Chapter-6

Conclusion

The above chapters clearly indicate that society in Medieval Kerala could develop its unique ways of comprehending hygiene and medical practices. Varied, at the same time interwoven, elements of social structure eased to a paradigm where body and healing were seen not only as physical and practical objects, but also as a strong cultural construction. For them, water became an object of worship along with strong understanding of the material necessities. They considered water bodies not only as an object in the topography, but also an object of avoidance and bonding. Dresses were worn for the protection; so was the way it was removed for obeying command. Noted differences in relation to the hygienic principles, attitude and execution were constructed through the stringent prisms of creed/clan consciousness and were equally imposed from above by the dominant social forces with consolidated pool of resources.

Socially/religiously constructed principles and execution of hygiene were perpetuated by the ever willing political authorities, holding their eyes for moral legitimacy and desired attachment to the social creeds. These social creeds decided the intricacies in principles of hygiene and medicines in the region. Devising such tools was indeed necessary at a time when political survival was depended on the extent of powerful alliances one had. Here, the principles and practice of different forms of hygiene became an indisputable tool for disciplining the subjects and controlling them as well. Thus, hierarchy of the caste was deliberated through the hierarchy of profession and rituals which demanded certain continuation and inheritance.
Most of the travellers who travelled to Malabar noticed the common hygiene practices of the people during the medieval times. Travellers such as Alberuni and Al Masudi gave vivid picture of the way people kept excellent cleanliness even though “they were half naked”. Thick, black and long hair was considered to be the symbol of health and prosperity during the period. But, there was something very subtle happening behind pleasant face of the clean people; a boundary for immediacy, for touch, for interaction, dining together for the reasons of pollution and impurity. These boundaries were physically created and expressed in the form of waterbodies, caste based Bath Ghats, different ways of taking food etc... The social situation was so rigid that the lesser privileged did not even have the right to call their house a “house”. This was because, the term for the houses were given with regard to the position that people had on the hygiene hierarchy. Even rulers tried to project two bodies; a natural body, which was susceptible to pollution and disease and had to be taken care of by more ritually hygienic Nambutiris, and the unalterable political body, was maintained through adorning it with exclusive ornaments, exclusive dress for special occasions, and expensive hygiene equipments. He ensured the supremacy of his political body by keeping hygienically superior Brahmins at this court under his call. His natural body was under the regulative principles of the same dominant forces as we see in many rituals associated with coronation and the like.

It is known by now that there was certain level of understanding among the people in relation to diseases and hygiene. Classical tradition of Ayurveda benefitted immensely from the existing traditional healings. This is testified by the variation and differences in the Ayurvedic practices in Kerala by different families. Certain treatments such as *Marma Chikitsa*, not seen in the traditional Ayurveda texts elsewhere, was incorporated from these traditions into the Medieval Ayurvedic practices. These practices also demanded the
availability of different herbs and medicines that are not found in practice elsewhere. One such example was *ilaneer* (tender coconut juice), which is not found to have been mentioned in any other traditional texts, which was taken as major medicine in medieval Kerala. Important treatments like *Dhara* and *Navarakizhi* are considered to be the contribution of Kerala to the Indian Ayurveda System. This development also demanded a strong market for medicine and herbs. This facilitated number of markets for medicine and herbs for import and export as we noticed in the previous chapter. A close observation of the *materia medica* in the medieval *bazaars* also shows the extensive character of tropical biodiversity. It reflects the diversity of plants and animals but also the diversity of practices and the richness of traditional knowledge that was accumulated as a result of continuous interaction between man and nature.

Existence of such deviations and verities in healing traditions were the fall out of the existing stringent socio-cultural norms that prevailed during the period under study. Elitist traditional Ayurveda displayed much creativity in inducing already existing principles of healing into practice along with classical texts in order to shape up that into a viable method for the local requirements. They applied moral principles of Hinduism and Buddhism through the avenues of treatment and approaches. They were also innovative in finding new herbs and cluster of new treatments such as *Marmavidya* as the socio-political situation demanded such modifications. As a professional group of physicians with strong touch in Sanskrit, legitimacy was acquired through exclusive legends and comparative dominance in the hygiene hierarchy. They could access corridors of medieval power relationship with others in the immediate social hierarchy. Unfortunate as it comes by, the elitist pattern of classical Ayurveda was trapped in the complex and overarching web of hygiene notions and practices founded on the principles of caste. Strict rules of endogamy and the disappearance of political
and social patronage paved the way for the gradual decline of the once dominant Ashtavaidya tradition. This decline of classical tradition and the professional families was to see through the spectrum of the socio-political function in the region. Stringent rules against the touching of certain living beings and taboos such as touching corpse, must have definitely reduced the scope of experimentations in the essential areas such as anatomy.

