned in diagnosis, prevention and curative aspects of illness and disease to promote total well-being, confined explicitly or implicitly on practical experiences and observations or know - how techniques with or without local/regional culture having overtone of religion or not"ⁱ. It is the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing"ⁱⁱⁱ.

Traditional medicine has been prevalent in every country since the beginning of civilization. According to Siegrist, a medical historian, "every culture had developed a system of medicine and medical history is but one aspect of the history of culture"ⁱⁱⁱ. Traditional medical systems vary from one culture to another, there are common elements connoting specific implications in them. According to Dubos, "ancient medicine was the mother of sciences and played a large role in the integration of early cultures"^{iv}. The term "traditional medicine" refers to ways of protecting and restoring health that existed before the arrival of modern medicine. As the term implies, these approaches to health belong to the traditions of each country and have been handed down from generation to generation. Not all health practices are health traditions. There are two criteria for calling a practice a tradition. Firstly, traditions are those practices that are self-perpetuating. They are practices that are transmitted

without the intervention of any agency or institution. Furthermore, they form the unwritten repertory of health practices that have been passed down the generations through word of mouth for at least one century and continue to be passed down even today^v.

Traditional medicine has a historical background. Since antiquity, the most primitive man had some rudimentary system of medicine to improve the diseased body in order to lead a productive socio-economic life in the society. Over the ages his experiences led to empirical techniques and methods of healing, which in due course of time crystallised into distinct systems of medical practices. The early therapeutic agents were mainly derived from his immediate environment and consisted of plants, animals and other naturally occurring substances^{vi}. The ancient civilization of India, China, Greece, Arab and other countries of the world developed their systems of medicine independent of each other but all of them were predominantly plant based^{vii}.

In the Indian context there was a system of medicine with professional healers in India there existed for several centuries before and after 2000 BC. Harappan culture contained the seeds of later Indian medicine. That apart, a few lines on definite nature of medicine are to be found in the earliest literature of India, the *Rigveda*, the data of which mostly referred to the later part of the second millennium BC. During this period disease was believed to be mostly due to the wrath of gods and effect of evil spirits and healing art was followed by prayers, several hymns and often aided by the herbal remedies and other treatments that cured some diseases like blindness, lameness and even leprosy. In the fifth or sixth century before Christ, the traditional Indian medical system was formed and references can be found in the Hindu texts. During this period, there was a strict system of socio-religious taboos followed by regulating the contacts and dietary habits of the people. In course of time the science of medicine, which came to be known as Ayurveda was formed and a line of sages were believed to have carried the original lore of the Ayurveda in various eras, down to historical times^{viii}. In the later stage, Charaka and Susruta contributed to popularize the Ayurveda in India by bringing out Sanskrit medical manuals namely, the Charaka Samhita and Susruta Samhita respectively. The pharmacopoeia of the Vaidya was very large and Susruta alone mentioned over seven hundred medical herbs^{ix}. Surgery was also practiced, like the replacement of bowels exposed as a result of wound, stitching the stomach wall and the Caesarean section in the case of mothers who died before giving birth. A hospital in the true sense of the term is clearly described by Fa-Hsien, the Chinese traveller who visited India in the very beginning of the 5th century AD^x. Soon other systems of medicines like Siddha, Unani etc. also emerged and continued to develop along with

Ayurveda. These systems have actually survived the onslaught of ages primarily because of the systematic methods in which the practitioners of these systems recorded their knowledge. Adivasi medicine being passed from generation to generation by virtue of word of mouth alone who hold good even today.

