

Health and Healing: Retention of the Popularity of *Ashtavaidya* Tradition during the Colonial Regime

Maya Vinai

Department of Humanities and Social Sciences, BITS Pilani (Hyderabad Campus)

ORCID: 0000-0001-5217-9645. Email: mayavinai@hyderabad.bits-pilani.ac.in

Abstract

During the early 19th century, health and medical care was one of the avenues of contestations whereby the British Raj sought to establish their hegemony. With the introduction of western epistemic framework, allopathic medicine became the official medical system of British India. Licenses, charters, permits and acts, colonial hospitals and doctors came together to disparage the indigenous system of medicine and healthcare. Assailed as using “unscientific Oriental procedures” several folk healers lost their traditional practice and livelihood. However, amidst all these colossal manoeuvres, the popularity and relevance of the *Ashtavaidya* tradition, practiced by eighteen Namboodiri families in Kerala remained unscathed. The medical practices customized by the *Ashtavaidyans* who themselves were an “outcaste” within the Namboodiri community was highly codified and has remained a closely guarded secret within their lineage. This essay probes into the multiple reasons behind how the *Ashtavaidya* tradition retained its relevance, despite the colonial gambit to repudiate the indigenous practices. Through the legends and mythical stories woven around the healing practices of *Ashtavaidyans* in *Aithihyamala* by the court scribe of 19th century, Kottarathil Sankunni, the essay argues that relevance of the *Ashtavaidyans* could be due to the transformation of *Ashtavaidya* tradition as markers of cultural pride and the popular image generated by various myths and legends that got registered in the public consciousness.

Keywords: *Ashtavaidyans*, healthcare, colonialism, nationalism, philanthropy

Kerala, the southernmost state on the Malabar Coast of India, has been popular for its amazing repository of knowledge system on traditional methods of healing and prevention of diseases.ⁱ 2nd century BC onwards, maritime trade with countries across the globe including Greece, Italy, China, Portugal, Netherlands and England led to a further exchange of knowledge on multifarious usage of medicinal plants, animal products and minerals. Initially, the Ayurvedic practices that has been a part of Kerala’s healing and wellbeing since time immemorial was dispensed through folk healers called the *nattu vaidyans*.ⁱⁱ It becomes interesting to note how these medical practitioners were drawn from a cross section of Hindu, Christian and Muslim communities and it never remained the monopoly of a particular caste. The caste system came to be established in Kerala around the 8th century with a large influx of Brahmins (popularly known as the Namboodiris) who migrated from Karnataka to Kerala. The Namboodiris, with their superior knowledge of Vedas and agricultural techniques were able to convince the rulers of their higher rank in social hierarchy. Their hegemonic practices began with consolidation of power over the temples and lands around them called *devaswam*.ⁱⁱⁱ Consequently, these temples became the site of socio-cultural conglomeration and arenas for popularising Vedic knowledge brought by the Namboodiris. The highly

institutionalised and codified practice of medicine began with the onslaught of the *Ashtavaidyan* tradition in Kerala between the 13th and 17th century. This ushered the formal training of eighteen families belonging predominantly to the Namboodiri caste (the uppermost caste in social hierarchy) in eight branches of *Ashtanga Hrudayam*, one of the basic texts of Ayurveda composed by Vagbhattacharya, a disciple of Charaka.^{iv} The initial medical practitioners of *Ashtanga Hrudayam* were believed to be trained by Vagbhatta himself and were called the *Ashtavaidyans*, they were the ones who mastered 7,120 verses of the text. The training of students who aspired to be medical practitioners in the *Ashtavaidya* tradition were rigorous and impeccable. Each student was expected to put in several years of hard work and dedication to attain medical expertise. In local Malayalam dialect it was put as: “*Ezhuthil Anju, Kattil Anju, Vettil anju*” which involved five years of learning Sanskrit, mastering medicinal treatises and philosophies of Nyaya, Vaisheshika and Samkhya, five years of familiarization and research of medicinal herbs with the help of tribals, villagers and cowherds and the last five years of rigorous in-house training in the preceptor’s house as an apprentice to gain hands-on experience in treatment of various ailments.

