Chapter-5

Physicians, Treatments and Medicine Markets in Medieval Kerala

Existence of different medical traditions was not a unique characteristic of the medieval culture in Kerala. Nevertheless, the unique ways in which various healing traditions operated is an interesting area to be expounded with. Not sticking to a monolithic practice and set of principles, this society had offered many alternatives to the patients and health seekers. These multi-layered alternatives derived their origin from different cultural, political and philosophical traits that existed in the region during the period under consideration.

The presence of Ayurveda as one of the traditional methods of treatment was prevalent in medieval Malabar before the establishment of a Brahmin centric social functioning. In the initial stages, medicine was practiced by the Buddhist monks who had settled around their Viharas and lower caste communities such as, Tiyya, Velan and Mannan castes that were associated with them. Yet, changes happened in the social formation from twelfth century onwards facilitated the growth of Brahmin settlements across the region.

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Nevertheless, Brahmins or Nambutiri as they were called by fourteenth century were the predominant social force that practiced Ayurveda. But, they were not hesitant to continue the tradition of the Buddhist practices of the early medieval period. Buddhist influences forced the dominant forces in the healing to move beyond the practice of classical texts such as Susrutha Samhita and Bhela Samhita and write their own treatise on Medicines. This brought in many new Sanskrit texts in the region. Buddhist influence is also reflected the predominant presence of Ashtangahridaya of Vagbhananatha, who was extensively influenced by Buddhism-its notion of body, illness and healing.

Apart from Vagbhanadhan, Bhelan also made immense contribution to the Knowledge of medicine and its application from early medieval times. Unfortunately, Bhelasamhitas as his work was known, could not get strong foothold in the north Indian Ayurvedic tradition due to its complex nature. However, the responses from the medical practitioners of Kerala were tremendous. Many scholars and practitioners wrote interpretations to his work which was noted for the treatments he meted out for the children till the age of twelve. He also talks about “impure blood”, lunatics, who were treated according to the traverse of the moon on its trajectory. He would start his treatment on the new moon day along the course of the moon and finishes off with the “amavasi”. It is interesting to note the opinion that even Bhelan was of a lower caste origin probably from the shepherd or the fisherman community as his name indicates the meaning of either “goat” or

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5 Payyannur Pattu, (ed) by P. Antony, Tuebingen University Library, Malayalam Manuscript Series, General Editor, Dr. Saria Zacharia, DC Books, Kottayam, 2000
7 P.C. Alexander, Buddhism in Kerala, Annamalia University, Chennai, 1949, p.31
8 Susrutha, Susrutha Samhita, (trs), Kaviraj Kunja Lal Bhishagratna, Calcutta, 1911
“boat”.\(^{11}\) He would have been neglected as we see him to be in the north Indian tradition for his low caste origin unlike in Kerala where the medical practice by lower caste was quite common from early medieval times.\(^ {12}\)

Medical practitioners in Malabar also tried their best to keep the ties of their practice with explored capacities of their medicines along with the existing religious thoughts.\(^ {13}\) Ayurveda practitioners in Kerala had another duty as well—a responsibility to preserve the moral framework of the patients as they were more involved with the works of Vagbhata, the author of *Ashtangahridaya* who induced moral and spiritual senses in his philosophy of medicine.\(^ {14}\) Along with scientific methods of diagnosis and prognosis within the framework of *tridosas-vata* (air), *pita* (bile), *kapha* (phlegm), they had also prescribed propitiatory and customary rites such as *dana* (donation), *homa* (religious rites), *japa* (adoration), *niyama* (rules of conduct) and so on as reported by Marco Polo with regard to customs and manners of Nambutiris in Malabar.\(^ {15}\)

However, these healing practices of medieval Malabar were not confined to any exclusive creed, caste or religious grouping. Islamic medical practitioners acquired a significant name for their commitment towards the profession as reported by Alberuni.\(^ {16}\) Lower castes such as *Ezhava* also developed their methods of Ayurveda though largely different from the classical tradition.\(^ {17}\) Along with, indigenous groups such as *Kaniyan* and *Malayan* perceived illness differently from other groups such as Muslims and Christians and

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\(^ {11}\) *Ayurveda Charithram*, op.cit, p.553
\(^ {12}\) Ibid.
\(^ {15}\) Marco Polo, Sir Henry Yule, *The book of Ser Marco Polo, the Venetian*, Vol.2., - 1875, p.331
\(^ {16}\) Alberuni, Velayudhan,op.cit, 103
imbibed the methods of sorcery and black magic as Duarte Barbosa reported, though they had their own tradition of *material medica*.\(^\text{18}\) All streams of medicine, Ayurveda, Islamic healing traditions, folk medicines, were used by people and they remained as open choices in the pluralistic society of Malabar. Nevertheless, Ayurveda, based on classic Sanskrit texts was handled predominantly by a particular professional practitioners, *Ashtangavidhyas*, the term derived for their mastery of all eight branches of Vagbadanandha tradition, such as *Kaya* (general medicine), *Baala* (paediatrics), *Graha* (astrological), *Urdwanga* (above neck), *Shalya* (surgery), *Dhamshtra* (toxicology), *Jara* (longevity), and *Vrusha* (infertility).\(^\text{19}\)

Insistences on the textual Ayurveda by these privileged practitioners, who sprang across the region of Malabar, limited the growth of this tradition to an extent.\(^\text{20}\) They were also strongly patronized by the rulers as in the cases of Vaidya Matham who was the chief physician in the medieval *Yajnas* conducted by many rulers such as Samutiri. Vayaskara Mooss was the court physician of the Raja of Tekkunkur while Chirattaman Mooss was serving as the chief physician of Tiruvitamkur Kingdom. Pulamanthole Moos was the chief medical man of the Samutiri the king of Calicut during the period under study.\(^\text{21}\) Therefore, as in the case of medieval China, tradition of knowledge remained in its exclusive form in the hands of privileged who were directly associated with the political authorities and non temporal institutions.\(^\text{22}\)

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\(^\text{18}\) Duarte Barbosa (1500-1516), *A Description of the Coast of Africa and Malabar in the Beginning of the Sixteenth Century*, (trans&ed), Henry E. J. Stanley, The Hakluyt Society, London, 1865, Reprint, CUP, 2009, pp, 61-66 “They (paneens/Malayans in Malabar) openly commune with demons who take possession of them and cause them to utter astonishing things. When the king is ill, he sends for these men and women, ten or twelve families of whom come, the best performers and the most approved of the devil with their women and children.”

\(^\text{19}\) Amaresh Datta, *The Encyclopaedia Of Indian Literature (Volume One (A To Devo)),* Vol.1, Sahithya Academy, New Delhi, 2006, p.312


\(^\text{21}\) Ibid

Classical tradition of Ayurveda in Malabar started with the settlements of Buddhist community as in the other parts of India. Gradual decline of Buddhism from Malabar started about Eighth century and culminated its virtual demise by Fourteenth century. This process was paralleled with establishment of Brahmin communities, which assimilated an assortment of concepts related to treatments and illnesses into Ayurveda texts. This process had been reflected in the emergence of new texts such as *Alathurmanipravalam* and *Yogamritham*. Apart from this, even Buddhist cults such as *pattini* were also converted into the cults of *Bhagavati*, whom we discussed in the last chapter, the goddess of disease and remedy.

Thus, contribution and influence of Buddhist healing practitioners facilitated a paradigm shift in the way disease and medicines were perceived in the medieval Kerala. This was the result of the major deviations from the classical texts, which was by supplemented with local texts. Local sacred centers of Buddhism such as Madai, that were visited by Buddhist pilgrims and physicians who stayed there at self constructed *munimadas* (abode of Buddhist monks), could have been functioned as the centers of Healing. *Theyyam*, a folk dance, which emerged as a lower caste reaction against dominant ritual supremacy, used Kavu (sacred groves), to channelize the spread of intellectual curiosity of the lower caste groups, who gradually mastered various disciplines such as *Tharkka, Vyakarana, Jyothisham*,

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26 Kunjikkuttan Thampuran, *Keralam Randam Sargam*, Slokam, 105
27 Murkot Ramuny, op.cit.p.12; Ezhimala, the nearby port was reported by Marco polo, Barbosa, Nicholo Conti, Ibn Bathuta Velayudhan, op.cit, pages..p.120, p.240, p.178, p.153 respectively.
niruktam and ayurveda. \(^{29}\) This catalyzed the emergence of many locally written Ayurvedic texts in the medieval times. \(^{30}\) This “little traditions” such as Theyyam and Poorakkali were generally patronized by the Tiyya/Ezhava castes who were the traditional believers of Buddhism. \(^{31}\) This new tradition of Ayurveda had unique composition of medicines, herbs, practices, texts and raw drugs, greatly different from texts such as Susruta Samhita or Ashtangahrdyam. \(^{32}\) New medical practitioners used texts such as Sahashrayogam and Sarvaroga Chikitsaratnam in the place of Susruta Samhtha. \(^{33}\)

Multiple religious and cultural creeds in medieval Malabar ensured a plural character to the practice of medicines and understanding of the illness. \(^{34}\) There was no single minded understanding about the treatment or diseases or a homogenized way of looking at human body and cure as seen in the Arabic Malayalam literatures from sixteenth century onwards. \(^{35}\)

Though in the initial stage Ayurvedic practices in Malabar was actually concentrated around old Buddhist Viharas, which had Salais or schools for medical education such as Tirumalapadam and Parthiva Shekapuram as reflected in Paliyam Copper Plates and Huzur Office Plate. \(^{36}\) These centers, such as Srimulanivasam, of medical education were later converted into temples and matas alongwith certain drastic socio-cultural changes. \(^{37}\)


\(^{30}\) Ibid, p. 14

\(^{31}\) Bardwell L. Smith, op.cit,pp.31-32

\(^{32}\) N.V.K.Varier,op.cit,494

\(^{33}\) Unnikrishnan, op.cit,p.15-17


\(^{36}\) Adoor K.K.Ramachandran Nair, Kerala Gazetteer, 1986

Practitioners such as ashtavaidyans, were generally from the Sanskrit learned section of the Brahmins. Nevertheless, dominant cultural and social power of these professional groups did not try to monopolize the gamut of knowledge as reflected in the existence of many Ezhava Vaidhyans and Vannans on the coast of Medieval Malabar. One of the reasons could be the stratification within the community itself. Brahmin community in Malabar was also stratified in relation to the ritual and purity hierarchy which led to the emergence of different superior and inferior groups such as Nambidis, Elayadds, Embranthiri, Mussaths who had generated their own ways of medical practice and exclusive functional areas.

