Chapter-1

Introduction to The Study of History of Medicine and Hygiene in Medieval Kerala

History of Medieval Kerala has been studied by many scholars, by exploring various facets of its social and cultural life.¹ Like their counterparts in other regions, historians here engaged themselves in the narration of political, social, economic and cultural behaviour of the people, in various capacities.² As a result, new areas of socio-cultural history have come to the limelight in the history-writing in the past six decades.³ However, one of the major areas in which the region made significant contribution: Medicine and practices of Hygiene, have not yet received satisfactory attention that they deserve. Therefore, I am making an attempt in this thesis, to explore the history of medicine as well as the practices and principles of Hygiene, with special reference to the region of Malabar.

The area chosen here falls in the broad area of history of medicine and science. As this subject has not received adequate attention in the existing historical narratives, a study of people’s behaviour and actions in a particular historical juncture, shall be contributory for further examinations. When the region specific writings in Kerala

²Sreedhara Menon, Social and Cultural History of Kerala, Sterling Publishers, Trivandram, 1979
evolved into the community specific histories, many important aspects of this plural society have been overlooked. Therefore, it necessitates a deeper penetration into the multiplicity of norms, rules, rituals and consciousness that evolved in medieval Kerala from fourteenth to the end of sixteenth century.

Anyway, dominant narratives of history show us that, every society evolves through certain amount of scientific rationality and attitude. This urge for knowledge and the endeavour in pursuit of the same, makes the history of science central to human civilisation. The tendency to be curious can also be seen in Kerala society wherein, the habit of taking knowledge into continuous perusals was in existence from the time of Aryabhata. This was actually the result of a strong syncretic tradition established in medieval period. This syncretism was evolved through a duel process; continuous socio-cultural interaction within the social organisation due to the constant association with the outside world and also internal social dynamics within the region.

Medieval Kerala had possessed one of the rich scientific traditions as its understanding of philosophy, astronomy, metallurgy, mathematics, building technology,

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7 George Varghese, *Passage to Infinity*, Oxford University Press, 2010


botany and medicine, had been recognised all over.\textsuperscript{11} Nevertheless, the recognition that had been given did not develop into a catalyst force in order to facilitate engagements with practical existence of the said scientific consciousness. Hence, the praxis of healing and hygiene could not gather much of scholarly attention. However, it should be noted that, they developed sufficient consciousness towards different aspects of medicine and hygiene such as dress, physical cleanliness, diets and drugs. Yet, these consciousnesses were inexorably intertwined with religion and associated nomenclatures, like it happened elsewhere.\textsuperscript{12}

My work, therefore, is an effort to understand the belief systems, practices and attitude of different communities towards the concept of disease, body, health, illness and hygiene. This also locates the cause of diseases and the nature and application of that curative practices that prevailed in the society during the period of our study. In other words, it is a study of how the medicine was working in a multicultural society and the way diffusion of various forms of medical knowledge occurred. This work is also going to be an attempt of revisiting the socio-cultural history of medieval Malabar through the cultural prism of medicine. Henery E Sigereist says “medicine is nothing else than the manifold relations between diseased and the cures…. Thus the medical history is a social history”\textsuperscript{13}. Thus, social history of medicine has not only brought in the notion of health, illness and hygiene among different strata of the society but also the gap between the

\begin{itemize}
\item \textsuperscript{12}George Saliba \textit{Islamic Science and the Making of the European Renaissance}, MIT, Washington, 2007
\item \textsuperscript{13}Henery E Sigereist, ‘Seminar’ at California Academy of Medicine, March 11, 1940.
\end{itemize}
popular and dominant perception and practice in understanding the wider dynamics of the society.\textsuperscript{14}

Medicine is a cultural category embedded in the social moorings of any given society and shaped and reshaped by political, cultural, religious and professional atmosphere surrounding it. Every community developed a specific pattern of belief and behaviour in order to adapt themselves to the environment they were living in. These adaptations are a results of the beliefs and practice of the given communities. This results in their own perception of meaning of health problems, treatment systems and understanding of the hygiene and medicine. Therefore, it can be said that the medieval conception of the diseases was not a mere pathological entity but, the outcome of socio-historical process of time.\textsuperscript{15}

As far as medieval societies are concerned, there existed a continuous blur between the scientific truth and mythical belief. From the beginning of the fourteenth century, a new paradigm evolved in India as circumstances were created for the application of scientific ideas to the problems of governance and economy. Indigenous societies were forced to adapt new technology and knowledge system in order to adapt itself to the new socio-economic transformation. These developments also influenced the realm of technology and medicine in the medieval period.