Although the study of *Ashtanga Hrudayam* was open to people belonging to all castes, certain commentaries like *Kairali* (popularly known as Pulamanthol commentary) authored by Ashtavaidyan Pulamanthol Moose was taught exclusively to Brahmin disciples. The local rulers of the time too took a keen interest in these commentaries. For instance, Ravivarma Koyithampuran of Lakshmiapuram Palace in Changanachery initiated a commentary on *Ashtanga Hrudayam*. However, despite occupying a seminal position in terms of the medicinal practice and expertise, the *Ashtavaidyans* were treated as “outcaste” or “*Jatimatrakaras*” or “barely caste people” (Thurston, 1909, p. 125) and were excluded from religious functions; as they handled knives and blood as surgeons; which were deemed “inappropriate” according to their *varna* (codes of societal conduct and duty based on caste). They were allowed to read the Vedas, but were not sanctioned to take up the role of a preceptor of Vedas nor perform *yagyana*, like the other Namboodiris. However, despite all these exclusions, they held a highly respectable position in the society because of their medical acumen and resourcefulness. In this essay, I critically probe into the roles occupied by the *Ashtavaidyans*, their engagement with the colonial masters and also the myriad ways in which their identity is registered in the literary and social consciousness of the indigenous communities. To acquire a closer understanding of their roles and elevated status in popular imagination and the public sphere, I have borrowed literary representations from the book of legends by Kottarathil Sankunni, *Aithihyamaala* (Vol I & II).

Kottarathil Sankunni is the pen name of Vasudevan Unni Junior, a noted Sanskrit scholar and poet born in 1855. Although he has thirteen *Manipravalikas* to his credit, Kottarathil Sankunni’s *Aithihyamaala* is judged as one of his best works by both connoisseurs and critics^v. The ancient Indian knowledge system has been predominantly oral and *kathas* (stories) or legends played a unique role as they served as a repository of information regarding the thought process and worldview of an erstwhile era. It employed methods like recalling to memory certain instances or events connected to a specific individual or group of individuals. *Aithihyamala* cannot be seen as the concerted efforts of one individual or the author (Kottarathil Sankunni) alone. It involves narrative efforts of several individuals as it was based on the collective memory of an entire community. These stories were passionately recounted by a heterogeneous community to Kottarathil Sankunni during his prolific travels to different parts of Kerala. *Aithihyamala* is a collection of 48 stories which revolve around themes like patriotism, bravery, concern for the society, medical acumen of the *Ashtavaidyans* etc. Although many of these stories on *Ashtavaidyans* handpicked by Kottarathil Sankunni, add a dash of mystery and supernatural elements, they help in reflecting the manner in which the *Ashtavaidyans* engaged with the problematics of medical

complexities. Furthermore, Kottarathil Sankunni's *Aithiyamala* has also succeeded in capturing the popular beliefs which circulated amongst the people of late 19th and early 20th century. In the current essay, I have employed a mixed method of textual analysis and interviews to understand and draw conclusions regarding the popular imagination of the *Ashtavaidyans*.^{vi} I have developed the theoretical framework for this essay from the ideas proposed by critical thinkers like Partha Chatterjee, K.N Panikkar, Edgar Thurston and social researchers like Indudharan Menon and Zimmermann.

Understanding of *swasthya* or health and well-being through the *Ashtavaidya* lens

In Ayurveda, the state of 'well-being' can be attained when both body and mind are in a balanced state and to achieve this equilibrium, diverse components like food, lifestyle, medicine and cultural factors play a crucial role. The mural art paintings (frescos) in several temples and palaces of Kerala, based on the tales from Puranas and epics (Ramayana and Mahabharata) succinctly explains this concept of health. According to both scriptures and visual art forms, Lord Dhanvantari, is worshipped as the God of Ayurveda and is considered as the ultimate healer by physicians and devotees alike. According to the Puranas, Lord Dhanvantari is an incarnation of Lord Vishnu who emerged from the milky ocean with the pot of nectar (Amruth) when it was churned by the gods and demons. The iconographic symbols associated with Lord Dhanvanthri in the mural arts depict how this knowledge system believed in not only healing the physical anomaly of the afflicted but also eliminating mental blocks like fear and depression associated with illness. These symbols stand a testimony to the fact that the *samya* or equilibrium that Ayurveda aspires for can be gained through a balanced interaction and interrelations with everything around in this cosmos. The following verses which pay obeisance to Lord Dhanvanthri extols him for not only eliminating the *jara* (old age), but also removing the fear of the uncertainties including the death.

*Namami Dhanwanthary Aadi Devam, Surasura Vanditham Pada Padmam,
Loke Jara Rugbhay Mrityu Nashakam, Datharam Eesham Vividhaushadhinam*

(I respectfully bow to Lord Dhanvantri, the primal God, whose lotus feet is reverently worshipped by both the demons and Gods, who is the remover of *jara* (old age), pain and even the fear of death itself and who has different kinds of medicine and healing modalities to heal various ailments in this universe)

A physician in the ancient science of Ayurveda tradition was not simply a healer; he occupied the position of 'a life saver' and his powers were considered akin to the divine who was vested with the capacity to bestow life, protect the well-being of the patients and even lead them to a higher state of consciousness.