Medical Practices in Pre-modern Kerala

Kerala is a small state located at the southernmost part of Indian subcontinent having Arabian Sea in the West and Eastern Ghats. As a region located nearest to sea there were many kinds of interrelation between several cultures of the Indian Ocean regions. The changes in climate, nature and other worldly things had a close connection with these people. All these changes affected the life style of the people and gradually they survived the diseases through their experiences. These ways of surviving and learning through experiences is the basis of all traditional medicinal sciences. Medical science closely touches the whole aspects of life. Before the advent of Ayurveda as a science of medicine (with the Sanskrit texts on medicine), Kerala itself had a long tradition of indigenous medicines. People in Kerala adopted the new science of medicines along with their existing methods. It was the nature of Kerala as a location of having long traditions of interaction between various cultures. It acknowledged all the traditions of various cultures and assimilated them and evolved a composite culture.

To trace the history of Ayurveda in Kerala from the remote past, we need to have a clear picture of the social life of Kerala in the early days. However, our knowledge of that period is fragmentary and confined mainly to semi-legendary accounts. Systematic study of the past through material evidence is a recent development. It would be convenient to study the history of Ayurveda in Kerala in three stages viz pre-Sanskrit tradition, Sanskrit tradition and the Modern periods. The word 'Ayurveda' denotes in this context the system of medicine described in the classical texts like *Charaka Samhita* and *Sushruta Samhita*. This naturally reached Kerala with the advent of Sanskrit or by the Sanskrit influence among Keralites. However, some features of Ayurveda in Kerala, i.e., choice of medicinal species, methods of treatments and peculiarities of advancement etc., Show certain characteristics very different from that of classical treatises. There is reason to believe that some indigenous system of healing prevailed here before the advent of Sanskrit and Ayurvedic works. This system contributed much to the development of Kerala's own medicinal tradition.

Indigenous medicine and Ayurveda as categories of understanding healing practice have to be distinguished in its totality. In the modern social situation, all forms of indigenous knowledge of medicine came to be called Ayurveda. The attempt here is to argue that

Ayurveda-as understood in its modern terminology-emerged out of the terms and categories of its interaction with the parameters of colonialism^{xi}. It is for this reason that the term indigenous medicine is used in this context instead of the term Ayurveda. The most fundamental distinction between indigenous medicine and Ayurveda stems from the fact that the latter is specified according to the Brahmanical texts. The process of hegemonizing of these texts over indigenous medical knowledge is understood to be a modern phenomenon^{xii}. The herbal remedies, mode of treatments and certain formulations that are popular among the physicians of Kerala (like the treatment modalities for toxicity, smallpox, etc.) are the indications of a well-developed medical system that was in existence.

There are various remedies in the Kerala formulations perhaps that cannot be traced in the treatises of *Charaka*, *Sushruta*, and *Ashtangahridayam*. Though references can be seen in indigenous medicinal texts, many special methods had been developed with particular care and importance. The *Sahasrayoga*^{xiii}, one of the important medicinal treatises popular in Kerala, is an example. On interaction with a *nattuvaidyan* (Traditional practitioner) during this study it was found that they rely using many texts like sahasrayoga along with their own traditional unique formulations. Their earlier generation had developed their own medicinal systems either through experiences or through hereditary knowledge since the printing press was only a modern phenomenon and the textual reference were not possible.

The peculiarities of the physicians of Kerala can be traced in the special preparations and doses they use to prescribe for *Sannipata* (a contagious fever accompanied by fits) and for toxicological treatment^{xiv}. Remedies are found everywhere in the herbaceous greenery of Kerala plants like *karalayam*, *mukkutti*, *tumpa*, etc. The coconut is familiar in the North and its properties are described in the Sanskrit works. Coconut milk and tender coconut water are used in so many medicinal preparations of Kerala. *Ilanirkuzhampu* is an example. All the parts of coconut tree-the midrib of leaf blade, fronds, roots, fibers of husk, shell, etc. are used as medicines. *Verukinpuzhu* (semen of civet cat) is an ingredient that could be seen only in the Kerala formulations^{xv}. Many remedies like this can be identified as different from that of the traditional pan-Indian formulations on Ayurveda. Many formulations in paediatrics are unique to Kerala; so are the formulations like *Karuttagulika*, *Marmagulika*, etc. The treatment procedures such as *dhara*, *navarakkizhi*, *pizhichil*, *talam*, *talapotichil*, etc., have been widely accepted as the systematized Keraliya methods of treatment. In Kerala the making and usage of *dharapatti* for such treatments as a contribution of Kerala to the traditional Indian medical system^{xvi}.