For Medieval societies in Kerala, diseases were thought to be the result of grave sins, breaking of social norms in present or previous life. It was considered a punishment for defiance of social and moral norms. Tribal people living in the fringe of the

\textsuperscript{15}Michel Foucault, \textit{The Birth of The Clinic, An Archaeology of Medical Perception}, Vintage Books, New York, 1973
“civilizations” still consider ill health a result of witchcraft, black magic, displeasure of the deities and spirits existing on the boundaries of the villages.\textsuperscript{16} “Civilized” mainstream medieval society was no different in its attitude towards disease and ill health. Even though people developed more sophisticated attitude towards these problems, fundamental causatives remained the same in relation to certain diseases such as smallpox, chickenpox, leprosy, measles etc.\textsuperscript{17} They also perceived these diseases as the handwork of unsatisfied goddesses and arranged elaborate rituals under the supervision of prominent leaders of their respective caste and community.

Islamic community, Mappilas was no different in treating the illness as in medieval Kerala. The ill health, they sometimes perceived as the fallout of resented Shaiks and Jinni and responded accordingly. Medical practices of medieval Kerala involved a rich mixture of religion and culture. For keeping sound health, the canonical texts stressed temperance in all matters - food, sleep, exercise, sex and medicine. The healthy life was supposed to remain in constant harmony with the universe and true religious teaching. Purity rules were formulated for personal hygiene, social gatherings, sexual intercourse, eating of unclean food and so on. Some practices like Kalari, meditation, yoga, shoucha (art of cleansing), can be seen in the wider context of medical

\textsuperscript{16} This belief system is very strong in tribal communities of Kurichiars, and Kattunaykkar in the Malabar areas of Kerala. Though these communities have their own system of Pharmacology and well developed treatments system for some disease like snake bite, anemia, and viral fever the causative element are still considered to be the handy works of the above mentioned phenomenon. Kurichiars in the Malabar area still consider many diseases as the curses from Malamuthappan or Malabhagavathi who some times are not happy with the people around who pollute the environment by their physical or moral acts. Interview with Kelappan Vaidyar, Vilangadu, Calicut, District.On 25-05-2006

\textsuperscript{17} M.J.Gentes, “Scandalizing The Goddess at Kodungallur”, \textit{Asian Folklore Studies}, Vol-51, No.2, 1992. “The goddess is believed to cause smallpox when unhappy, and a family may call a Velicccappatu (illuminators) to prevent or cure this dread disease.”p.307.
and hygiene system in medieval Kerala. For example, *Kalari*, a holistic exercise and treatment tradition, gave much importance to personal hygiene, and public health through proper physical and mental orientation and agility.\(^{18}\) In course of time, regardless of religion and caste, it became a common legacy in the tradition of health practices in medieval Kerala.

The relationship between hygiene and hierarchy was very evident in the social functioning of the medieval Kerala. Connection between the power and the maintenance of the personal and public hygiene had been evident in all civilisations including Indus valley civilisation. Enclosures, boundaries and borders which were objects and means of public/ private hygiene, however have scant reference in the historiography of Kerala. Through the proper use of religious scriptures, cultural tools and authority, dominant castes used principles and practice of hygiene as a tool for exclusion and inclusion. Circulation and mobility of the people of “polluted” or “*mlechhas*” were controlled and lines of barriers were strictly maintained in the urban and non-urban areas.\(^{19}\)

Medieval Kerala shows us that ‘practicing hygiene’ was imposed as a responsibility and duty of different caste in order to have a proper management of the caste hierarchy and gender related functions. The pursuit of hygiene had been central to the community formation, purity of the self and community and integrity as well.\(^{20}\)