Kottarathil Sankunni's legend titled *Alathiyur Nambi* in the *Aithiyamala* gives a vivid description of the understanding of the concept of health through the *killipattu* mode of interaction that occurs between two birds. From 16th C onwards, the genre of *killipattu* or parrot songs introduced by Ezhuthachan in Malayalam literature became a popular means to disseminate knowledge or explicate complex ideas. One bird amongst the two, raises the query to the other, "*korukku, korukku*" which means "who can be deemed healthy?", to which the famous *Ashtavaidyans*, Alathiyur Nambi replies; "*Kale hithamit bhoji kruth chamkraman kramen vamasaya; moothr preesh; sthreeshu yathatma cha yo nara; sorukke*" (Sankunni, 2016, p. 281) which can be loosely translated as one who consumes a balanced diet on time, one who walks a few yards after consuming a meal, one who sleeps on the left side, one who answers nature's call on time, one who indulges in normal sex is deemed "healthy". So, the responsibility of good health and longevity was

never seen as a casual factor subjected to the circumstances and facilities generated by State or 'care' bestowed onto an individual by his/her immediate support system, but it was understood as a project wherein the individual himself or herself was an equal stakeholder. And perhaps, this was one of the fundamental premise that physicians of both *Ashtavaidya* tradition and folk tradition (*nattu vaidyans*) compulsorily imparted to their patients coming for a treatment. Excessive indulgence of any kind, whether sleep, health or sex were essentially seen as factors hampering health. Thus it accentuated an awareness that *swasthya* or health is rooted in one's own self; and when there is a disease, the self inherently possesses an innate ability to relieve itself or cope up with the stress of disease, recuperate and regain health and wellness. And this transfer of responsibility onto the patient was something which has been reinforced in ancient scriptures too.

The Colonial Tryst with indigenous Medicines

From the early 16th century onwards, Ayurvedic practices of the Malabar Coast incited curiosity amongst the early Europeans like the Portuguese and the Dutch. The Europeans were anxious about their officers falling a prey to tropical diseases and sea-borne ailments like scurvy, due to long overseas journey and lack of Vitamin C. The first textbook on tropical medicine by Garcia da Orta, *Colloquies on the Simples and Drugs of India* in the 16th C, became an essential tool for Europeans travelling to tropical colonies in the 17th and 18th centuries. Later on, in the 17th century, the paradoxical combination of benevolent intentions as well as imperial mission led to the publication of *Hortus Malabaricus* (1678), a twelve-volumed comprehensive study of the properties of the flora of the Indian states of Kerala, Karnataka and Goa. It was compiled laboriously by the Dutch Governor of Malabar, Hendrik Van Rheede, and the Ezhava physician, Itty Achuthan Vaidyar. However, with the onslaught of British imperialism, the East India Company (EIC) was thoroughly dissatisfied with the 'unscientific' Oriental methods and were looking for ways in which they could improvise the medical support provided to officers stationed in the Raj. The need to introduce modern allopathic medicine became even stronger as the officers posted in colonies were falling prey to various ailments because of the tropical heat, scorching winds, 'badly ventilated barracks and the guard rooms; and the intemperate habits of the men' which led to 'general derangement of health in the form of fevers, dysentery, scurvy, small pox, flu, cholera and elephantiasis. The anxiety of the East India company to safeguard the health and lives of its employees led to the foundation of the hospital in Malabar.' (Mamatha, 2014, p. 849). Furthermore, the indigenous method of treatments was a fallout with the colonial officers, due to race consciousness and lack of enthusiasm to consult the native doctors. The long duration of treatment, bitter concoctions like *kashayams*, and the strict diet (*pathyam*) which had to be followed during the intake of Ayurvedic medicine, didn't register favourably in the colonial consciousness and they worked aggressively towards introducing modern medicine which aimed at treating specific bodily conditions, often ignoring the mental states associated with it^{vii}.

The western medicine and healthcare discourse was dispensed through the newly opened hospitals, and aggressive efforts of the church and missionaries. Though the princely kingdoms were not much in favour of colonial healthcare systems, they couldn't decline their patronage or challenge colonial overtures to establish the same. There existed a huge chasm in the approaches taken by the Western and Ayurvedic practice of medicine. The colonial masters found this ideology of 'moderation' as prescribed in Ayurvedic texts, a direct clash with their materialistic pursuits and pleasures on which the very foundation of empire rested. On one hand, if the western science and medicine aimed zealously to homogenise the drugs and patterns of treatment, the native physicians including the *Ashtavaidyans* worked towards prescribing a customised treatment for the patients depending on their body type, *dosha*, availability of a medicine, and caste sanctions for