However, remnants of the rich legacy of traditional Ayurveda in the earlier centuries, made things easy for the lesser privileged to carry on healing methods per their requirements. The result was the emergence of lower caste healers from all communities. “Polluting” lower castes such as Ezhava developed out of social compulsion, a strong tradition of parallel treatment to take care of the sick from the lower steps of the ladder. By seventeenth century, there emerged some formidable practitioners from these communities who could establish themselves as alternative groups of physicians who could cater the needs of patients from ‘lesser’ social mooring as well. This development is given testimony by physician/pharmacologist Vaidyar Itty Achuthan, the Ezhava physician who in seventeenth century became instrumental in the making of Hortus Malabaricus. A serious perusal shows that Itty Achuthan owed much of his knowledge about the plants and its use to the pre-classical tradition of Ayurveda. Interestingly, his birth place, Codakkarapalli, in itself shows a strong association with Buddhism as the term *palli* had been used to point out Buddhist *viharas* or other structures, as many historians believe.

This trend was carried forward by subsequent generation of lower caste physicians such as Uracheri Gurikkal who was a strong associate of Lexicographer Herman Gundart. However, it should be noted that Buddhist tradition of healing and plant usages had been constructively incorporated by all communities in Kerala, including that of *ashtavaidyans* who never denied acknowledging the contributions. It should also be noted here for an
account of caution that this development did not occur in a linear way as one may think. It was in correspondence with the developments at the societal level without much confrontation, at least till late sixteenth century, as the rules and ladders were operating as socially accepted normative. This period also witnessed Muslim practitioners of prophetic medicine who creatively incorporated the local ideas and herbs in healing to match with the requirements of a different culture area. Arabic-Malayalam literature from the early seventeenth century shows us this psychological attitude of the people during the period concerned. Since *unani* medicine could not make any considerable presence in the cultural canvas of medieval Kerala, Islamic medicine, *Thibb-un-Nabi* as it was called, proliferated through *othupallis*, saints and local mosques. Absence of Muslims as administrators in the actual corridors of local kingdoms in Kerala during the period under discussion reduced the emergence of an organised humoural healing method as it happened in the case of North or some other parts of South India during the corresponding centuries.

Hiuen Tsang’s account of South India gives testimonies to the direct association between the rulers and the patronage given to health care and physicians. His description about the hospitals across South India during Seventh century, when Buddhism was flourishing, had an immense potential to convince us about the deterioration of the hospitals in the subsequent centuries. However, none of the travellers to Kerala from the fourteenth to the seventeenth century, talks about the existence of hospitals or public healing centres anywhere in Kerala. The reasons could be the appropriation of the Buddhist centres of learning and treatments by the dominant forces. These forces by now domesticated and limited the practice of medicine into an exclusive household activity. Even though travellers such as Alberuni talks about Islamic physicians practicing as early as Eleventh century in the port towns such as present day Koylandi, we don’t get any references to the existence of
hospitals in the region. It means that, the outreach of the classical tradition of Ayurveda was very limited and localised while professional Islamic medicinal men were largely practicing in the affluent port towns.

Therefore, common people who were anyway undergoing the cruelty of the caste and hygiene distances had to resort to more affordable and available channels. They took shelter with popular practitioners of healing, who alongwith medicines took the help of metaphysics. This was also supplemented with the worship of lesser Gods, Goddesses and Shiekhs who could be satisfied with whatever the common people could afford to offer them. If the present situation in Kerala is in any way an indication of what happened in the past, we would see that the ‘little tradition’ deities are mostly worshipped by lower and erstwhile untouchable castes. Divine beings such as lord Muthappan and Kodungallur bhagawathi were worshipped to bless the believers. Interestingly, most of the offerings given at this place are ‘inferior hygienic’ articles such as Cock, liquor and abusive songs.

In medieval Kerala, diseases brought isolation. Infected people, especially with leprosy faced a permanent isolation as the chances of getting cured were very thin. Patients faced temporary isolation in cases such as small pox, in which individuals or sometimes the village as a whole avoided contact with infected villages. In a situation where actual medical care was largely extended to powerful socio-political structure, the avoidance had been one of the few options for the people who believed in the extra terrestrial object to save them.

It shows that different communities perceived same health issues differently depending on their socio-cultural positions during the medieval period. But, as a matter of fact, it should be noted that no one was over and above of the superstitious beliefs regarding the diseases; be it the King, priest; militia or the common men. All tradition of treatments in Malabar attained their own methods of diagnosis using traditional and scientific tools. People
did not actually believe in the complete curing capacity of the humour based treatments such as Ayurveda. In the case of Ayurveda, large number of texts invoked many Gods along with the prescription of medicines. Same way, people believed more in prophetic and Islamic traditional practices of healing rather than resorting to the humour based treatment *Unani*.

After the advent of Portuguese, there heralded new beginning in perception of human body and the ways to keep it healthy though the old tradition continued. Portuguese, after the initial years of their arrival, benefited from the brisk medicinal market in the Malabar region. They built a big commercial network of medicinal plants on Indian Ocean. They, by the middle of sixteenth century extended the link towards West African, Caribbean and Brazilian region, which created a more global and accelerated exchange of medical commerce and biological information about tropical climate.