Having had the advantageous positions with the political patronage of the local rulers at their respective places, Ashtavaidyans, who were stratified according to their ritual superiority and hygiene, could practice medicine according to the original classical texts and could write their own interpretations depending on the local, social and climatic conditions. A prominent scholar from Pulamanthol Ashtavaidya family in Malappuram district, whose family took legitimacy for being “entrusted by Parsurama” to undertake medicinal practices, made some significant contribution in this regard. This treatise termed as “Brihad Padyom,” a commentary on the existing practices from early medieval times. This interpretation has also been called Pulamanthol Padhyam. Another member of the same family has written a more simplified interpretation of the same book using all the existing

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39Cyriac K Pullapilly, “The Izhavans of Kerala and Their Historic Struggle, For Acceptance in the Hindu Society, in Bardwell L. Smith, op.cit, p.31
40William Logan, Malabar Manual, Asian Educational Service, New Delhi, 1951, pp.120-121
41Jayashanker, Temples of Malappur am District, Directorate of Census Operations, Kerala, 2004, p.45
42Ibid, 46
interpretations and this simplified interpretation is called *lalitha padhyam* which means ‘simplified interpretation’ among many Samhitas of Ayurveda.

The tradition of writing Ayurveda texts continued with different kinds of socio-political patronage. *Dhaara Kalpam* was written in Eighteenth Century during the time of Raja Marthanda Varma, the king of Tiruvitamkoor, about *Dhara* treatments which was a medieval contribution of Kerala to the tradition of Ayurveda.\(^{43}\) This deals with the system of *Dhara*, an exclusive health practice in Kerala. *Alathur Manipravalam*, another medical treatise is considered to be written during in the beginning of *Manipravalpa* period by one of the Alathur Nambhis. This texts lights not just health and medicine, but is also considered important to understand from the language point of view as this was referred in one of the medieval texts; *Leelathilakam* of Forteenth century.\(^ {44}\) Other texts such as *Sahasrayogam, Chikitsakramam, Yogoraththa Prakashika, Vaidya Manjari, Chikitsa Manjari, Chikitsa Nool, Sannipaththa Chikitsa, Netrarogha Chikitsa* were also written in medieval period.\(^ {45}\) These texts were expensively popular in Kerala Ayurvedic tradition despite having no takers outside the region. *Chikitsa Manjari* is also known as *Valiya Manjari*, is still quite popular among the Ayurvedic practitioners of the region. Though the author is still in question, many scholars believe a *Namboothiri* from Perinchellor to be the author of the same.\(^ {46}\) He is believed to have lived in the seventeenth century. Texts such as *Ashtangahrudayam* (Sanskrit), *Susrutasamhita* (Sanskrit), *Charakasamhita* (Sanskrit), *Ashtangasamgraham* (Sanskrit), *Kasyapasamhita*, (Sanskrit), *Sarngdasamhita* (Sanskrit), *Baishajyaratnavali* (Sanskrit), *Chakradattam* (Sanskrit), *Sahasrayogam* (Malayalam), *Jotsnika* (Malayalam), *Sarvarokachikitsaratnam* (Malayalam), *Yogamrutam* (Malayalam), *Yogaratnapradeepika*

\(^{43}\) P.S.Vaidyar, *Chikitsa Samgraham*, Mathrubhumi, 1991, 172-183  
\(^{44}\) *Kokasandesham*, Sloka 13-20; Sandesha Kavyas refered to Alathur Tharavadu.  
\(^{45}\) Ibid  
\(^{46}\) N.V.K Varier, op.cit, p.495
(Malayalam), *Asavarishtamanjari* (Malayalam) were also used by the medical practitioners of Malabar.\(^{47}\)

This period also witnessed the emergence of many texts dealing with exclusive health problems of man and animals. Some of these texts were *Narayaneeyam, Uddhisham, Ulpanam, Haramekhlam, Lakshnamritham, Ashtanga Hridayam, Kalavanjanam, Pakshi Prayoga Saram, Manthrasaram, Yantra Saram, Huline Kalpam, Yakshi Kalpam, Swayam Vara Kalpam, Thripura Kalpam, Durgga Puranam, Halaswa Puranam, Garuda Purana, Dakshina Murthi Samhitha, Yamana Puranam, Uddhisha Tannahram, Uddhamara Tannahram, Shankara Samhitha, Lalitha Rahasyam, Thanthra Samuchayam* and others.\(^{48}\) These texts were dealing with toxics, children, birds, and magico-religious treatments. They also deal with job, friend and foes, theft, rise and downfall of individuals, omens and so on. Some of the medieval and later medieval texts still in circulation and widely practiced are “yogamritham”, “yogasaram”, “manjari” and “Sarvarogha Chikitsa Manjari”.\(^{49}\) Most important of these is *Mahasaram*, a later compilation of the medieval medical knowledge from thirty three already existant texts on the subjects.\(^{50}\)

A deeper exploration finds out that indigenous and vernacular texts were more popular among the non-Brahmin medical practitioners during the period under consideration. Due to the mighty and licentious caste rules, it was impossible for caste such as *Ezhava* to attain proper training in the Sanskrit medical knowledge through formal ways. Formal education and trainings during this period were generally associated with temples and *salai*, where lower caste people denied entry till the twentieth century. In a socio-cultural situation where social relations were founded on the principle of ritual hygiene, lower caste,

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47 Unnikrishnan, op.cit, p.14  
48 Ibid, p.13  
49 Mahasaram, (compilation of 33 medieval texts by an unknown person in the beginning of 1800), M.K.Vaidyar, (ed), Government Oriental Manuscript Library, Madras, 1951  
50 Ibid, p.13
untouchables and other religious people could not break into the centers of higher learning which were generally attached with temple complexes and family institutions like Illams and Kovilakams.\textsuperscript{51}

Being untouchable and unapproachable, the low caste population could not really acquire formal training in medicine. However, they were able to acquire this from Buddhist educational institutions till twelfth Century.\textsuperscript{52} Vedic learning institutions called calai/salai were attached to these temples. One of the \textit{sandehsa kavyas} of the fourteenth century explains the composition of the students who were also taking courses in these Salais.\textsuperscript{53}

Medieval rulers such as Cheras and Cholas took great pride in associating and patronizing these Salais such as Kalanthur Salai for being gifted with legitimating title “\textit{kalanthur salaiyil kalamarutha}”.\textsuperscript{54} These students, who were called cattas were expected to study a wide varieties of subjects from bahattas (scholar Brahmins) in Vedas including grammar, philosophy and probably medicine.\textsuperscript{55} With strong patronage from the royal authorities, Brahmins could dominate the entire formal education scenes of the Malabar region in Kerala.\textsuperscript{56} Therefore, the period under study, which is called the “age of nambudiris” as Elamkulam Kunjan Pillai suggests, did not offer formal education in the medicines for people in lower hierarchy and other creeds.\textsuperscript{57} It was only by the late sixteenth century that the Sanskrit literature trickled down from Brahmins to Sudra groups such as Nair and

\textsuperscript{53}Anathapuravarnanam, Travencore University Language Publication, No.81,Trivandrum, 1953, lines-108;Hartmut Scharfe, op.cit, p.175
\textsuperscript{54}Ananthapuravarnanam,op.cit, p.44,lines-107
\textsuperscript{55}M.G.S.Narayanan, \textit{Aspects of Aryanisation in Kerala}, Trivandrum, 1973.p.23; Anathapuravarnanam, op.cit, p.59,lines-139
\textsuperscript{56}Kesavan Veluthat, \textit{The Early Medieval in South India}, OUP, New Delhi, 2009 the early medieval in south india, pp.136-137
\textsuperscript{57}M. T. Narayanan,op.cit, p.48

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subsequently to Tiyyas along with the development of kilippattu form of Malayalam literature, a deviation from highly Sanskritised Manipravala Sandesha Kavyas. 58