consuming a particular medicine.^{viii} There are several stories of such specialised medicines, in *Aithiyamala*, where the *Ashtavaidyans* have used novel methods and unusual substances like fat of a python, as a medicine to cure certain ailments. Medical formulations like *kashayams* and *tailams* were prepared either at the vaidyan's home or the patient's, home after the former closely introspected the symptoms of disease (*lakshanam*). *Aithiyamala* depicts how the *Ashtavaidyans* would instruct the patient's relatives to gather herbs which were locally available to prepare the medicine and in case, a particular herb wasn't available in the vicinity, he would immediately recall and suggest usage of an alternative herb. Each *Ashtavaidyans* family had its own therapeutic line of treatment and specific methods of transmission. Verse 64 of *Ashtanga Hrudayam* states that "there is nothing in this universe that is not a medicine and that cannot be used for many purposes and in many different ways." (Parradkar, 2006, p. 209) Thus the *Ashtavaidyans* believed that if an imbalance has occurred in the body due to the permutation of elements or *doshas*, something in the universe would be available to restore its balance. While the western medicine completely depended on analytical methods to diagnose and prescribe treatments; the *Ashtavaidyans*, being spiritually inclined; invariably resorted to intuition while remaining rooted to analytical methods.

The British imposed their domination in the field of medicine and made the Western allopathy medicine the official medical system of British India, by imposing certain charters, acts, permits and licences. The plight of the *nattu vaidyans* became even much more deplorable than *Ashtavaidyans*. Before the introduction of Western epistemical frameworks, surgeries were rampantly employed by the *Ashtavaidyans*. However, with the onslaught of British surgical practices, the practices by the *Ashtavaidyans* were declared 'unscientific' and even hazardous. The Governor of Madras, Lord Pentlandite, expressed his complete disregard and delegitimised indigenous medicinal practices, while reluctantly inaugurating an Ayurvedic dispensary at Cheruthuruthy in Kerala:

the indigenous system he asserted, had hardly any knowledge of anatomy, its medicines were deplorably poor in quality and practitioners had no ability to establish cause-effect relationships. Such a system, the government argues, had no claim on public money. (Panikkar, 2009, p.171)

The acts and licenses introduced by the colonial government marginalised the *nattu vaidyans* (local indigenous healers), and they were forbidden from practice and assigned the status of *quacks* by the British government. Scholar, Indudharan Menon points out the colonial attempts to privilege certain text-based traditions like Ayurveda and Unani and marginalise and delegitimise folk medicine and folk healers who found 'no official recognition or legal status.' (Menon, 2019, p.7) This encounter between Indian and Western medicine and colonial dictates, led to the emergence of new structural forms, which were as much paradigms of defence as sites of negotiation for these encounters.

The role of physicians in the newly established colonial hospitals were fraught with complexities. Often the British medical officers in Indian Medical Service (IMS) who were a part of the colonial entourage aimed to gain favours from their superiors. Consequently, their duty as a medical expert to treat patients without racial segregation remained neglected. Besides, their services were mostly restricted to people belonging to elite class, conveniently delegating most of the dealings with natives to the medical attendants and helpers. The chasm between the coloniser and the colonised was highlighted through separate medical-arrangements and accommodation of the patients; which further alienated both the races. Despite the grandiose claims and promotion of the superior quality and benefits of Western medicine; doctors, hospitals and dispensaries were

insufficient to cater the requirements of the State. Furthermore, several dispensaries like the one in Malappuram were closed as they were highly dependent on the support from local community. A report on the closure of civil dispensary in 1862 in the Madras Presidency states that it closed as the people did “nothing towards its support.” (Mamatha, 2014, p. 852)

The medical arena became yet another avenue of the East India Company to consolidate their hegemony and the imperial efforts were assiduously masked by the façade of philanthropy. Postcolonial critic, Albert Memmi points out as to how their sense of superiority was premised on three major ideological components- the gulf between the culture of the colonialist and the colonised; the exploitation of these differences for the benefit of the colonialist; and finally, the use of these supposed differences as standards of absolute facts. (Memmi, 1965, p. 75) Thus, it was this cultural gulf that became the rationale for social engineering. Apart from performing their assigned duty of ensuring health and hygiene of military troops, the newly appointed cadres of Indian Medical Service (IMS) also involved themselves in what Michel Foucault refers to as ‘medical authority’ and ‘what was not its business’ (Foucault, 2014, p. 24)^{ix} The British set up various committees to oversee and control the indigenous medical practices. However, despite the British attempts to target and disrupt the indigenous system of medicine, it was difficult to belittle, combat and erase, the glory and expertise of *Ashtavaidyans* who had both royal patronage and support from the locals. In fact, the locals believed that a mere touch of an *Ashtavaidyan*, with *kaipunyam* was all that was required to heal the afflicted.^x

During the phase of anti-colonial nationalism, the nationalists clearly started demarcating the respective areas of sovereignty in terms of the *material* and *spiritual*, and in this tussle, the *Ashtavaidyans* and Ayurveda came to occupy a unique position. Partha Chatterjee, in his book, *The Nation and its Fragments: Colonial and Postcolonial Histories* (1993) elaborates this dichotomy, in the following manner:

