Chapter 3

Refiguring of Ayurveda as Classical Tradition

This chapter analyses the making of the history of ayurveda as a monolithic indigenous medical practice of a region, and examines the processes and protocols of that history in the refiguring of ayurveda as the classical\(^1\) practice of India in contrast to a variety of nattuvaidyam or indigenous medical practices.

By the nineteenth century, the written text had come to be seen as the authentic source and the document of validation for any knowledge or practice.\(^2\) The genre that represents a text was also crucial in this idea of the centrality of the text. Prose, rather than verse, was seen as a legitimate form to represent rational knowledge. Prose written in particular languages was given more prominence in their capacity to carry knowledge and information. By making specific connections between reading, writing and a particular way of understanding, this imagination necessitates a subject who is literate. Literacy was a new concept introduced in the nineteenth century to assess people not merely in terms of their ability to read or write, but also in their capacity to articulate ideas and access ‘knowledge’. It was also used as a criterion by which to divide people as either knowledgeable or ignorant. Literate vaidyas (indigenous medical practitioners)

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\(^1\) Classical denotes that which stands the test of time with a universal appeal. Its influence spread across generations. It does not allow major changes since it has its own perfection and beauty which is tested by time. It is old but does not become archaic because of its everlasting contemporaneity. These ideas circulating around the formation of a classical tradition are indebted to the Greco-Roman antiquity.

\(^2\) From the late eighteenth century onwards, the protocols of law that work as the basis of modern state are constituted in the micropractices of writing. The exclusive reliance on official written documents to represent the world is termed as ‘papereality’ (Raman 2012, 1-22).
were considered by scholars as those who practise *vaidyam* by referring to a text (Panikkar 1995, Leslie 1976). They were considered as literate and hence also upper caste (Brahmins), the presumption being that non-upper caste practitioners (especially *sudras* and ‘untouchable’ caste) are illiterate and do not refer to any text in practising *vaidyam*. The language, the form, and the way of representing *vaidyam* were the modalities that were used to assess the capacity of a text in codifying the practice. Further, the non-literate practitioners who referred to their memory and verse form for practising *vaidyam* were categorized as folk practitioners or *nattuvaidyas* who could not articulate or consolidate a theoretical base for their practice (*kriya vichakshanar* or practice oriented). In this context, classical *vaidyam*, i.e. ayurveda evolved as the practice of the literate, Sanskrit-knowing and upper caste practitioners. With consolidation of *vaidyam* solely as ayurveda, the practitioners of ayurveda ended up being a pantheon of upper castes, from Brahmins all the way down to Sudras. I had elaborated the process through which ayurveda emerged as the classical tradition of India, in Chapter 2, by pointing out the role played by print media and *vaidya* associations. This chapter further examines the historical conditions that influenced and activated the separation of *vaidya* practice as ayurveda and *nattuvaidyam*. I had argued that ayurveda satisfied the conditions for becoming ‘knowledge’ from being a way of knowing. In other words, ways of knowing are reduced as one way of knowing a particular practice. Ways of knowing are controlled and monitored through judicial, administrative and intellectual conditions to bring them under the particular form of knowledge or to explain them away as *nattu* (*lok*) or popular medical practice. The methods through which one accesses the newly defined knowledge or *the* ayurveda is already set within the process of differentiating
diverse ways of knowing/practices. The necessary conditions a subject (practitioner) needed to access the knowledge objectively is set within the course of the formation of the classical, the nattu and the popular medical practices.