However, though Nambutiris “monopolized much of the land and virtually controlled the law courts, centers of learning”59 they could not hold the proliferation of the practical aspects of learning due to the inherent weakness of the system in itself.60 Also, the growing number of low caste population and their social presence demanded more of medical practitioners, who could see, touch and cure diseases among the non-privileged and socially excluded groups in Medieval Kerala. Therefore, Tiyya/Ezhava caste practitioners, who generally did not belong to the traditional family of practitioners,61 mastered the techniques of treatments and intricacies of medicine for their proximity with other dominant castes. This was also happened out of necessity on the part of dominant practitioners who were not permitted in the wildness for gathering medicines. At the same time some the traditional families from the lesser privileged groups could carry on the earlier Buddhist tradition of medicine continued to flourish in the region in 16th century.62

Constant association with prominent physicians and staying with them as their helpers and assistants at close proximity gave the lower castes greater understanding about scientific as well as metaphysical concept of therapies. They could access the prescription handed over to them in order to collect medicines and get the preparation done with ease because they

59Ibid, p.142
60Walter Hamilton, A Geographical, Statistical, and Historical Description of Hindostan and the Adjacent Countries, 1820, p.296 he says that “These Namburies (alvangeri Tamburacul) will neither eat or drink with the brahmins of other countries.”
61“They are traditionally toddy tapers who hierarchically standing below Nairs in Malabar. They brew alcohol from extracts of the coconut trees” Makhdu, op.cit, 59
62Many Ezhavas educated in Sanskrit and later in Malayalam, astrology and Ayurveda without enjoying any social higher status like the Nairs and the Nambutiris. And for them Sanskrit and Ayurveda learning was the legacy of Buddhism not the matham oriented formal learning from 12th century. M. S. A. Rao, Social Movements and Social Transformation: A Study of Two Backward Classes Movements in India, 1987, 65-70
were the gardeners and menial workers in the estates and also because of their hereditary attachment with the Nair families. Physicians of these sorts made valuable contributions in the later period as well by compiling the time tested validity of many medicines and their applications.

The tradition of low caste medical concepts and healing practices in medieval Kerala was also connected with sacred groves or Kavus. Kavus represented the social and intellectual public space of low born people in Malabar where different non-elitist ritual performances like Teyyam and Poorakkali were performed by the same social groups. Kavus and related deities became part of the health and life of people of Kerala between fourteenth and sixteenth centuries. Theyyam, after the establishment of the Nambutiri-Nair dominance in Malabar, became the visible expression of the low caste group protests, especially of Tiyyas/Ezhavas, against established practice of moral and ritual hygiene concepts in the given cultural sphere. This space of community building was generally owned by the low caste Hindus in the medieval period such as Maniyani and Thiya communities.

This unique low caste social space facilitated intellectual debates for varied topics like philosophy, logic and medicine and it was called ‘marathukali’. This was an intellectual debate where various aspects of traditional philosophy such as tharka, vyakarana, ayurveda,

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63 Kathleen Gough, op.cit, 149
66 Unnuneeli Sandesham, Sloka,-Poorvam-114
68 Sarat Chandra Roy, Man in India: Vol.82, 2002” In connection with the festival ‘Marathukali’, cultural activities and meeting of scholars, etc., are organised to make the festival more attractive and popular. In majority of the sacred groves, special functions are arranged during onam and vishu”.p.332; A. Sreedhara Menon, Cultural Heritage of Kerala: An Introduction, East West Publications, 1978, p.75
jyothisham, niruktham, vaiseshikam, yogam etc... were discussed in Malayalam under the leadership of caste groups whose leaders were called Tharayil Karanavar.69

_Theyyams_, the ritual dance of the lower caste, derived during the medieval time, are live records of the concerned communities: past, constituencies and healing.70 This tradition induced in to the common people a strong feeling for their vegetation and instilled that with different aspects of sacred bodies and divinity.71 Destroying the vegetation was considered as disturbing the spirits of the dead in the trees who in turn could unleash havoc of diseases over the region.72 They also believed in _Yakshis_ who resided in trees, cutting down of which could lead to infesting pregnant women to feed on their foetus and kill the baby.73 Medieval traditional medicines were closely tied with religion with worship of the godlings in sorcery.74 From ancient times, the forest has been connected to the sources of powerful magical potions and also connected to sorcery and black magic.75

There were also _Theyyams_ of untouchables castes such as _pulaya_ who were the patrons of some exclusive _kavus_ or grove for their benefit in terms of education and socialization.76 “Low caste masters of jungle pharmacopoeia (were) seen as trafficking in the noxious supernatural beings powers and substance of forest which sometimes led them being

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75Freeman, op.cit, p.272
suspected accused and executed for practicing sorcery. If they hunted, booty was to be presented to the concerned local deity to ward off her/his wrath.\textsuperscript{77}

Ayurveda witnessed a drastic spreading that cut across different territories along with new religious ideas from eighth century onwards.\textsuperscript{78} Arab merchants who became part and parcel of Malabar’s cultural geography had, by this time\textsuperscript{79} collected Ayurvedic herbs and medicines from the coastal areas and \textit{theruvus} of Malabar to export to many European countries.\textsuperscript{80} Pepper and cardamom from Malabar was the major medical ingredient that showed a prominent presence in Spain and Germany in the fifteenth Century.\textsuperscript{81}

However it was the Brahmins who actually controlled the classical traditions of the healings. \textit{Nambootiris} appropriated \textit{Vaidya Sashstram} or medicine from Buddhists, the way they appropriated other streams of knowledge as well.\textsuperscript{82} After the decline of the Buddhism in Kerala, this was propagated and assimilated by the Brahmins who also appropriated all learning centers of Buddhists attached with their \textit{pallis} or monastery.\textsuperscript{83} By this time, Buddhist believers were classified as polluted and degraded community.\textsuperscript{84} As long as the polity, statecraft and ecclesiastical functioning and its endowment were traditionally inseparable in medieval Malabar,\textsuperscript{85} it was not possible to break the dominance of the Brahmin community.\textsuperscript{86}

\textsuperscript{77}M.V.Vishnu Namboothiri, 1979, op.cit, pp.41-48
\textsuperscript{78}S.N.Sen, “Influence of Indian Science on other Culture Areas”, \textit{Indian Association for the Cultivation of Science}, 32,Vol.5, No.2, p.335
\textsuperscript{79}Richard M. Eaton, \textit{Essays On Islam And Indian History}, Oxford, 2000, p, 176. He reminds us that Calicut was the only real non European city mentioned by Thomas More in his book, \textit{Utopia}, published in 1517, in which he says ‘this (Calicut) was the 15\textsuperscript{th} century India’s busiest port.
\textsuperscript{82}P.K.Gopalakrishan, op.cit, p. 320
\textsuperscript{83}Kenneth R. Hall, \textit{Trade and Statecraft in the Ages of Colas}, Abhinava Publications, New Delhi, 1980; P. C. Alexander, \textit{Buddhism in Kerala}, Annamalai University, 1949,pp.168-168, pp.25-26,
\textsuperscript{84}Gopalakrishan, Ibid.p. 284
\textsuperscript{85}Barbosa, op.cit, p.104
\textsuperscript{86}Genevieve Lemercinier, \textit{Religion And Ideology in Kerala}, D.K. Agencies, New Delhi, 1984, pp.132-
From the eighth century onwards, Kerala temples attained the status of a social centre, determining social stratification in the locality and supra-local connections. It was through temple festivals and related rituals that the Brahmans and Nairs enforced political and ritual superiority over cultivators and pastoralists. Subsequently, Brahmin ideas of the world-order and divinity seeped into the very different religious landscape of Malabar which had strong presence of male and female divinities who specialized in the different phenomenon of the nature. These divine beings were considered as protectors from suffering, such as illness or natural disasters, and as 'criminal' gods of destruction and terror.

Nairs actual military power translated into actual ritual prestige and authority with the strong association with Nambutiris. Temples, being repositories of power and plenitude, also became holy sites where the invisible and visible worlds took account of each other. This military-religious nexus and political association were instrumental for the domination of warrior-ecclesiastical alliance and their legitimization for the expansion and their claim to new territories and conquests. These conquests and angularities snatched all the centers of medical and other subject learning centers from the Buddhist and Jainist believers. In the following centuries, local elites and rulers wanted to incorporate as many as 'little kingdoms' and their gods and goddesses of domination in the dominion in order to enhance the political and sacred landscape and acquire immunity from the health issues from their anger.

State did not generally control the activities of the medical practitioners nor regulated it in Malabar. In the meanwhile, north India was undergoing changes by new Muslim rulers taking great initiatives to hospitals and employing different kinds of physicians in political...

134; T. K. Krishna Menon, *Progress Of Cochin*, Ernakulam, 1932, p. 130
87M.G.S. Narayanan, op.cit, p..3
89Margret Frenz, *From Contact to Conquest: Transition to British Rule In Malabar, 1790-1805*, OUP, New Delhi, 2003, p.14
90V Ines G. Zupanov, op.cit, p.20
establishments. Later stage, in north India we see the direct patronage by the king to write medical treatise such as Madanul Shifa – Sikandarshahi (The Mine of Medicine of King Sikandar), by Miyan Bhowa, who started in fifteenth century. Lack of a centralized state in Malabar and states with fluid boundaries in Kerala with many regional kingdoms possibly could not have controlled or monitored the activities of medical practitioners. This lack of monitoring/regulating agencies have facilitated the widespread emergence of quacks and charlatans.