The material is the domain of the “outside,” of the economy and of the statecraft, of science and technology, a domain where the West has proven its superiority and the East had succumbed. In this domain, then, Western superiority had to be acknowledged and its accomplishments carefully studied and replicated. The spiritual, on the other hand, is an “inner” domain of bearing the “essential” markers of cultural identity. The greater one’s success in imitating Western skills in the material domain, therefore, the greater the need to preserve the distinctness of one’s spiritual culture. (Chatterjee, 1993, p. 26)

The princely states were loggerheads with the British in the 19th century and there was an aggressive intervention on the part of the former to reorganise indigenous healthcare practices which were deemed as markers of the Indian cultural forms. Although these rulers couldn’t resist the physical consolidation of territories; they tried their best to resist the cultural hegemony imposed by the British through several means. Furthermore, they also had an additional task of monitoring the youth who were increasingly attracted to modernity projects and ideas introduced by the imperialists. Noted social scientist, Burton Cleetus explains the socio-political scenario of the times thus: “The princely states used tradition as a powerful means of consolidating their legitimacy as well as offering cultural resistance to the colonial state.” (Cleetus, 2007, p. 134) The cultural past of the province was reclaimed through mediums like dance forms, architecture and medical practices and the kings used these cultural markers to consolidate their loyalty as well as relevance during the British era. The association with the *Ashtavaidya* tradition, which was patronised by the local rulers, became a cultural marker of the elite who were desirous of higher position within the social order which “embraced text bound classical tradition as a means to

ascend social hierarchy.” (Cleetus, 2007, p.143) The privileging of the *Ashtavaidya* tradition over any other form of medicine was a part of the larger scheme of promoting loyalty towards traditional treatment over colonial treatment and preference for this meant pledging loyalty towards nation and the native ruler.

In turn, the *Ashtavaidyans* too remained committed to their medical profession without any ostentatious display of affection or fear towards the colonisers. *Aithiyamala* depicts how several Ashtavaidyans like Aryan Moosse never took money or any form of reward from the British officers for the treatment. Kottarathil Sankunni gives his readers a vivid account of Mr. Kolf, an Englishman who was a business superintendent based in Alappuzha. After being relieved of a splitting headache by the treatment of *Ashtavaidyans* Aryan Moosse, Mr. Kolf offered him a reward of a tusk and thousand rupees which Aryan Moosse politely refused by stating “Treating patients is our way of serving mankind.” (Sankunni, 2016, p. 95) Another popular incident which has been recorded in the documents of *Vaidya Ratna Oushadasala* is the adept manner in which *Ashtavaidyans* Triparangode Parameswaran Mooss treated the Chief Justice, Sir Basil Scott of a chronic pain. This gained him a great acclaim and also won the trust of a few colonizers in the indigenous medical practices.^{xi} The dedication and efforts of *Ashtavaidyans* towards the society led Governor General Lord Harding to confer the title of *Vaidyaratnam* to Eledyathu Narayanan Moose for his exemplary service in the field of medicine. In one of my personal interviews with *Ashtavaidyans* E.T Ravi Mooss, on the subject, he states how the *Ashtavaidyans* occupied a ‘neutral position’ during the colonial times and expresses the opinion that none of them involved themselves in nationalist politics or hurt the sentiments of the stakeholders in power. He further explains how this stand essentially saved them from political encroachments and also aided them in continuing their medical practice effectively. Similarly, the British never suspected the *Ashtavaidyans* of engineering revolts with the nationalists or kings; hence, the identity of *Ashtavaidyans* remained neutral or harmless like the Parsi community in the conception of the British.

The *Ashtavaidyans* remained a highly patronised clan amongst the royal families of Malabar, Cochin and Travancore of Kerala. Several *Ashtavaidyans* like Thycaut Moose were appointed as in-house physicians in the royal court of Travancore. Although many local kings kept a resident British doctor in their court to show their solidarity with the British mode of treatment, they patronised the *parampara Vaidyans* or hereditary physicians like *Ashtavaidyans*. Another interesting reason of the *Ashtavaidyans* always being kept in good humour by their wealthy patrons like kings, chieftains and Namboodiris was their desire to enjoy life to the fullest. The feudal system of Kerala provided several outlets to hedonistic enjoyment of life especially to men belonging to the Namboodiri communities. These Namboodiris were well aware of the various rejuvenation therapies mentioned in the *Ashtangahrudiyam* which could reinstall youth and vigour to their sex life which eclipsed as a result of age. Thus, despite their marginalised status within their own community, the *Ashtavaidyans* became an indispensable resource to aid their materialistic pursuits. These reasons led to a further extollation of *Ashtavaidyans* by beneficiaries and court scribes like Kottarathil Sankunni. In addition, several medical treatises too made it evident that it was the utmost duty of *Ashtavaidyans* to remain committed to kings and royal clans: “The king is the most important of all patients... because his state of health expresses the *artha* or wellbeing of all his subjects”. (Zimmermann, 2011, p. 181) This shows how through these transactions and close nexus with the rulers, power operated to legitimise and eulogise certain hearsays and myths regarding the medical expertise of *Ashtavaidyans*.