\(^{18}\) Philip Zarilli, *When the Body Becomes all Eyes*, OUP, New Delhi, 1998; *Kathakali Complex*, Abhinav Publications, Delhi, 1985


\(^{20}\) Alison Bashford, *Imperial Medicine,: A Critical History of Colonialism, Nationalism and Public Health*, Palgrave, Macmillan, 2004 “It has become a way of imagining and embodying integrity and, problematically, homogeneity or purity of the self, the community, and especially in the early to mid twentieth century, the nation.” p.4
Development of the notions like ‘personal hygiene’, ‘domestic hygiene’, ‘social hygiene’, ‘ritual hygiene’, ‘caste hygiene’ was maintained by rigid maintenance of the ritual, geographical, legal and actual boundaries in the name of “pulayappedi” and “parayappedi.” Through proper facilitation of ‘self’ and ‘other’ this practice was continued as late as nineteenth century. Practices like constructing strange notions regarding the functioning of the female body, the biological change, menstrual cycle and distancing it with ‘purity’, and so on were nurtured by different communities. This was actually a part of ‘hegemoniyzing’ the total socio-cultural fabric of Medieval Kerala by using body as a medium. Among all, women from Nair community underwent the highest degree of degradation under this organised and well maintained system.²¹ Here the female body becomes the site for the construction of authority, legitimacy and hegemony and for what they perceived as corrective social and physical process.²²

History of sciences, medicine and hygiene cannot be studied from the conventionally defined themes of the traditional historians. Important contributions could be made if political, economical cultural aspects of these areas incorporated into the study of such developments.²³ This pattern has the advantage of establishing a new framework for understanding the nature and characteristics of that region’s society and culture in its totality. Significant feature of History of Science, Medicine and hygiene lies in its necessarily interdisciplinary nature. It borrows and benefits from different disciplines.

²² David Arnold, Colonising the Body: State Medicine and Epidemic Disease in Nineteenth Century India. OUP, Delhi, 1993
Philosophy, sociology, anthropology, political economy etc… provide valuable insights. But dependence on one aspect with the simplicity of a historical narrative may make any fine historical reconstruction difficult to comprehend. This would help us to understand how medical men in history, experimented direct natural phenomenon through direct observation of natural along with scriptural directives they had.24

Man, nature, religion and then existing socio-political condition formed the basis for the development of healing traditions and hygiene praxis in medieval Kerala. From fourteen to the end of sixteenth century, the region had witnessed establishment of different medical traditions such as Ayurvedic and Islamic medicinal practices. Therefore, anxieties and curiosity of the people in the region was reflected in the texts written during this period. So, the history of medicine and hygiene in medieval Kerala should be studied within ‘the wider spheres of thought, culture and society’.25 This would bring out aspects such as the real merchandisers of the medicine and hygiene, power and control of knowledge and parallel traditions. This would be possible only if we try to study different social groups at work during the period.

These social groups are very important in relation to the understanding of medieval historical realities, as most of these groups keep continuity of some customs and practices that their earlier generation had been doing during the time of our discussion.26 The continuation of practices also resulted in the development of new

technological advancements, which of course confined within upper hierarchy. These technologies could be treated as different form of knowledge which would take us in the exclusivities of various culture areas. Medicine for long has been considered both a science and an art. It has enormous social implications and probably equally important political and cultural dimensions as well. Earlier, we had some studies on the Indian medical tradition as part of philosophical and cultural enquiries. Now, even scholars of modern Indian history, sociology and anthropology have taken medicine in a big way to understand the different aspects of peoples’ history. These new vistas of learning traversed through many complex realities of health, hygiene, healing and control.