Classical Ayurveda in medieval Malabar predominantly practiced by certain families of practitioners collectively called Ashtavaidyans. They were Brahmins by caste and specialized in the eight branches of Ayurvedam. They were not called Ashtavaidyans because they were eight in numbers as Edgar Thurston and some other historians describe them. Original number of Ashtavadyans were eighteen. They are now reduced to handful few such as Pulamanthole, Alyathiur, Kuttanchery, Thikkadu, Elathattu, chirattamon, Vayaskara, Vellode, Mezhathur. They were by tradition entrusted by Parasurama to ensure medical care for the Brahmin villages he created in Malabar. These families had very cordial relation with the local elites and rulers such as Kavalappara in Malappuram. A close


\[93\] A. P. Ibrahim Kunju, Studies in Medieval Kerala History, Kerala Historical Society, TVM, 1975, 40-45

\[94\] Gilbert Slater, Some South Indian Villages, OUP, 1918, p..159; Edgar Thurston, Castes and Tribes of Southern India, Vol.4, Government Press, 1909, p.501

\[95\] N.V.K.Varier, “Ayurveda in Kerala”, Souvenir: Indian History Congress, Indian History Congress. Session - 1976, Calicut University, p.64


\[97\] Amaresh Datta, The Encyclopaedia Of Indian Literature (Volume One (A To Devo), Vol.1, p.312
observation shows us that they were either settled across the medieval space trade routes or in the vicinity of the city otherwise in the vicinity of the royal power.98

Every Brahman settlement in medieval period had its own physician from any of these Ashtavadya families. Keralolpatti hints keeping Brahmin villages with people who were learned persons in Vedas, Siddhanta and Shastra. These vaidyans had to keep good health of the Brahmans who were to lead the social life in the medieval Malabar. They dealt with Virechanam (purging), Vasti (for Vata dominated patients), Sirovasti (Vasti for head), Snanam (Bath) and so on. Therefore, these professional groups of practitioners were called Poornnavaidyans (Perfect physicians), a term which brought enormous visibility and reach for them. Among eighteen Ashtangavaidyans in Kerala, Mezhathur family occupies a significant position for having been granted the entitlement of shalavaidyar. This title ensured the chief physician in the family to get the ritual right to be present in the Yagnasalas or sacrificial hall of the kings. Local gentry respected this family physicians for the virtue of being related to the progeny of Vararuchi, the great Brahmin saint and priest. Hence Mezhathur family established themselves as one of the significant ashtavadyans who could cause immense damage if they felt such. They were consulted by all the kings and lords in the medieval times as the only Vaidyans who held the power to sit around the Yagnasala during its course. They were to take care of the health of Yagnapurushan and the other Brahmans

101N.V.Krishnan Kutty Varier, Ayurvedacharitram, Aryavadya Sala, Kottakkal, 2002, pp.488-489
who executed *pujas* and performed related tasks. Another important difference with this family is that their deity is Dakshina Murthy while other *Ashtangavaidyans* keep Danwanthary as theirs.\(^{103}\)

Strict endogamy system prevailed among the *Ashtavadiya* families and lack of political patronage from late fifteenth century caused disappearance of most of them, of which very few mentioned earlier remain, from the cultural canvas of Kerala in medieval times.\(^{104}\) Only the eldest son in the family had to by rule, practice medicine. Whenever the first born baby happened to be female, it became difficult on the part of the concerned family to carry forward the tradition as they could not marry from other castes or the same caste inferior to them.\(^{105}\) Children from *sambantham* were not supposed to take up the sacred tradition of the families who continued with Makkathaayam (inheritance in father’s line) in a patriarchal and patrilocal social system of the physicians.\(^{106}\) With strict custom of only eldest son getting married and strict celibacy of unmarried women among the community for the reasons for purity where younger brothers remained unmarried, the tradition of practice faced real problem of continuation.\(^{107}\) Along with it, different taboos, such as dissecting animals reduced the growth potential of these medical practitioners who were otherwise acquainted with the nature of plants and “their different properties” for the reasons of religion and

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\(^{103}\) Vaidyamadom Cheriya Narayanan Namboothiri, *Chikitsanubhavam*, 2004, p.xii

\(^{104}\) Ghanshyam Shah, *Caste and Democratic Politics in India*, Permanent Black, New Delhi, 2003,p.41; Interview with Mezhathur Vaidyamathuom Nambutiri, on 30/7/2009

\(^{105}\) Ibid, on 30/7/2009


\(^{107}\) Marion Den Uyl, Kingship and Gender Identity: Some Notes on Marumakkathayam in Kerala, Berghahn Books, 2000,p.187; “in the nambudiri patrilineal extended family only the eldest son was permitted to marry (with vedic rites) within his caste and beget children for his family.younger sons had recognized liaisons with women of matrilineal castes whose whose children belonged to their mother’s caste and lineage by matrilineal decent. These hyprergamous unions were were redarded by Brahmins as socially acceptable concubinage for the union was not initiated with vedic rites, the children were not legitimized as Brahmins and neither the women nor her child was accorded the right of kin.”Kathleen Gough, op.cit, p.320
hygiene observes Fra Bartolomeo in 18th century. Yet, medieval Malabar physicians were in general acquired greater proficiency and efficiency in simple treatments with plants unlike their European counterparts.

Marginalized into the periphery of social process, medieval communities such as Pulaya, Malayan, Velan, Vannan, Pulluvan, Kuravan, Valluvan and Chakliyan as mentioned by Barbosa developed their own traditional health practices and medicine. This development was a forced social action as the upper caste and lower Ezhava physicians refused to attend to the patients among them as untouchability and unseeability were the order of the day. Since the accessibility of the knowledge in Sanskrit or even Manipravala texts and later developed Malayalm texts, they depended much on the oral tradition and resorted to religio-magical tradition which was considered ‘devilish’ by Varthema. “when a merchant, that is, a pagan is sick and in great danger, the above mentioned instruments and aforesaid men dressed like devils go to visit the sick men; and they go at two or three O’clock in the morning and the said men so dressed carry fire in their mouths; and in each of their hands on their feet they wear two crutches of wood, which are one pace (passo) high, and in this manner they go shouting and sounding the instruments, so that truly if the person were not ill he would fall to the ground from terror at seeing this ugly beast.”

Their kind of believes in the ‘spirits’ and magical healing power of divinities existed extensively in the medieval region including upper castes who believed in velichappadu

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108 Fra Bartolomeo, op.cit, pp.412-413
109 ibid
110 Barbosa, 1989, pp.65-71
112 Varthema, p. 167;
113 Ibid, p. 168

143
(oracles) and sathanas (demons). They were not allowed to enter the centers of learning and the cities in usual time as their very presence polluted the entire social order of the medieval period. Hence, they were secluded. With the complete isolation from the outside world and the total negation of the socio-political patronage, they had to develop some model of self sustenance for themselves, lest, an epidemic or contagious diseases broke out. They developed their own healing therapies keeping themselves based in the negotiating space of sacred groves or kavus of which Duarte Barbosa called Pagoda; shrines of Bagavathi. Most of these were abode of disease mothers such as Aryakkara Bhagavati. People avoided visiting houses in which they believed the possession of Durdevathas through Theyvammattu which made men sick and imbalanced, was existing. When diseases such as convulsions and spasms affect women, they resorted to the God and used to break into dance or Thullal in order to get the instant cure.

Some of these communities were specialists in certain areas of the health care, such as Vannan community in pediatrics, their women as obstetricians, Malayan as professional sorcerers. Velan as expert washermen who kept the high caste people clean and hygienic for being the community of washermen, and Pulluvar who were attributed to have the

114 Edgar Thurston, Omens and Superstitions of Southern India, CIE, 1912, 310; Varthema, op. cit, 170
116 Ananthapuravarnanam, op. cit, p.39,lines-94; Medieval Arab world had established mental asylums for the patients who becomes violent and harmful. Insane people were imprisoned at “Darul Maraphtan” in which they were locked up all those insane persons who are met with particularly during hot season, everyone of whom is secured by iron chains until his reason returns when he is allowed to returned to his home. For this purpose they are regularly examined once in a month by the kings officers appointed for that purpose and when they are found to be possessed of reason they are immediately released.” Rabbi Benjamin, op. cit,p.99
117 Fra Bartholomeo, op. cit, pp.405-406
118 Gavin D. Flood, An Introduction to Hinduisim CUP, UK, 1996,p.195
power against snake bites with *Pambin Thullal/Pulluvan Thullal* (snake Dance).\textsuperscript{120} They mastered in the treatment of snake poison as they had very close living relation with medieval forests in Malabar which was very famous for its poisonous snakes “as large as a great pig and which has a head much larger than that of a pig” for which king of Calicut built houses.\textsuperscript{121}

Medieval medical practice was marked by its importance with specialties. Some practitioners mastered in some sections of the treatments, depending upon the medical/familial lineage they belonged to; texts they mastered; and the locality and environment they accustomed. Specialist fields such as *hridroga chikitsa* (cardiac), *athisara chikitsa* (cholera), epilepsy (*grahani*), *arsharoga chikitsa* (piles), were practiced by *ahtavaidya* families.\textsuperscript{122} *Vishachikitsa* (poison treatment) was one of the main branches of Ayurveda tradition in Malabar.\textsuperscript{123} Topographical and climatological specialty of the region facilitated umpteen numbers of wild and poisonous creatures in the human inhabitants and their attack required immediate medical attention.\textsuperscript{124}