Another function which further elevated the status of Ashtavaidyans was their presence in state sponsored religious events like Murajapam and Lakshadeepam. The Murajapam was instituted by the King of Travancore, Marthanda Varma (1705-1758), after he relocated his capital from Padmanabhapuram to Thiruvananthapuram in 1750. The Murajapam, conducted once in six years is the ceremonial chanting of the hymns from Rigveda, Yajurveda and Samaveda. The ceremonial chanting is held in seven sessions, with each lasting for eight days called a 'mura'. Each mura concludes with a special 'sheeveli' or procession. Events like these were sponsored by the state to bring overall prosperity to the kingdom and the rulers and to ward off unwanted threats or hazards. According to Dr. Vysakh A. S, the Ashtavaidyans were given one mura each during the Mura Japam. They were the official Ayurvedic doctors for the Brahmins conducting the rituals and chanting during the Murajapam and Lakshadeepam. The Kashayappura or medicinal store-house for preparation of medicines for the such occasions was specially established for meeting the medical needs of the participants and the vaidyans were available round the clock. (Vysakh, 2017, p. 379) The following section of the essay focuses on another important factor that worked in favour of Ashtavaidyans which led to the registration of their identity in the public imagination as individuals possessing high degree of social responsibility.

***Ashtavaidyans* as registered in local consciousness as Custodians and Harbingers of health and a better life.**

There are several stories in *Aithihyamala* where *Ashtavaidyans* like Ittery Moosse and Vayasakara Moosse treated patients without a fee or remuneration. Compassion to the suffering of patients, aiding them to redeem themselves from the agony and turmoil was seen as the utmost duty of the *Ashtavaidyans*. Although, the *Ashtavaidyans* belonged to the Namboothiri caste, they were often excluded from performing certain important religious rituals like *yagya* because they had to treat patients belonging to all castes and engage even in surgery at times to save the life of a patient. *Aithihyamala* shows, how *Ashtavaidyans* like Aryan Moosse provided free services to poor people like Devassia, a man belonging to Syrian Christian community.^{xiii} In fact, he goes a step further to reward Devassia a one-rupee coin for having come to report and thank Aryan Moosse for his recovery. (Sankunni, 2016, p. 98.) The very fact, that despite being Namboodiris they would treat patients belonging to all castes and religions, earned the *Ashtavaidyans* a secular and cosmopolitan image amongst the masses. In a personal interview given to me on the subject, Ashtavaidyans E.T Ravi Mooss recalls how his ancestors never used to charge differently from patients on the basis of their social status. In fact, as compared to other Namboodiris who worked in different capacities as scholars and temple priests, and received considerable amount of *dakshina* or money from temples, lands and the local chieftains, the *Ashtavaidyans* earned much lesser wealth. In fact, there was no fixed consultation fees and many times, the fee was wavered, when it came to economically deprived patients like Devassia. In fact, many a times, these *Ashtavaidyans* used to receive fresh fruits and vegetables as a token of gratitude from people who couldn't afford the consultation fees. All their service-oriented works helped the *Ashtavaidyans* to earn a quasi-divine status and good will of the community. It is also very interesting to note how the expertise of the *Ashtavaidyans* were lauded over the other traditional *vaidyans* and the treatments provided by allopathy doctors. *Aithihyamala* indicates this preference by citing examples of patients like Maharaja Swati Thirunal of Travancore, Devaki Kunjamma of the Paliath royal family of Cochin and P.M Chacko, Principal of CMS College, Kollam. (Sankunni, 2016, p. 110-112) These patients who were unable to get respite from their ailments, by the western medical treatment, finally resorted to the customised treatment of the *Ashtavaidyans*, and got cured. Building trust in such influential notaries of the society further escalated the glory of *Ashtavaidyans*.