**History of Ayurveda**

History of ayurveda has been written by vaidyas from different parts of India from the nineteenth century onwards. Even before the writings of the vaidyas, a few writers from the West had presented a history of ‘Aryan or Hindu’ medical science. In 1838, Royle J. Forbes wrote ‘On the Antiquity of Hindoo Medicine’ and in 1845, T.A.Wise wrote a ‘Commentary on the Hindu System of Medicine’. Some of their ideas have substantially influenced the later writers – both western as well as Indian - even though the later writers did attempt to challenge the perspective of the early western writers. The ideas of the earlier writers provided the basic premises through which the history of ayurveda had been studied and produced for a long time. By then writing history was a necessity for any practice to establish not only its past but also its contemporary relevance. A people and a practice without history was equivalent to being primitive as opposed to being modern (Banerjee 2006). The legacy of a valid past was essential to validate the present of a practice. As noted in the previous chapter, in a region not yet territorialized as Keralam, the first history of ayurveda (Aryavaidya Charitram) was written by P.V.Krishna Varier, in 1906 from British Malabar. The title Aryavaidya Charitram itself indicates it was the history of an ‘Aryan’ medical practice. The author says that the task was difficult since the ancestors did not pay

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3 Kutumbiah classified Wise’s history as “the first comprehensive treatise on Indian medicine in any foreign language.” (Kutumbiah 1962/1969, viii).

any attention to the history of ayurveda and there were no books or manuscripts
to follow, either in Sanskrit or in other indigenous languages. He was confused
and anxious since “one cannot write a picture without having a wall” (Varier 1997, 5 - 7). So, he began to collect available redacted\(^5\) books and histories on
\textit{vaidyam} published from other parts of India and finally decided to write a history
based on a model written in English in 1896, by Thakore Saheb of Gondel,
Bhagvat Sinh Jee, titled, \textit{A Short History of Aryan Medical Science}. Kenneth
Zysk has suggested that Sinh Jee’s history was thought to be an authoritative
account owing to the fact that he was a member of the royalty (Zysk 1996, xi-xvi). Here the authenticity of a text is validated on the basis of the social status
and lineage of the author. Sinh Jee used the term ‘Aryan’ to denote ‘Hindoos\(^6\)
and stated that he was not using it to describe people who originated from a
particular region as used by the ‘Western Ethologists’ (Sinh Jee 1896, 11). Varier
makes a similar claim about the term ‘Aryan’, a term that originated in the
writings of the Orientalists and in the context of north India (Thappar 1996, 3-29). He took it as an already explained and established concept and uses the term
in the title of his history and asserts that he uses the term as equivalent to Hindu.
Both the histories claim a sacred past and a relation to \textit{Atharva Veda}.

Varier’s history was in huge demand and the \textit{Aryavaidya Samajam} decided to
republish it in 1914, but could not pursue their attempt because of the increase in
the cost of newsprint, due to the World War (Varier 1997, 5-7). Finally they
published it in 1921 and reprinted it again in 1960 and in 1977. In 1980, after

\(^5\) Redaction is \textit{prathisamskaranam}, in which the author includes his/her own knowledge by
excluding whatever seems unnecessary in renewing the text (See Nampoothiri, 2004, 11).
\(^6\) The term ‘hindu’ is spelt in the late eighteenth century as ‘Hindoos’ in the travelogues
and official documents such as The Census Reports.
more than seven decades of publishing the first history, Kottakkal Arya Vaidya Sala (AVS) published what it claimed to be a more ‘rational and authentic history’ titled Ayurveda Charitram written by N.V Krishnankutty Varier (N.V.K.Varier). By this time, the Samajam was dissolved and the AVS, formed under Samajam in Kottakkal with an ayurveda college attached to it, had become a well established institution in south India. A change from Aryavaidya Charitram to Ayurveda Charitram is notable as this is a conscious attempt to move into a more secular position. P.S.Varier’s Kottakkal AVS was the only one, that used the adjective ‘Arya’ instead of ‘Ayur’ to denote their institutions and vaidya associations. By the mid twentieth century, ayurveda was interpreted as the ‘science of life’ (Murthi 1948, Kutumbiah 1962) and an all encompassing indigenous medical practice. Unlike Aryavaidya Charitram, where Krishna Varier, focusing on the principles and morals of treatments, diets, routines, exercises etc., does not mention nattuvaidyam or popular practices, in Ayurveda Charitram, N.V.K. Varier discusses the inter-relationship of ayurveda and nattuvaidyam as one of difference.