Low castes like *Malayans* and *Kuravas* also specialized in treating snake bites. They acquired the specialization through the constant social association with Buddhist *bikshus* in Malabar.\textsuperscript{125} Traditional *vaidyans* had a well developed sense of understanding the minute details of each poisonous animal with adequate methods of treating them.\textsuperscript{126} Poisons and poisonous animals were classified as *vyagravisha* (tiger poison), *nakravisha* (crocodile poison), *Vrishika* (scorpion), *Nakala* (mongoose), *Vaanaravisha* (monkey poison),

\textsuperscript{120}Edgar Thurston, *Castes and Tribes of Southern India*, op.cit, p.228
\textsuperscript{122}Chikitsa Manjari, op.cit, pp.20-25
\textsuperscript{123}Mahasaram, pp.5-24
\textsuperscript{124}Gabriel Dellon, *(17th Century), A Voyages to the East Indies*, Black Swan, Printed at London, 1698,p.61-90
\textsuperscript{125}V.M.Kuttikrishna Menon, “Keralaeya Visha Chikitsa”, in Dr.Hafeel (ed) *Natarivukal: Natuvaidym*, DC Books, Kotayam, 2007,p.44
\textsuperscript{126}Mahasaram, op.cit, p.12-15
sarpavisha (snake poison) and so on. They strictly followed the methodological attitude of ashtangahridaya and developed well researched medicines along with magical spells and puja as in the case of any society in medieval period. They also consulted texts like Narayaneeyam, Kalavanjanam, Lakshanamritham etc… in order to supplement the findings of the main text. Ashtavaidyas of Mezhathur family had been specialists in the Vishachikitsa and interestingly they lived in medieval times nearby a major forest on the Western Ghats which was full of wild animals and poisonous snakes as reported by Varthema. Vishachikitsa classify poisons of animal and plant origin as Jamgama Visham and Sthavara Visham as sub categories. However, in any traditional poison treatments give emphasis on snake poison. This was a well developed area in the healing tradition of the region and they treated it with herbals such as roots of Alpam (apama siliquosa leamk) became very important. A proverb in Malabar says “As soon as the alpam roots enter the body, the poison leaves it.”

127Ibid, pp.18-24
129Varthema, op.cit.pp.173-174; P.Baskaranunni, op.cit, p.156
130There were two distinct streams in the Vishachikilsa; Visha Vaidyam and Visha Vidya. The first one was natural and the latter was supernatural. Until the first half of the 20th century it was the supernatural stream that had the prominent presence in Malabar. Upakaram,op.cit, p.,245. Interestingly in the category of Visha Vidya, traditional Vishavaidyans also attributed castes to the poisonous snakes. Snake’s caste was identified by the description of the messenger of the snake bite; if he would speak to the Vaidyar in the front the snake was considered the Brahmin; if the messenger happens to speak to him from the south corner, the snake was to be Kshatriya; if he was talking to him in the north the snake was taken as Vaishya; if the messenger was talking to him from behind it was identified as Sudra. Santhosh, P.S, Paramparya Visha Chikitsa, in Dr.Hafeel (ed), Natarivukal: Natuvaidym, DC Books, Kottayam, 2007, p.27. One of the main prerequisites to be conferred as a Vishavaidyans was his ability to identify the caste of the snakes. Vishavidya was held with mantra and other sacred ingredients.
131H. Panda, Medicinal Plants Cultivation & Their Uses, Asia Pacific Business Press, Delhi, 2000,p.500
132Bartolomeo, op.cit,p.416.he reports the proverb as “Alpam Irangatte Visham Porette (let the alpam get in to let the poison get out).”ibid
Mappila community sought help against poison from the Quranic/Hadith textual traditions as well.\textsuperscript{133} The author of \textit{Upakaram}, an Arabic-malayalam compilation of medieval healing practices of Muslims in Malabar suggests that certain verses of Quran could act like pesticides and insecticides against snakes, rodents, ants, beetles and other flies and insects.\textsuperscript{134} These verses seemed to have had the power of preventing the attack on the crops, if the method was administered properly.\textsuperscript{135} Snakes were prevented from entering home by smoking the mixture of \textit{navasaram, kadukka, gandhakam, corriandar leaves, egg shells}.\textsuperscript{136} It could also be done by flaming \textit{kayam}, jasmine leaves, and ginger in proper proportion.\textsuperscript{137}

One of the major traditions established during these centuries was \textit{Kalari}, generally understood as a martial arts form in Kerala. Persian traveler Abdu- Rasack is considered to be the first foreigner who noticed the prevalent custom of \textit{Kalari} in Kerala.\textsuperscript{138} He reported that ‘These devils were all black and naked, having only a piece of cloth tied round their middle, and holding in one hand a shining javelin, and in the other a buckler of bullocks hide.’\textsuperscript{139} Subsequently Barbosa who visited Kerala during the period under study referred \textit{kalari} as a unique martial art and treatment tradition.\textsuperscript{140}

“In general, when these \textit{nairs} are seven years of age they are immediately sent to school to learn all manner of feats of agility and gymnastics for the use of their weapons. First, they learn to dance, and then to tumble, and for that purpose they render supple all their limbs from their childhood, so that they can bend them in any

\begin{itemize}
\item \textsuperscript{133} \textit{Upakaram}, op.cit.,p.123
\item \textsuperscript{134} \textit{Ibid},op.cit, p.120
\item \textsuperscript{135} \textit{Ibid},p.125
\item \textsuperscript{136} \textit{Ibid}, pp.123-124
\item \textsuperscript{137} \textit{Ibid}, p.124
\item \textsuperscript{138} Abdu Razak,op.cit, p, ixxi
\item \textsuperscript{139} \textit{Ibid}
\item \textsuperscript{140} Duarte Barbosa, \textit{A Description of the Coast of Africa and Malabar in the Beginning of the Sixteenth Century}, (trans), Henry E. J. Stanley, The Hakluyt Society, London, 1865, p.128
\end{itemize}
direction. And after they have exercised in this, they teach them to
manage the weapons which suit each one most."141

Kalari practices and associated treatment patterns became very important in a fragile political
of the medieval Kerala, where people fought for political power, for keeping a healthy army
with proper administrations of medicines and physical exercise.142 Masters cum physicians
who practiced and transmitted this knowledge were known as Panicars".143 Strong tradition
of kalari thus became a medium to realize the human body. It also trained its students in
different techniques to prepare for any eventualities and the treatments when any problem
occurs to physical body.144

Initially, this tradition was carried out by the dominant Nairs group to keep them fit
and agile for the imminent skirmishes with different Rajas and Lords.145 Influential families
in medieval Malabar had established Kalari Thara (Podium of Kalari), which during the
course of time became the symbol of power and prestige.146 Local Rajas and Samutiri of
Malabar, between fifteenth and sixteenth centuries, kept many Kalari Tharas around their

141 Ibid
142 T.Sridharan Nair, Kalarippayattu, Kannur Printing works, Kannur, 1963, pp.15-20
143 Duarte Barbosa, op.cit, p.128 “these are captains in war. Panikkars “when they enlist to live with the
king, bind themselves and promise to die for him ; and they do likewise with any other lord from
whom they receive pay. This law is observed by some and not by others; but their obligation
constrains them to die at the hands of anyone who should kill the king or their lord.”ibid
144 Apart from the above mentioned travelers, many others also have written about kalari practices in
Malabar such as Johnston, Verhema, Pairas De Lavel, Lingoston, and many talk about the martial
tradition of the region. Donald F Lach, Asia in the Making of Europe, Vol-1, Chicago University
145 Padmanabha Menon, History of Kerala, Ernakulam, 1924. However there are some scholars who
have seen Kalari tradition as an art form or an acrobatic exercise which influenced many art and dance
for of the Malabar region. Kapila Vatsayanam, Traditions of Indian folk Dance, Indian Book
Company, New Delhi, 1976; Philippo Zareli, Kathakali Complex, Abhinav Publications, Delhi, 1985;
Vijaya Kumar., Kalarippayatt The martial Art of Kerala, Dept.of Public Relations, Government of
Kerala.
palaces in order to train and treat the army that had been at war constantly.\textsuperscript{147} Samutiri had established his training cum treatment centre in his palace compound at Kotappuram.\textsuperscript{148} 

*Kadathanadu* Rajas, who were the rivalries of the Samuthiris, had number of *Kalaris* in the region of which, the one at Kuttipuram Kotta was very predominant.\textsuperscript{149}

Most of these practices were controlled and patronized by dominant families and local rulers such as Tacholi family at Kadathanatu and confined to few individuals and communities.\textsuperscript{150} However, all these traditions made use of many medicinal plants, which were endemic in the region.\textsuperscript{151} Mostly, the knowledge-base of this tradition was kept strictly within the family circle but failed to hide from the others eyes for the inherent drawback of the tradition itself.\textsuperscript{152} Knowledge, experience and practice were transmitted and transfused gradually, which resulted in the lower caste groups such as *Tiyya* community started practicing the medical and physical tradition of the medieval martial art form.\textsuperscript{153}

*Marma Vidya*, a treatment system strongly associated with the *Kalari* tradition was given a mysterious and divine stature to the people who practiced it.\textsuperscript{154} Kalari *Asans* (masters) discovered all the intricacies of the human body and physiology and examined all focal points (*marma*) numbered hundred and seven; 11 *marmas* on each arm and leg, 3 *marmas* on *koshatam*, nine in chest area, fourteen on shoulders, forty seven *marmas* on neck and head.\textsuperscript{155} They had understood the number and the basic ideas of the *marmas* from

\begin{itemize}
\item \textsuperscript{147}N.M.Namboodiri, *A Study of Place Names in the Calicut District*, Unpublished Ph.D Thesis, Calicut University, 1988
\item \textsuperscript{148}Ibid
\item \textsuperscript{150}Bartolomeo, op.cit, pp.417-422
\item \textsuperscript{151}K.Vijayakumar, *Kalarippayattu Keralathinte Sakthiyum Soundaryavum*, Department of Cultural Publications, Govt.of Kerala, Thiruvananthapuram, 2000,p.192
\item \textsuperscript{152}Aparna Rao, Monika Böck, op.cit, p.181
\item \textsuperscript{155}Mahasaram,op.cit, p.86
\end{itemize}
Ashtangahridaya which was still prevalent in the medieval period. Kalari treatments also detailed the location of each Marma on every parts of the body which by itself developed in to a new epistemology. There were exclusive treatments for Marma related ailments such as the usage of murivenna; a mixture of betel leaves and a locally available hedge plant; which emerged from the local demand and medicinal practice. These exclusive treatments were not referred in any of the standard texts prevalent in other parts of India.