One amongst the four essential qualities of a healer was upliftment or elevation of the patient's spirits and building a faith in the course of medical procedures to be undertaken. And on several occasions, the words uttered and rituals undertaken by the *Ashtavaidyans* assumed a quasi-divine status. *Aithihyamala* shows various instances where the *Ashtavaidyans* use a variety of methods including very strange ones as a part of their therapy to rekindle the lost faith and elevate the mental state of their patients. *Ashtavaidyans* of different branches were also involved with expertise in different fields like *kalari* and *mantravadam*. Narratives like *Aithihyamala* glorifies the potent power of spells and incantations which lent a midas touch to the *Ashtavaidyan's* healing capabilities. It is observed that most physicians belonging to the *Ashtavaidyan* tradition underwent a year-long spiritual practice called *bhajanam* involving the recitation of *Ashtanga Hrudyam* to invoke the grace of the divine. It was believed this exercise would beget them the much-coveted *kaipunyam* desirable to heal the afflicted patients. Although several *Ashtavaidyans* were experts in diagnosing and prescribing treatments, several other *Ashtavaidyans* like Aryan and Ittery Moosse, as indicated in the *Aithihyamala*, were also experts in studying facial expressions and predicting the precise time of death. (Sankunni, 2016, p.114)

According to *Aithihyamala*, in addition to the divine grace, the guru's grace played an equal role in alleviating sufferings brought forward by the ailing patients. Stories like *Vidhi Kushmandam* in *Aithihyamala*, reflects how every word of the master, taken with right and undeterrable faith had the capacity to revive even the most critical case back to life. The popular folk tale *Vidhi Kushmandam* narrated to every beginner aspiring to be an *Ashtavaidyan* to explain the significance of master's grace. (Sankunni, 2016, p. 185-188) Essentially, it functioned to legitimise two aspects; first in promoting the unique role of incantations in the process of healing; suggestive of the fact that doctor is a mere tool for divine intervention. The second figurative suggestion here being, the *guru* or the master is seen as second to God and every word and action of the *guru* remains unchallenged thus highlighting the benevolence of master who transfers knowledge through the *guru shishya sampradaya* or lineage. Unlike the western tradition whereby a breakthrough research could easily get a student much ahead of the master or preceptor, the *Ashtavaidya* tradition, consisted of unique rituals and frameworks that bound the student to remain grateful and indebted not only to the master but also the very *parampara* or tradition from where he has received the knowledge. As a final token of gratitude to the master, the student offers a transcribed copy of *Ashtanga Hrudyam* to the former, thereby 'cementing his relationship with the text and his teacher.' (Vysakh, 2019, p.179) An outsider has no place in this tradition and most of the incantations, spells or so called *ottamoolis* are passed down the lineage only to members of the *Ashtavaidyan* family.^{xiii}

Several myths and legends in *Aithihyamala* suggest that *Ashtavaidyans* like Alayatur Nambi have received knowledge from the highest order i.e the Ashwini Kumars or the twin Gods of medicine (Sankunni, 2016, p.284); hence, the esoteric knowledge is legitimised like the Vedas and thus remains unchallenged by humans who are mere mortals. In fact, the *Ashtavaidyans* are also credited with treating the Gods themselves. According to popular legends, the chief deity (Lord Bharata, younger brother of Sri Rama) of *Koodalmanickam* Temple falls sick and is "susceptible to bowel disorder every year after the *Puthari nevedyam* (the offering of newly harvested rice) on the *Thiruvonam* day^{xiv}. (Sankunni, 2016, p. 134) As a solace to this ailment, a *Mukkudi Nivedyam*, a herbal decoration, is administered to the divine. The right to prepare this *mukkudi*, which is a curative for all kinds of abdominal problems was entrusted to *Ashtavaidyan* Kuttancherry Moose. Although this *nevedyam* was shared with all the devotees, the ingredients of this preparation still remains a closely guarded secret within Kuttancherry Moosse's family. By humanising the divine, making the presiding deity undergo the bodily perils of a common man and then soliciting the

treatment from an *Ashtavaidyan*, conveys several messages to the common temple-goers who unconsciously internalise certain implicit meanings of power coded within the mythic narrative. These stories which are in circulation even in the contemporary age, embeds and cements the legitimacy of the *Ashtavaidyan's* medical expertise in the minds of the temple-goers and also foregrounds the fact that ordinary doctors lack the *kaipunyam* or divine grace of *Ashtavaidyans*. Thus, knowledge and healing procedure vested in the *Ashtavaidya parampara* is elevated to a quasi-divine status by virtue of the narrative that surrounds the treatment.

Conclusion

Community played a very important role in the development of medical knowledge in Kerala. Historians and court scribes like Kottarathil Sankunni advanced and emphasised the glory and acumen of the *Ashtavaidyans* who were in service of the royal houses and noblemen. The strongest weapon that the *Ashtavaidyans* possessed by virtue of their upper caste, was the impeccable training provided to them in the Sanskrit language; thereby bestowing them with the privilege of understanding various medicinal treatises, and assimilating and incorporating those in their medical practices. In addition, the political support provided them with adequate resources for research and experimentation, giving ample scope to enhance and develop their own 'redacted, codified and complex system of medicine (Vysakh, 2017, p. 174) With each generation, their understanding of disease and expertise in diagnosis have passed on in a linear mode to their descendants; and furthermore, it has remained as an esoteric knowledge within the precincts of the *Ashtavaidya* family. Although in the postcolonial age, all the doctors belonging to this tradition has received education from prestigious and certified Ayurvedic colleges, certain *yuktis*. that is not taught in the conventional colleges is passed on to them with the same reverence as in the earlier centuries.^{xv} Thus, along with the transfer of knowledge through the lineage, and whole hearted community service, it was the political stronghold that supplemented the *Ashtavaidyans* to surpass and establish themselves as the foremost in the field and register in the public consciousness as harbingers of social welfare and hope.