Apart from the above-mentioned concerns of a general and societal nature, one may also ask certain specific questions, as Roy Porter does in the context of medieval England. This work rises some important questions such as a) how disease was understood? b) What were the main patterns of healing traditions? c) Can magicoreligious healing in Kerala be contextualised historically d) How did medical pluralism emerge in medieval Kerala? e) What was the scope and nature of interactions between classical traditions and ‘little’ traditions of therapeutics? f) What role did the political patronage play in the development of medical traditions g) how do caste and religion play in the development and deterioration of the healing traditions. Therefore this thesis put

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these questions in sharp focus to illuminate the capricious nature of science and tradition where drawing distinction between two became impossible during the time. Traditional healing practices saw human body as “sacred”, though not all, and dealing with that believed to have required certain elements of religiosity while colonial medicine saw body as an object for rule and domination.30 The history of medicine and hygiene in medieval Kerala cannot be studied without understanding the basic problem of the relationship between the society and the broader questions of science. The questions that should be asked is what was the exact nature of the relationship between the society and medicine is in a inconsistent socio-cultural landscape. This study, thus, tries to focus on hitherto neglected areas of medicine and hygiene from people’s world view. As far as medicine is concerned, physician or healer centric account of the history of medicine would represent a major drawback in the whole exercise.31

Disease and death are universal phenomenon and are reflected in the realms of promises and punishment in all religious scriptures. Even in medieval Kerala, these two things have been constantly evoked to control and create a canvas of fear psychosis in the wandering human minds. The anxieties and uncertainties towards life and death were best reflected in their perception towards health, hygiene and medicine. It will be interesting to understand the society by using the alternatives of hygiene, disease and medicine for a holistic historical inquiry. The identification of the centrality of medicine to understand the society has taken different turns in different regions of the world. Social constructionist theory of Medicine regards disease and medicine more ‘socially

constructed’ than biologically occurred. Roy Porter and W.F. Bynum contributed immensely to understand the dynamics of society by using the variant: doctor-patient relationship in any functioning society and medicine from below. This approach concentrates much more on the role of patients from different strata of the society and the way they played in the larger societal setting.

In India, medicine and the concept of hygiene threw open many new areas for the social and cultural historian to carry out many layered studies. Medieval people and some communities believed that the disease were the consequence of breaking the socio-cultural taboos or punishment from the gods and goddess. This was especially noticed in the medieval Indian village system. Interestingly, this attribute can be seen among the religious communities like Christianity and Islam in medieval Kerala. Disease was also considered to be the effect of unsatisfied saints or divine beings in the village space. The effort here, is therefore, to reconstruct the history of past through the social perception of disease and hygiene in relation to different communities that were founded on the hierarchy of purity, pollution and hygiene.

Area of Research

Any research has to locate itself in a specific geographical area for obtaining better articulation and comfort of the reader. Therefore, my research area would be the

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present geo-political boundary of Kerala. However, in order to make it more clear and specific, I have focused much on the region of Northern Kerala generally known as Malabar. The term *Malabar* is actually the ancient name for the entire Malayalam speaking areas, extended from the Northern landmark of Mount Deli to down South, Cape Comorin. British occupation in 1792 of Malabar confined this region to the Northern areas of the Kerala. Therefore, the present study concentrates more on the geographical areas of the Malabar district of erstwhile Madras presidency. It is situated on the west coast of India and lies between northern latitude, 10’15 and 12’18 and east long 75’14 and 76’15 and stretches along the shores of the Arabian Sea for a distance of 150 miles.

From times immemorial, the shore of Malabar was an area of attraction for international trade and commerce. With the easy accessibility to the interior parts of the region and relatively tranquil nature of the seashore, this portion of the coastal area invited merchants from all around the world. In course of time, this route became the busiest passages to different countries of Africa and Asia. This exposed the region to the international trading and the economic activities that subsequently affected the entire course of history of this region. This unique identity makes Malabar a sought after subject of the historians. These areas now include the present day districts of Kozhikode, Kannur, Malappuram, Wayanad and Kazaragode in the state of Kerala. However, the nature of the subject also demands frequent references from other regions of Kerala as

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well. Therefore, this thesis takes the reader to many such places where and when parallel traditions have been noticed. Hence, the region of Malabar and Kerala have been invariably used throughout the thesis.