Kalari tradition found its way to deal with problems like wounds, fractures, blood clotting, ligaments dislocation, immobility and so on. They also entertained people with hepatitis and conjunctivitis; two dismaying diseases of highly contagious nature. These treatments were administered with locally available plants and herbs such as manjal (turmeric), puliyila (tamarind leaves), ginger, pepper, Kotamalli (coriander), veppu (neem), ilaneer (tender coconut) and shatavari (asparagus). Marma and nadi (Nerve System) became the foundations of the Kalari treatments which did not depend wholly on the Ayurvedic humourol theory. Kalari practitioners in a way ensured instant remedies for general accidents, like the ones that happen in the war situations, which required immediate attention.

Kalari tradition thus became indispensable part of the medieval cultural moorings in the villages and city centers such as Calicut. Marmachikilsa was a gamut of medication

156 Mahasaram, op.cit, p.25
157 Ibid, op.cit, 87
158 Vijayakumar, 2000, op.cit, p.193
160 Zarilli,op.cit,pp.162-163
162 Mahasaram,op.cit,p.87
163 Chelanat Achutha Menon, Ballads of North Malabar, Vol-1, (mal), University of Madras, Madras, 1956, p.48; K.S.Mathew,op.cit, pp.53-54; Barbosa,op.cit,p.129
and physiotherapy to treat physical damages occurring during the practice of Kalari. Soldiers and guards who were generally from the lower or Sudra castes were treated in Kalaris as they were not able to access the Nambutiri physicians who observed the stringent principles of ritual hygiene. Consequently, most of the untouchable castes also created their tradition of Kalari and related treatments through Thiyyakkalari, Pulayarkalari and Kaniyan Kalari. This shift had been represented in lower caste rituals such as Teyyam and Poorakkali.

All these traditions used different kinds of herbs and oils for straightening out dislocated joints and for loosening damaged tendons and muscles by soft massage. Bone fractures which were very common in a war fed society, were treated with green drugs and herbs. Kalari Asans used locally available materials and herbs for treatments such as Odayar Valli (Rhaphidophora) Mikkannan Peruku (Allophyllus serratus), Uppiliam (Asystasia chelanoides), Elluketty (Lytsia sp), Irachiketty (Hydyotis auricularia) for different prognosis in medieval Malabar treatment tradition. Thus, Kalari treatments represent a unique healing pattern in which patients and treatments became inclusive and decentralized. The inclusivity and outreach of this system was a result of a persistent patronage by the political authorities during the medieval times in Kerala.

However, Ayurveda in medieval times also gave equal importance to the divine elements to the curing of most of the diseases. Epilepsy patients were suggested to wear shivayantra along with certain bali karma at the fall of the dusk. Patients were also
recommended to entertain *yanthra* and *mantra* of *Varaha* incarnation of Vishnu for a steady and faster recovery.\(^{172}\) This also reflects the methodological approach of the Ayurveda practitioners to entertain both *Shaivate* and *Vaishnavaite* patients as these two sects had had strong presence in Medieval Kerala as reported in *Payyannurpattu*.\(^ {173}\) *Mahasaram* also show that seeking divine intervention was followed by the proper management of the available medicinal herbs with strict administration of the diet.\(^ {174}\) This shows, as R.C. Majumdar points out “it is also concerned with harmonizing secular conduct and spiritual pursuit through a realization of true relationship between the complex of body, mind, soul and the eternal universe”, the holistic attitude of the medicinal practices in the region.\(^ {175}\)

Kerala tradition of Ayurveda developed a unique system of child care.\(^ {176}\) Most of the treatments were based on original Sanskrit texts.\(^ {177}\) *Balavaidyam* (child care) stands out of the specialized treatments during the period where premature/death at births is believed to have been very high.\(^ {178}\) Apart from the textual practice, ‘village therapic system’ as R.S. Khare called it\(^ {179}\), was also in existence under specialist hands of the lower caste community, *Vannans* who specialized in child care treatments.\(^ {180}\) They were mostly called for the treatments of bronchitis, epilepsy as they treated the patients with many articles like medicated ghee prepared with rare and powerful medicinal plants.\(^ {181}\) This community

\(^{172}\) *Mahasaram*, op.cit, pp.88-89
\(^{173}\) *Payyannurpattu*, lines-57-63
\(^{174}\) Ibid, p.18-20
\(^{176}\) *Chikitsa Manjari*, op.cit,p.442
\(^{177}\) Ibid
\(^{178}\) *Muhyiddin Mala*, op.cit, lines-112
\(^ {181}\) Ibid,p.82
adopted mantra along with medicine for issues like poison, eyes, small pox and so on.\textsuperscript{182} The unique characteristic of this community was that they induced the power of \textit{Manthras} into the treatments in a cultural situation where common people sold their children out of poverty. \textsuperscript{183}

Issues related to opium consumption were plenty in the region as is understood in the writings of Bartolomeo.\textsuperscript{184} People often consumed opium, mixing it with lemon juice which made them crazy and uncontrolled.\textsuperscript{185} However, due to the habit of cleanliness and hygiene, as reported in the last chapter by many foreign scholars and \textit{Sandeshakavyas}, venereal diseases as compared to other issues were less in medieval Malabar.\textsuperscript{186} Eating foods for easy digestion, washing the body parts thrice, and adhering to the strict code of socio/moral hygiene reduced the occurrence of the disease among the population.\textsuperscript{187} Nevertheless, in port areas, where there was a large surge of commercial activities conducted by different ethnic/cultural groups with negligence of physical hygiene practices, the prevalence of the disease was considerable.\textsuperscript{188}

Climate of the medieval Malabar caused many dreaded diseases such as \textit{shani}; sort of viral fever.\textsuperscript{189} From the beginning of October till the end of December, people generally suffered from cold and fever for the continuous heat wind blown to the land from sea.\textsuperscript{190} This brought calamities and death resulted out of continuous pain and vomiting.\textsuperscript{191} Local tradition

\begin{itemize}
\item \textsuperscript{182}Ibid,p.83
\item \textsuperscript{183}Barbosa,op.cit,p.180
\item \textsuperscript{184}Ibid, 407
\item \textsuperscript{185}Bartolomeo, op.cit, p.407 “nervous are accustomed in the morning to chew a little opium, which they say strengthens the nerves and promotes digestion. This custom, however, is really highly pernicious; for those who acquire a habit of chewing opium can never renounce it.”
\item \textsuperscript{186}Ibid, p.408
\item \textsuperscript{187}Ibid, p.408
\item \textsuperscript{188}Ibid,p.408
\item \textsuperscript{189}Ibid,p.409
\item \textsuperscript{190}Ibid,pp.409-410
\item \textsuperscript{191}Ibid,
\end{itemize}
of the treatment was to consume *Droga Amara* which was plenty on the coastal region in medieval Kerala.\(^{192}\) *Veppu* (neem) was another remedy for the persistent fever.\(^{193}\)

There existed many views on the concept of insanity like “what constituted the “insanity” or “mental illness”.\(^{194}\) Social attitude and the contexts broadly determine the bracket of “insanity” depending upon the time and space it operates.\(^{195}\) Like any medieval society, they set the wide spectrum of human behavior and defined boundaries to what they believed to be acceptable or permissible. This judgment or consensus on *unmadam* (mental disorder), reached depending on the degree to which an individual's behavior is disturbed.\(^{196}\) They classified *unmada* into six different types such as *vathonmadam* (air related disorder), *pittonmadam* (bile related disorder), *kphonmadam* (phlegm related disorder), *aadhiunmadam* (stress related disorder), *sannipathonmadam* (convulsion related disorder) and *vishasambootonmadam* (poison related disorder).\(^{197}\) Ayurvedic and Islamic practices suggested varieties of herbs to reduce the trauma of being excluded from the accepted social/behavioral boundaries.\(^{198}\) Nevertheless, hospitals and dispensaries we find in medieval