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Notes

ⁱ Some of the traditional methods of healing included the *nattu vaidyam* or local medicine by folk healers, healing methods of tribals and people belonging to the Mannan caste (washer-folk), *kalari-chikilsa* or the therapy associated with the martial art of Kerala called *Kalaripayattu*, *marma chikilsa* or application of pressure on marma points in the body to enhance health.

ⁱⁱ *Nattu Vaidyans* or *nadan vaidyans* practiced through their custom based, inter-generational methods of practice and generally their line of treatment remained uncoded or unwritten.

ⁱⁱⁱ Rajan Gurukkal's work *The Kerala Temple and the early Medieval Agrarian System* (1992) draws attention to how the Brahminical settlement around temples led to a societal and political reorganisation consequently leading to a hegemony of Brahminical ideas and institutions.

^{iv} The legendary stories put forth the view that Vagbhatta was brought to Kerala by Sage Parashurama, whereas other scholars claim that he belonged to Sindh region. The eighteen Ashtavaidyans families are as follows- Alattur Nambi, Akalnath Mooss, Chirattamanna Moss, Choondal Mooss, Eleyedattu Taikkatt Mooss, Karantol Nambi, Kuriyedath Mooss, Kurumbempilly Mooss, Kuttanchery Mooss, Paduthol Mooss, Parappur Mooss, Pazhanellippurattu Taikkatt Mooss, Peringavu Moos, Pulamanthol Mooss, Ubhayur Mooss, Vatuthala Mooss, Vayaskara Mooss, Vellodu Mooss.

For further information refer, Menon, Indudharan. (2019). *Hereditary Physicians of Kerala: Traditional Medicine and Ayurveda in Modern India*. New York: Routledge. (p. 161-162)

^v *Manipravalikas* are texts written in *Manipravalam* language, a mix of Sanskrit and Tamil language crafted by Namboodiri Brahmins.

^{vi} I have employed telephonic/ e-mail interviews with Ashtavaidyans E.T Ravi Moss, Princess Poyyam Thirunal Gouri Parvathy Bayi, Dr. Vysakh A.S, and Dr. Preetha Prabhakaran on the subject.

^{vii} *Kashayams* are decoctions which are dark in colour and are made of extract of single or multiple herbs. They are often bitter to taste. The patient administered with *kashayam* has to undergo a strict diet regimen called *pathyam* where a number of diets including tubers, alcohol and sometimes even non-vegetarian dishes are strictly not allowed.

^{viii} The three Ayurvedic body types, or doshas, are *Vata*, *Pitta* and *Kapha*. Each type of *dosha* has a unique set of characteristics and the body type of a person depends on their physical and emotional attributes.

^{ix} In his lecture delivered at the Institute of Social Medicine, State University of Rio de Janeiro, Michel Foucault throws light on how since the 18th century onwards, the colonial medical authority involved themselves in things other than clinical aspects. They could make decisions concerning a town, district, an institution or a new regulation. Thus medicine became more of a social practice than an individual one.

^x *Kaipunyam* is a Malayalam word and it refers to the Midas touch of certain doctors, bestowing them the unique ability to heal patients better and faster.

^{xi} <https://web.archive.org/web/20110727234258/http://www.samajam.org/vaidyaratnam.html>

^{xii} Aryan Moose is believed to have used *ithilkanni* (Sankunni, 2016, p.100), a commonly available herb to restore Devassia's health.

^{xiii} *Ottamoolis* are the unique single herbs than can cure certain diseases. The knowledge of this is largely esoteric and is handed down only to deserving students.

^{xiv} *Thiruvonam* is the most auspicious of the ten-day harvest festival celebrated in Kerala during the months of August/ September.

^{xv} *Yukti* is the reasoning for proper assessment. It is absolutely essential in identifying the disease, stage of disease, administration of dosage, time of administration of medicine.

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Maya Vinai is as Assistant Professor in BITS-Pilani (Hyderabad Campus). Her research areas include Maritime narratives along the Malabar Coastline, Representation of matrilineal communities in Indian English Fiction, Gulf Diaspora and Temple Art Forms in Southern India. She has completed both her M.Phil. and Ph.D. from English and Foreign Languages University (Hyderabad) and has published several articles in reputed journals such as *Asiatic: IIUM Journal of English Language and Literature*, *Indian Literature* and the *South Asian Review*.