The physicians were drawn from different strata of society. Medical practice never remained a monopoly of any class/caste. Along with the Brahmin *Ashtavaidyans*^{xvii} who were entitled to be instructed in Vedas, traditional Ezhava families studied Sanskrit works and practiced the science down the generations. The title *Vaidya* is found added to many of their cognomen. The social nature of the medical profession prior to the arrival of Sanskrit can be gauged from the enormity of lower classes and families who followed medical practices as their traditional occupational profile. In addition, there were families that had specialized in particular aspects of nursing and followed it as their occupation, though without any formal qualifications. For instance, *velan* and *mannan* were the social classes that practiced medicine, and midwifery as their profession. The castes *panikkan* and *ganakan* were skilful in paediatrics.

There were families that followed only a particular nostrum useful in peculiar ailments, cuts, fractures, etc. as their inherited ingenuity. All these facts indicate that there was a widespread social foundation for medical practice in Kerala prior to the advent of Sanskrit. *Tolkappiyam*, the famous grammatical work of the sangham period does not include medical profession under the six professions prescribed for Brahmins^{xviii}. Yet it refers to the caste *velall* and discusses *veryiattu*-a pregnancy ritual involved with mantras and herbs. It is quite reasonable to think that priesthood, sorcery and medicines were intermixed in Kerala in the early period similar to that of other regions.

Despite their lower ritual and social status among other Brahmin communities the Brahmin *ashtavaidyans* (lit. families of Sanskrit learned BrahminVaidyas) of southwest India enjoyed higher social status and political power than other medical practitioners, and staked claim to the canonical Ayurvedic tradition. However, textual traditions also claiming the corporatization of Ayurveda industrial production of Ayurvedic medicines was the main response by Kerala's Ayurvedic sector to challenges such as the increasing demand for Ayurvedic medicines, the decreasing in the process of building a pan-Indian Ayurveda, in tune with the national identity. The institutionalization of this new identity led to the decline of the various specialist traditions within *Vaidyam*, reducing their status to that of 'folk medicine'^{xix}. Although occasionally people seek out the rare expert *vaidyan* and recall legendary tales of Vaidyas, the title '*vaidyan*' has lost its social and cultural significance.

. These transformations represent not only the erosion of indigenous medical knowledge, but also changes in the social profile of traditional medical practitioners under the influence of colonial and postcolonial modernity. Medicine, Modernity and Societal Responses Modernity in early twentieth century southwest India was characterized by an expansion of literacy and modern

education, spread of social reforms, and mobilization for political rights involving various castes and classes. A print culture assisted by publishing quickened its pace and created new public spheres for the expression of ideas both old and new.

Adivasi Healing Practices

Tribal medicine is a part of traditional medicine and is mainly practiced by the tribes in the forest. A study about traditional medicine will be incomplete without the background of tribal medicine^{xx}. Malabar has a large strength of tribal population. Majority of tribal groups in Kerala belongs to the regions of Wayanad, Palakkad and Malappuram. Cholanaicker, Kurumbar, Adiyar, Kanikkar, Paniyan are some of the Adivasi groups. Here in this study, I would like to look at the healing practices among tribes of Malabar.

Concept of Health and Care of the Patient

The tribes except Cholanaickers assess the health of an individual based on an illness-free condition and enthusiasm for work. But according to Cholanaickers their mental and physical well-being depended upon the satiation of their hunger and an illness free condition. (Tribal Health and Medicine in Kerala. 2010). For them the type of food that they take is a matter of great importance. They panic when an attack of fever and headache affect a member of their kin group. This fear perhaps developed in the background of their experience with the fatal spread of fever many a time. They do not consider leprosy as a serious disease. They attach utmost importance to the care of the aged or disabled because they respect and consider them as wise men whose advice is always sought for. The neglect of diseased or aged person is uncommon amongst them.