**Period of the Study**

The period of this study is from the beginning of fourteenth to the last decade of sixteenth century, which signifies the political fragmentation and subsequent establishment of many local kingdoms after the collapse of Kulashekhara Empire of Mahodayapuram in twelfth century. Culturally, this period also witnessed the complete disappearance of Buddhism from Kerala and establishment of a unique Islamic community called Mappilas. This community of Muslims attained a strong cultural space in the region of Malabar by the mid of fourteenth century. Sixteenth century signifies the journey of Malabar to the colonial modernity with the intrusion of European powers on Arabian Sea after the emergence of Portuguese in the region. These three centuries marked the social consolidation of Brahmins as the most dominant social group who formulated the norms and methods of day-to-day life of majority population in the region. Their association with another dominant caste called Nairs, facilitated an entirely unique pattern of social functioning in which concepts such as hygiene, purity and healing underwent a complete makeover. These developments corresponded with the

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39 C.J.Fuller, “The Internal Structure of The Nayar Caste”, *Journal of Anthropological Research*, Vol.31, No.4, (Winter, 1975)pp.283-312; Joan P Mencher, “Changing Familial Roles Among South Malabar Nayars”, *South Western Journal of Anthropology*, Vol.18, No.3, (Autumn, 1962), pp.230-245 “Polias (pulayans) the laboring lower clans are named ; By the proud Nayres the noble rank is claimed ; The toils of culture and of art they scorn, The warriors plumes their haughty brows adorn ; The shining falchion brandished in the right, Their left arm wields the target in the fight ; of danger scornful, ever armed they stand; Around the king, a stern barbarian
consolidation of lower/untouchable castes such as Tiyyas, Parayas, Pulayas and Vannans.

However, I have taken certain amount of flexibility to look at the centuries immediately succeeding the period under consideration. This has been done to tie the arguments coherently and to see the extent to which the continuity of the practices in medicine and hygiene existed.

**Sources**

This study is based mostly on primary sources; textual and non-textual from thirteenth century. Textual and literary tradition of medieval Kerala gives considerable reference to curative and healing practices of different religious and social categories during the period. The textual sources consulted include medieval sandesakavyas such as *Kokasandesham* ⁴₀ (Early fifteenth century) and *Ananthapuravarnanam*⁴¹ (fifteenth century). Early literary source such as *Vatakkanpattukal* (Northern Ballads) also gives significant inputs for the study.

*Sandesakavyas* form a very important source in the construction of the socio-cultural history of medieval Kerala. *Sandesha* (message) *Kavyas* (poetics) were very common literary tradition from early medieval period. Early *sandeshakavyas* in Malayalam were written in chaste Sanskrit which was beyond the comprehension of ordinary people or even the normally educated persons. Among the early

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⁴₀*Koka Sandesham* (trans), Prof.Gopikkuttan, , Current Books, Trichur, 1996

Sandehsakavyas, Suka Sandesham is considered to be the first written in tenth century A.D. There were sandeshakavyas written in Manipravala (mixture of Sanskrit and early Malayalam) language. Two of these sandeshakavyas are available for the readers now. Unnuneeli Sandesham is the only Manipravala Sandeshakavya that is available now in its complete form. “No other Sandeshakavya describes the geography and the beauty of Kerala as Unnuneeli does”, states one of the well known scholars in this literary genre. The poet of the text was familiar with temples, Theruvus and urban centres across the region of Kerala. This Sandeshakavya was written in fourteenth century and is immensely helpful for the historian to reconstruct the history of that period. Koka Sandesham is another Kavya written in fifteenth century and was brought to light by Katamassheri Narayana Pisharadi in 1943. Till then, people and the scholarship of Kerala were completely unaware of this important work which gives a clear picture of many socio-cultural-and economic traits of the fourteenth century Malabar society.

Arabic sources written in the sixteenth century make one of the biggest contributions with regard to the history of Malabar. Texts such as Al Fathhul Mubeen (1578) is very important as it deals with the volatile political system of Malabar in the

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42 This was written by one Lakshmee Das who belonged to Karingapalli Manai in the nearby area of present day Cochin. This text can be used as major historical sources as it describes the geography and the religious institutes in the entire region of Kerala, from Rameshwaram (Tamilnadu) to Thrikkana Mathilakam (Kerala). It gives a complete picture of Hindu temples and Kulams (ponds) as it traverse across a very large geographical area.