\(^{192}\)Ibid
\(^{193}\)Ibid
\(^{194}\)Chikitsa Manjari, op.cit.p451
\(^{195}\)Ibid,456; “insanity may be defined as any behavior that is judged to be abnormal or extraordinary by a social group at a specific time and place. Within the wide spectrum of human behavior, members of any society set boundaries to what they believe to be acceptable or permissible. This judgment or consensus depends on the degree to which an individual's behavior is disturbed as well as on the attitudes of his or her social group toward those actions”. Michael W. Dols, “Insanity and its treatment in Islamic Society,” *Medical History*, 1987, 31: 1-14.
\(^{196}\)George Rosen, *Madness in Society*, Routledge & Kegan Paul, 1968, London, p. 90; “Thus access to churches was denied to madmen, although ecclesiastical law did not deny them the use of the sacraments. Ibid, p.10, “the expulsion of madmen had become one of a number of ritual exiles…..access to churches was denied to madmen, although ecclesiastical law did not deny them the use of the sacraments………which interpret madness as the manifestation in man of an obscure and aquatic element, a dark disorder, a moving chaos, the seed and death of all things, which opposes the mind's luminous and adult stability” says Foucault, *Madness and Civilization:A History of Insanity in the Age of Reason*, Routledge, UK, 2002, p.10
\(^{197}\)Chikitsa Manjari, op.cit,p.451;Upakaram,op.cit,pp.184-186
\(^{198}\)Ibid,452; Upakaram,op.cit, p.189
Arabia for the treatment of lunatic did not have its counter parts in medieval Malabar region.\textsuperscript{199}

Islamic medical practitioners presented a unique way for recovering memory and to strengthen the same.\textsuperscript{200} A vigorous combination of metaphysics and herbals were suggested for the treatments of the patients.\textsuperscript{201} The mixture of Quranic verses, rain water and honey was suggested for the remedy.\textsuperscript{202} They also suggested wheat, dried grapes, saith (olive) oil, Iratti madhuram, sugar, honey and saffron along with some verses of Quran for a faster recovery.\textsuperscript{203} Lunatic problems were treated with great amount of locally available herbs such as Mutthalu, (Indian penny wort), keezhar nelli (phyllantus niruri), kadaladi,(rough chaff) shatavari,(asparagus), chandanam (sandlal), arinjeerakam, and so on.\textsuperscript{204} Interestingly, they were also suggested to take the ash remains of kafir (non-muslim) from his crematory and mixing it up with the ash of old clay pot then could it be used on the eyes of the Muslim patients who becomes mad for the possession of satans named such as bishadan and samudhan.\textsuperscript{205}

**Medieval Medicine Markets**

Trading in the medicinal plants and products was well established in the medieval Malabar, till well up to late nineteenth century.\textsuperscript{206} People exchanged different herbals such as cardamom, ginger, pepper, turmeric, aloe wood, dry chillies, cloves, bettle nuts, tutia (a kind of medicine for eye complaints), addividigan roots, ammekoron roots (physalis flexuosa),

\textsuperscript{199}Peter E.Pormaan, Emilie Savage-Smith, *Medieval Islamic Medicine*, Georgetown Univerisyt Press, Washinton, 2007, pp.98-100
\textsuperscript{200}Upakaram,op.cit, p.63
\textsuperscript{201}Upakaram,p.61
\textsuperscript{202}Upakaram, op.cit,pp.60-63; Koka Sandesha describes honey as madweevindu (honey drops) to describe the beautiful women.
\textsuperscript{203}Upakaram, op.cit, Ibid, p.64
\textsuperscript{204}Ibid,p.185
\textsuperscript{205}Ibid.p.186
\textsuperscript{206}F. M. Hunter, *An Account of the British Settlement of Aden in Arabia*, Franc Cass and company limited, London, 1877, p.97
trilocalapacnona roots, (convolvulus turpethum), kadukarohini (helleborus nizer), arête roots (cassia fistula). They also traded in finished medicines such as saleb (arab medicinal tuber) with produce from other regions in Europe and Asia. 207 Malabar exchanged medicinal plants such as Sappanam (sappan wood /red dye wood), pulenjicca beans (soap berries), iris roots, garlic, raw wax, different kinds of areca with different commercial groups on its water. 208 Ibn Bathutha, traveler in the fourteenth century gives a live picture of the towns and commercial transaction of Malabar which he describes as the country of “Black Pepper.” 209

By 15th century, Muslims became a very dominant force in the socio-economic activities of the region and many towns had Muslim leaders to look after the trade, including drugs. 210 Trading centers in Malabar during this period exchanged herbal commodities to the traders from Middle East and China. This international exchange of commodities was possible for the constant supply ensured by the local merchants from places such as Abu-Saru (South Canara), Fakkannur (barkur), Mancharur (Mangalore), Heeli (Ezhimala), Jarfathan (Karippath), Badafathan (Valapatanm), Dahfathan (Dharmmadam) Fanthareena (Panthalayani) Kalikuth (Calicut) 211. With the absolute freedom provided by the political establishment regarding the practice and preaching of the religion as well as the patronage by the successive political authorities on the coast of Malabar, Muslims here could establish a very strong hold in the markets of herbs and medicines. 212

Traders from Yeman and Persia exclusively traded in drugs and herbs during the period. Bathuta gives a special place for Mancharur (Mangalore) as it was one of the main

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207 Dutch in Malabar, op.cit, p.219, Ibid.p.122
208 Ibid, p.220
209 Ibn Batuta, 1829,op.cit, p.166
211 “In the kingdom there is a great abundance of the of pepper and also ginger, besides cinnamon in plenty and other spices, turbit and coconut”, Marco Polo, The Travels Of Marco Polo, (tr) Roland Latham, Penguin Books, England, 1958, p. 290
212 Adriaan Moens, op.cit,p.198
centres of pepper trade in the region. Pepper and Ginger travelled all over Europe and Africa and became an indispensable ingredient even in the medieval European pharmacology. Bathuta says that traders from Sri Lanka, China, Maladwip also traded in these commodities across the region. These places were under the direct control of the Samuthiri, whose importance in the trading and the security of the region was reflected in the medieval Sandesha Kavyas as well. Total controlling and monitoring of the trading in the herbal/medicines, in the urban areas, were under the control of Ibrahim Shahbandar who was an Arab Muslim from Bahrain.

Foreign merchants, especially Arabs and Chinese traded in great variety of medicinal ingredients such as kasthuri, camphor, sandal, dried ginger, cardamom, rose water, kayam, tippali, gandhakam and saffron. Some of them even reached hands of apothecaries in medieval Europe who sold it to the common people. Kunkum was used by people and was known as kashmiram. In Malabar, these herbal commodities were exchanged for Chinese pots, silverwares, ivory, pearls, swords and many other items that the foreign merchants could offer them. Radix from China, coriander and white dry areca nut from Rajputana were very much sought after herbs for the preparation of medicines in the region. The medicinal plants exported to Arabian peninsula also included sandalwood, cardmom, chukka

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215 Koka Sandesham, Sloka 51
216 Bathuta described the strong presence of Chinese merchants on the entire coastal region of Malabar in 14th century. He reflected on the maritime ships which carried the Chinese merchants on the Arabian sea. Some Chinese ships had more than 1000 crew members who were accommodated according to heir ranks. p.139
218 Koka Sandesham, op.cit, Sloka 18
219 Chau-Ju-Kue, op.cit, p.114
220 Adriaan Mooens, “Memorandum on the Administration of the Coast of Malabar dated 1781”, in *Dutch in Malabar*, op.cit, p.220
(dry ginger), *curcuma* (turmeric/curcuma long/manjal), eaglewood (incense), benzoin (incense), camphor, clove pepper and so on.\(^{221}\) Trading and exchange of the medicines and herbs took place under the direction and supervision of the physicians who were seen in all major towns of Malabar in the fourteenth century.\(^{222}\)

Several Indian products such as Indian sword, Indian spices especially of Malabar origin and aloes-wood were often found even in pre-Islamic poetry. Names of the Indian drugs such as Kafur (*Karpura*), Misk (*Muska*), Zanjabil (*Srvgavera*) and Ud (*aguru*) and pepper (*Falafel*) found their places in the verses of Islamic and Pre-Islamic literatures such as poems of Imru-al-Qays who “compared the dry dung of the antelopes to the pepper corns.”\(^{223}\) Words such as *Faniz*, *Ttitia*, *Narjil*, *Bish* and *Quff* (sandal) have probably derived from Sanskrit language, and probably from Malabar region which has had the longest and earliest trade relationship with the Arab world.\(^{224}\)

A well organized channel of market for these medicines and herbs could definitely have existed in medieval Kerala as reflected in the literature of the period such as *Payyannurpatto*, the ballad of Payyannur, which was written in between thirteenth and fourteenth century.\(^{225}\) This ballad gives proper references to the herbal articles exchanged in the trade between Malabar and East Coast. This trade relation should have been a great assistance to the *Vaidyas* of the region to procure such raw drugs that were not available locally. These traders have received commercial assistance from the merchant guilds such as *Kolanchiyar, Valanchiyar, Anchuvannam and Manigramam* which had its existence from

\(^{221}\) Ibid, p.221
\(^{222}\) Marco Polo, *The Travels of Marco Polo*, Manuel Komrff, Norton and Company, 1930, p.167
\(^{225}\) *Payyannur Pattu*, (ed), P.Antony, Tuebingen University Library, Malayalam Manuscript Series, General Editor, Dr.Scaria Zacharia, DC Books, Kottayam, 2000, p.xIv
early medieval era. Names of some imported drugs suggest the way they got
catered into the larger *meteria medica* of the local tradition. Drugs such as
*Seemakottam* (Himalaya), *Cheenappavu* (China), *Bilathikonjan* (Arabia), *Arabikunthirikkam*
(Arabia) reflect the place of their origin or the traders who brought them to the Malabar
Coast.