The Kurumbar, Adiyar, Paniyan and Kanikkar pay immediate attention to the acute cases whereas chronic patients are neglected. They consider physically discomforting illness like high fever, stomach ache, pain in joints, etc. as serious illnesses. Leprosy is not a serious illness for Adiyar and Kanikkar. The Kurumba's are seen to be free from this. Stomach troubles, wounds, cuts, etc. receive much attention among the Paniyans and Kurichiyans who is suffering from an illness shows utmost resilience not to fall down as a sick individual. Wounds, fracture, sores, headache toothache, etc... are treated in a casual manner. They give due attention and care to the sick, and aged. The loss of general physical vigor of an individual is seriously looked upon. Chronic patients are not a burden for this community as they live in large extended families.

***Vishachikitsa* (Treatment of Poison Infection)**

Fear was a de facto character of early man. Men feared natural calamities followed by their dread towards poisonous animals. This fear was manifested as admiration and eventual

religiosity towards these animals. Snakes were worshipped by ancient Indians and Greeks. The *Sarppakkavu* of Kerala is remnants of this worship. It was in seventeenth century that the research began to be focus upon these poisonous creatures and their venomous bites. But in India medicines for venomous bites were used even earlier and references to this could be found in Nagarjuna, Charaka and Susruthacharya which has been illustrated as the treatment for venom^{xxi}.

The father of modern medicine Hippocrates has not mentioned about venom in his works. In Kerala, multiple methods for treatment to venom could be found. These procedures of medical proficiency were traditionally transferred across generations but have lost a multiple number of practitioners. The lack of interest towards this (traditional) body of knowledge, the apprehension towards learning and practicing were the predominant reasons for this.

Blind beliefs and fallacious practices have been rampant about snakes and treatment to venom – added to this was self-treatments and these practices for medication. Traditional Ayurvedic treatments are initiated upon examining symptoms. The primary concern of the treatment involves taking into consideration the immediate environment- medicinal herbs and plants and cow urine- intertwining the treatment and ecology. Extracting some of these medicines is tedious and is at times, expensive. The expense of medicines^{xxii} as used a first aid (for treatment of venom) are very high. In an instance the money is collected in the form of aid as the charge for this treatment and the local temples and mosque contribute to the expenses for making the medicine. The existence of such persons – who treat irrespective of religion and who practice traditional medications thus becomes a social responsibility. Snakes are universal in distribution as they inhabit diverse habitats. There are about two hundred species of snakes, each with its own identifying feature. The snakes are broadly classified in to two – venomous (poisonous) and non-venomous (non-poisonous). Even though majority of snakes are non-venomous, in general they are considered deadly as civilians are more aware of poisonous snakes. Important venomous snakes include common krait, banded krait, coral snake, spectacled cobra, king cobra, hook nosed sea snake, Russel's viper and pit viper. Snake poison is either neurotoxic (affect the nervous system-cobra) or hemotoxic (affect the circulatory system-viper)^{xxiii}. The traditional Ayurveda practitioners look for symptoms – through which the snake is identified – and prescribes medications accordingly. The treatment is centred on a faith system and people from multiple regions of Kerala subscribe to this. Restriction on diet is cardinal during the process of curing and the level of abstaining from food depends upon the intensity of the venom. Long-time taken for treatment is yet

another concern for such treatments. *Kalari* and *Visha Vaidyam* (or *nattuvaidyam* in general) do not use written texts as everyday reference books for practice. However, the practitioners memorize verse after verse through reiteration during the course of learning and use them as mnemonic devices at the time of practice. In *Kalari*, the memorization and reiteration happen at the level of body and in bodily actions, through everyday practice^{xxiv}. The *vaythari* or verbal codes have only a secondary role in practice. No texts are used in *Kalari* as a ready-reckoner or as a reference book, either for doing *Kalaripayattu* or for treating muscle injuries and bone fractures^{xxv}. But, after mid-twentieth century, a proliferation of texts can be seen, written by practitioners on *Marma Vaidyam* and published through both well-known and less-known publishers. *Kalaripayattu* and the related healing traditions still do the learning through everyday practice and not by referring to any texts, especially written texts. In some cases, the *Kalari Asan* keep records of traditional treatments which dealing with treatments for injuries occurs during its practice^{xxvi}.