43 Koka Sandesam, Current Books, Trichur, 1996, p.17

44 Ibid, p.34.

sixteenth century. Another text of great significance, *Tuhfathul Mujahideen* (1583)\(^{46}\) becomes very important in relation to the social and ritual practices of hygiene among the people of medieval Malabar.

*Arabic-Malayalam* textual tradition gives a proper understanding of the religio-magical treatments prevailed in the Malabar in the sixteenth and subsequent centuries. These texts included *Maala* texts such as *Muhiyuddheenmala* (1606), *Badarmala* (1779), *Rifayemala* (1781) and *Nafeesath Mala* (1895) deal with the ways in which Muslims in general perceived disease, health and healings. One significant development in this regard was the compilation of medieval Islamic healing practices with the title “*Fee Shifau Nnasi, Ithu Upakaram*” and “*Shuruthi Petta Ponnani Faropakara Tharjama*” in 1885. These two compilations of healing practices deal with the treatments for different illnesses during the period under consideration.\(^{47}\)

Medieval Ayurvedic sources such as *Chikitsa Manjari* (*Manipravala* period)\(^{48}\) and *Mahasaram* (compiled in 1820s) are compilations of ancient and medieval practices of hygiene and medicine. These texts give us valuable information about the actual Ayurvedic medical practices that prevailed in medieval Kerala during the period under

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\(^{47}\) *Fee Shifau Nnasi Ithu Upakaram* and *Shuruthi Petta Ponnani Faropakara Tharjama* are two different Arabic- Malayalam texts which compiled the religio-spiritual-magical systems prevailed among the Mappila community. These were written by the son of Ponnani Shiek and became very popular in the region. The treatments prescribed in these books are still used by some of the Sufi/Saints in the region treating various diseases irrespective of the socio-cultural differences. These books deal with many problems and illusion a common man face with and give “answers” according to Quran, Prophets and holy saints. They even specify the symptoms and time of the death to the patients apart from warding away the evil spirits and “*Jifreeth*” an extra human creation which is capable of doing anything. These books are now printed and Published by C.H.Muhammad Koya and Sons, Thirurangadi, 2001.

\(^{48}\) *Chikitsa Manjari*, (trns), Sriman Nambothiri, Vidyarambham Publishers, Alapuzha, 1990, p.14
consideration. *Chikitsa Manjari* was originally a *Manipravala* text which is not available now; but the printed copy of the same is available with many medieval *Ayurvedic* families such as Mezhathur Vaidya Madom in Thrithala. *Ashtanga Hridaya* and *Ahstanga Sangraha*, written by Vagbhatantha (between A.D. seventh and ninth century)\(^49\) also give ideas of *dosha* based actual practices that were very prominent in the medieval healing practices in Kerala.

Travelogues are other major resources for constructing history of medieval Kerala in general and Malabar in particular. Rich tradition of travel writing on Malabar has been meticulously scrutinised and extensively used to give very useful glimpses on the region. My collection of major travelogues include Rabbi Benjamin of Tudela (1167), Chao-Ju-Kue (1178), Marco Polo (1288), Frier Jordanus (1324), Ibn Battuta (1346), Fa-Hsien (1436), Abdu-al-Razaq (1442), Barbosa (1500-1516), Ludovico Di Varthema (1503), (1649), John Fryer (1672-1681), Fra Paolino Bartolomeo (1776-1789), Jacob Canter Visscher (1717-1723) and many such works.