In some places of Malabar, raw drug market was monopolized by the Konkan Brahmins who arrived in this region much before the arrival of Portuguese. Konkan Brahmin traders who were also called “payyari Brahmins” supplied herbs and drugs in the northern Malabar markets as they could access to it for their geographical proximity with the region. Konkan Brahmins were well versed in the early Ayurvedic tradition for virtue of being associated with the script and commerce by which they could later help the Portuguese as well, especially in the pursuit of Ortha.

Drug exports had its golden time during the period under study. Exports included were *tutiya* for eye related problems, *putjak* a fragrant leaf exported to China, *addividigam* root, *tripcolpacconna*, *amukkuram* roots, *kadukarohani*, *aretha* roots for fistula, and *maramanjal*, got exported to Muscat. Articles such as camphor, rose water, clove (*patjapatt*), a well known perfume extracted from mint, *padermany* for many eye related problems from China; *radix china*, a herbal root of smilax genus from China, *saleb* an

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226 Ibid, pp.8-9, lines-22-24  
227 Ibid, pp.30-31, lines-97-103  
230 Unnikrishnan, op. cit, p.21  
231 “Dutch Record”, no,13, in *The Dutch in Malabar*, op.cit, p.219  
232 Ibid, p.219  
233 Ibid, p.221  
234 Ibid, p.221  
235 Ibid, p.219  
236 Ibid, p.220
Arabic medicinal tuber from Arabia, *kayam* (asafoetida) and *kanjira* which was used as medicine for elephantiasis and an antidote for snake bites found their way in medieval markets in Malabar and was also exported to Srilanka and other regions in India as well.\^{237}

Magical talisman, locally termed as *Rudraksam, ilanji leaves, kasthoori,* (musk) *akil, kaneyenna* (cedar tree oil) *tippeliyenna,* (long pepper oil) for *Vatham* (rheumatism) were found in the daily transaction in the medieval *angadis*(market).\^{238} *Chavarkkaram,* a major medicine used for diseases such as *vatham* (rheumatics), cough, epilepsy, poison, was a major commodity in the markets of Malabar.\^{239} *Aapakkaram* (baking soda), a chemical commodity was much sought after commodity in the market.\^{240} Brass vessels for preserving medical components, *anjana* (collyrium) for colouring eyelids and lashes, *Jadamanji* (valerina root), a local herb which was extensively used by Arabs and Medieval Europe for issues such as insomnia, depression, migraines and central nervous system disorders, were also traded in some markets in Malabar during this period.\^{241} Boiled oil for hair and health massaging was very common and were demanded by Arab and Chinese merchants in medieval guest houses.\^{242} *Verukin Neyyu* (civet fat), extract from a wild animal from the celebrated forests, used for perfumes and fish oil, especially of shark, were also available in the *angadis* and were exported across medieval world.\^{243} “They drive a great trade in this

\(^{237}\text{Ibid}, p.221\)
\(^{238}\text{Ananthapuravananam, op.cit, lines-44}\)
\(^{239}\text{Ibid, lines-46}\)
\(^{240}\text{Ibid, lines-47; This variety of salt was extensively in use in Egypt during medieval times. Says Regina Seton, “Porridges, Gruels, and Breads: The Cereal Food Stuff of Early Medieval Ireland” in Michael A. Monk, John Sheehan (eds), Early Medieval Munster: Archaeology, History and Society, Cork University Press, Ireland, 1998, p.80}\)
\(^{242}\text{Ibid, Sloka, 54}\)
\(^{243}\text{Ananthapuravarvananam,op.cit, lines,55-56; Gabriel Dellon, A Voyages to the East Indies, University of Michigan, printed at London, 1698. He divided his chapters such as “pepper,Cardamon,}
commodity (civet oil) at Calicut but it is seldom to be got unfulfilled, unless one has the opportunity of taking it out ones self.”\textsuperscript{244} Shells and meat of \textit{Nathu} (a salt water fish) was used by the people for mild health problems such as joint pains along with prescribed amount of \textit{kolarakku} (lac) and \textit{chayilyam}.\textsuperscript{245}

Medical articles arrived from a variety of habitats such as mangroves, sacred groves, tropical forests, paddy fields,\textsuperscript{246} herbariums, laterite hills and so on.\textsuperscript{247} Extensive Cultivation of paddy in Malabar was reported by the medieval traveler Gabriel Dillon and \textit{Kokasandesam}.\textsuperscript{248} Herbals grown there included; cultivated and wild plants; parasites, epiphytes, carnivorous plants, pteridophytes, thallophytes and gymnosperms belonging to different species and character.\textsuperscript{249} \textit{Sandehsa Kavyas} and other travelogues give ideas about the extensive bio-diversity of the region during the period.\textsuperscript{250} They form the reflection of a high level of eco system consisting of variety of vegetation, natural world and inorganic substances such as air, soil, water, and minerals in the carto-topography of the medieval Malabar region.\textsuperscript{251} Most of the species in the materia medica of Malabar were pointer variety of different clusters of microhabitats. Paddy fields acted as good natural flood reservoirs and produced medicinal varieties like \textit{Chennellu}, \textit{Navara}, \textit{Illichennellu} and so on. Paddy fields also produced herbs such as \textit{Kayyanni} (Eclipta alba) \textit{Manga Nari} (Limnophylla),

\begin{itemize}
\item \textsuperscript{244} Gabriel Dellon, op.cit, p. 83
\item \textsuperscript{245} \textit{Ananthapuravaranam}, op.cit, lines- 57 and 63 respectively.
\item \textsuperscript{246} Ibid, lines-32
\item \textsuperscript{247} \textit{Kokasandesham}, op.cit, lines-12-18
\item \textsuperscript{248} Ibid, p.99, lines-82-83; Gabriel Dellon, op.cit, 62
\item \textsuperscript{249} Unnikrishnan, op.cit, p.20
\item \textsuperscript{250} \textit{Kokasandesham},op.cit, lines-25-47; \textit{Ananthapuravaranam},op.cit, lines-15-28
\item \textsuperscript{251} \textit{Kokasandesham},op.cit, lines-12-18
\end{itemize}
Karingoovalam (Monochoria Vaginalis) etc. Paddy field also housed water snails which are still in use as an effective remedy for fistula.

Ponds, as we have seen in the last chapter, also functioned as physical repositories of many herbs such as Thamara (lotus flower). Plants like Palmudhukku (Ipomea Paniculata) and Chethi (Ixora Coccinia) grew on the banks of such ponds. The leech (Hirudinaria) that was found in the ponds and paddy fields were used for the blood purifying technique called Rakthamoksham in Panchakarma. Extensive mangroves along the shores of Malabar and numerous rivers, for which even modern Kerala is famous for, were other sources for medicinal herbs such as Othalam (Cerbera Odollam), Puzhamunja (Premna Latifolia), Kaitha (Pandanus sp.), Adambu (Ipomoea Biloba), Samudrappazham (Bariingtonia Racemosa), used by elitist and lower ladder medical practitioners. They must also have collected their drugs and herbs such as Thiruthali (Ipomoea separia) Muthil (Centella Asiatica), Neer koova (Lagenandra toxicaria) from these water bodies. Marshy lands which got inundated by saline water in summer and fresh water in rainy season were ideal habitats for Brahmi (Bacopa monieri), Meenankanni (Lippia nudiflora), Neeraral (Marselia sp.)

Sacred Groves, sacred land of wilderness conserved due to the perceived importance attached village deities as mentioned earlier. Medieval Kavus were breeding grounds for the rare medical plants such as Eezhal (Embelia tjeramcottam), Kotaluchurukki (Morinda

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252 This is the first among the Brihath Panja Moolam (a cluster of herbals), when others are being Koombil, Pathiri, Palakappayyani, Munja. This plant is an inevitable ingredient for many rituals at any Siva temple in Kerala from medieval times; VV Balakrishnan, Chedikalum Avayude Oushadhagunangalum, D C Books, Kottayam, 2007, op.cit, pp-228-230
253 Chikitsa Manjari, op.cit, pp.167-180
254 Kokasandesham,op.cit, lines-34
255 Unnikrishnan,op.cit, pp.30-31
256 Ananthapuvvarnam,op.cit, lines-20; Kokasandesham,lines-14;Unnikrishnan, op.cit,p. 31
257 Muthil was used to treat irregular menstrual circle, amenorrhea, leucorrhoea, bruise, anemia, and leprosy. V.V.Balakrishnan, op.cit, pp.126-129
258 Unnikrishnan, op.cit, p.31
259 J.R.Freeman, op.cit, p.287

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Umbellataum), *Ilippa* (Madhuka longifolia), *Vellappain* (Vateria indica) which were in use for varied medical purposes. *Ankolam* (Alangium salvifolium), *Karimuthil* (Geophila repens), *Urithookki* (Aristolochia indica), *Valiya Orilathamara* (Nervelia araguana), Nervelia, were other species that grew at different Kavus of Malabar. It shows that most of the medicine and drugs used in the healing traditions in medieval Malabar were produced or collected locally for local need and requirements. Nevertheless, emergence of new ethnic groups and foreign merchants on the Malabar Coast demanded more different medicines for new health issues came along with the trade and commerce from Fourteenth century onwards.

<ref>Richard Gove, op.cit.p.126</ref>