In the analysis of medicinal practices of Malabar, it could be understood that the indigenous healing practices were not monopolized by any peculiar community or caste. Communities, castes and regions had their own systems of healing practices. There existed differences between the Ayurvedic medicinal traditions and indigenous healing practices, especially in the context of having diverse and rich herbal remedies, Kerala developed a unique tradition of amorphous healing practices distinct from Ayurveda. Later with the institutionalization Ayurveda, it acquired superiority in terms of establishing its authority over numerous indigenous traditions. In *Visha Vaidyam* and *Kalari chikitsa* they were following the knowledge which was attained through hereditary as well as through contemporary practices.

ⁱ B. Sanjeev Reddy, 'An Approach to the Integration of Traditional Medicine and Modern Medicine: A Hypothetical Model'. *Tribal Health: Socio-cultural Dimensions*, New Delhi, 1986, p.120.

ⁱⁱ <http://apps.who.int/medicinedocs/en/d/Js4917e/3.html>. Last visited in.26.12.2018

ⁱⁱⁱ Henry Sieggerist, *A History of Medicine*, Vol. 1, Oxford University Press, London,1951, p. 62.

^{iv} R.J. Dubos, *Man, Medicine and Environment*, New American Library, New York,1969

^v Darshan Shankar, 'Social Context of Local Health Traditions', *The Medical Plants Magazine*. 5(1), Feb, 2001, pp. 3-9

^{vi} B. Sanjeev Reddy, op.cit., p.128.

^{vii} Planning commission -Government of India, <http://planning.commission.nic.in/task/tsk-med.pdf>. Last visited.22.12.2018.

^{viii} B. Sanjeev Reddy, op.cit., p.18.

^{ix} As Quoted in, Julius Jolly, *Tribal Health: Socio-Cultural Dimensions*, New Delhi, Vol. 3,1901, p. 21.

^x As quoted in Samuel Beal, *Tribal Health: Socio-Cultural Dimensions*, New Delhi, Vol.3,1957, p. 21.

^{xi} Burton Cleetus, 'Subaltern Medicine and Social Mobility: The Experience of the Ezhava in Kerala', *Indian Anthropologist*,2007, pp. 147-172

^{xii} Idem

^{xiii} An important text in Malayalam on thousands of medicinal formulations composed by an unknown author from Kerala

^{xiv} N.V.Krishnakutty Varrier, *History of Ayurveda*, Kottakkal, 2009, p.369

^{xv} Idem.

^{xvi} Ibid., p.371.

^{xvii} Families of Brahmin *Vaidyas* learned in Sanskrit.

^{xviii} P. K. Variar, *Padamudrakal*, Arya Vaidya Sala, Kottakkal, 2002, pp. 116-117.

^{xix} Burton Cleetus, op.cit., p.177

^{xx} *Gothra Smriti*, Kerala Saksharatha Samithi.1995

^{xxi} Myna Umaiban(Mal.), *Vishachikilsa*, Olive Publication ,Calicut:, 2007.

^{xxii} It is called as *Jeevanraksha* marunnu (Lifesaving Drug) by the healer

^{xxiii} N.V.Krishnakutty Varrier, op.cit., p.369.

^{xxiv} Ibid., p.18.

^{xxv} Rajeev Gurukkal, *Kalariyuzhichilum Marmachikitsayum* (Mal.), 2002.

^{xxvi} Changampalli family have palm leaf records written in *Kolezhuth* Script