I have used two Portuguese documents (English translations) such as Gasper Correa’s *Lendas da India*, which now available as “The Three Voyages of Vasco Da Gama and his viceroyalty.” Other source is the *Roteiro* (rutter) or Journal of the journey which now titled as *Em nome de Deus: The Journal of the First Voyage of Vasco da Gama to India, 1497–1499.*

Folk literature also constitutes an important element as the practice of medicine and hygiene has had its own share of continuations. Ethnographical studies and colonial

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documents show that each community under review somehow retains many practices especially in the area of hygiene and healing.50

These facts have been corroborated with extensive personal visits to different historical places to see the functions of rituals and festivals which were carried out from the period of our study. These visits include number of temples, important mosques built during medieval times, prominent ashtavaidyan families such as Vaidyamadom. Since occasional visits alone did not help in making sense of many rituals associated with the concept of hygiene and diseases, it has been necessary for me to stay with some of the practicing communities such as kurichiar to understand the nuance and intricacies of the rituals and traditions involved in healing. Certain traditions and rituals are practiced during particular seasons of the year during folk festivities. These are major evidence for reconstructing the history of the region, since most of these festival originated in early medieval periods.

This study has also consulted the existing historical writings on Kerala and Malabar from nineteenth century onwards written by native as well as foreign scholars. Secondary sources are used to understand the socio-cultural evolution of the society in the given time especially in relation with specific communities and caste groups. However, none of these studies deal specifically with the history of medicine in medieval Kerala or Malabar. Therefore, my work has been perhaps the first attempt in expounding the complex socio-cultural situations involved in the practice of hygiene and treatments in the region.

**Chapterisation**

The present study is divided into different chapters to facilitate a clear understanding of the theme of our study in an organized manner. Since, the history of medicine and hygiene has not been paid adequate attention in the existing writings on Kerala, I have tried to make the Second chapter, an extensive review of literature pertaining to the history of sciences and medicine. This would give a comprehensive idea as to how European and Indian scholars approached these subjects till very recent times.

Third chapter “Principles and Practices of Hygiene in Medieval Malabar,” deals with larger structure of the society where different principles of hygiene and its practices: social, ritual and physical are discussed. Examination of societal institutions and different social categories with all its facets has been carried out, in order to relate the way society and different forms of authorities treated health and hygiene. Hierarchical structure of the caste system, relations between different social and religious groups are also taken into consideration. This is also looking at the upkeep of the public health and hygiene in different creeds during the period under consideration. This part analyses the process of how religious ideas, social customs, economic positions, traditions and the medical relevance influenced different communities regarding their upkeep of hygiene and public health. Considerable attention has also been paid to bring to light the ‘hygiene trade’ by which beauty enhancing herbs and cosmetics were largely exchanged.

This section of the thesis also deals with the concept of ‘body’; private and social; by examining the textual and non textual sources. Human body, in this period, was perceived in various ways for legitimising the caste and power hierarchy in the medieval Kerala. I have invested considerable amount of time in reconstructing the notions of
social, ritual and physical hygiene in the cultural setup of pre-modern Malabar. This section does also deal with the concepts of ‘pureblood’, ‘half blood’ and the elements of ‘pure’ and ‘impure’.

Fourth chapter, entitled “Social Perceptions of Diseases and Healing in Medieval Kerala, with Special References to Malabar” is an attempt to see the way different communities approached disease and healing in the region. This chapter explores the evolution of perceptions, village therapies and role of divine beings in the entire process of curing. Through this chapter, one can understand the subtle and definite functioning of different socio-economic groups in the complex realities of diseases and healings. Medicine here becomes an important variant to understand the socio-cultural revolution in the culture area of Malabar.

Using medical and health practices as a historical tool, I have examined the co-existence of the different cultural norms and values in the region from fourteenth century. This chapter becomes very important because it looks at how the new societal formation here shaped the concepts such as personal ‘body’ and ‘social.’ Medieval Malabar experienced a unique community/caste crystallization in which only certain ‘bodies’ were believed to have been worth treating and respected.

Fifth chapter, “Physicians, Treatments and Medicine Markets in Medieval Kerala” deals with different groups physicians at work during the period of our study. Importance has been given to the classical as well as the popular physicians who had emerged from the lower section of the society. This chapter also deals with different texts in use during the medieval period in Kerala and the various herbs and medicines people
used. Important aspect of this chapter is that it deals with medicine markets across Malabar by scanning extensively the primary sources available.

Thus, by looking at the everyday rituals and rites of various communities, this work has arrived at certain conclusions that I think would help to give some preliminary ideas about an overlooked area in the history of Medieval Kerala.