The conditions that make possible the writing of a history of India resonates with the history of ayurveda as it is available to us. The hegemonic narrative in the nineteenth century orientalist and early nationalist historiography is that of the decay of India’s golden age with the advent of the Mughals. The history of ayurveda invariably reproduces this perspective and thus the entry of any new practice such as unani into a region, is seen as causing the degeneration of pre-existing similar practices in that region (Varier 1906, Basham 1976, 18-43). In case if elimination does not take place, then resistance is the remedy for the
existing practices to counter the newly entered or evolved practices. This notion of resistance is theorized later, as a result of the ‘encounter’ between a hegemonic biomedical practice and an indigenous practice (Arnold 1993). The possibility of a give and take relationship is excluded in this manner of writing the histories of biomedicine, including South Asian healing practices. According to scholars, the interaction between unani and ayurveda was heightened during the period Arab trade flourished and during the early decades of colonial intervention (Quaiser 2001, Leslie 1976). The nature of the negotiations between different practices of medicine includes resistance, sharing, premeditated withdrawal and intentional silence depending upon the relationship with the outsider that brought in the practice. These negotiations appear muted in the hegemonic mode of history writing. So, for example, as a result of this form of historiography, the relationship that ayurveda had with unani medical practice, seen as a practice that flourished in the Mughal kingdom, is ignored (Varier 1906, Muthu 1913). The presence of unani dates back to times before the Mughal period, and goes back to the time when Arab traders had established consistent trade links with India, in a much earlier period (Alavi 2007). The economic and cultural interaction India had with Arab and Persian countries paved the way for unani medical practice which flourished in India. Unani still exists in different parts of the country and incessantly interact with nattuvaidyam. As we see in the Ayurveda Charitram of N.V.K.Varier, unani and ayurveda are indebted to each other in sharing herbs, minerals and metals used in their practices.

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7 Leslie is of the view that ayurveda was deeply influenced by the knowledge provided by unani (See Leslie 1976, 356).
It could be argued that in the nineteenth century, diverse medical practices that had operated broadly within same principles of body and health were systematized and institutionalized as ayurveda. The literate among the upper castes and immediate lower castes (especially sudras) were in the best position to associate themselves with ayurveda as it was being institutionalized. Apart from Kottakkal Aryavidya Patasala meant for all castes, Travancore and Cochin ayurveda patasalas meant only for upper castes, and schools for vaidyam run by individual vaidyas (mostly Sudras and Ezhavas) offered their courses to individuals across castes and communities.8 If this was the case during the first two decades of the twentieth century, the situation in the last three decades of the nineteenth century also shows the involvement of a number of castes and communities in the practice of vaidyam. For instance, in the first colonial Census Report of Madras State, one can see an aspiration to locate a vaidya caste in south India.

It is rather curious circumstance that in South India there should be no Hindu caste specifically following the profession of medicine. In Bengal and north-west they are a mixed caste - Baidyas. Mussulmans everywhere practice medicine. But in the South barbers practice rough surgery, and potters are employed, now and then, to set broken bones, while women of the barber and chuckler castes officiate as midwives; but a man of any caste may practice as a native doctor.9

It is clear that the investigation that resulted in the writing of this report was conducted on the assumption that vaidyam was an occupation of a particular caste, as was the case in Bengal. In other words, the relationship between castes

8 Vivekodayam, 1904, 4:8 & 9.1.
and occupation was taken as a given one. A closer examination of the archival sources reveal that this presumption (and later theorization) of castes does not sustain in the case of vaidyam. This does not mean that lower castes who practiced vaidyam were more privileged than who engaged in other occupations, but that within the caste hierarchy their expertise in vaidyam had social acceptance. By the mid-twentieth century, individuals belonging to various sudra castes had begun to organize through political and cultural alliances in forming a strong second strata among upper caste Hindus. Earlier the term savarna represented merely Brahmins, now it was a combination of the brahmins and the sudras. This is not peculiar to the history of Keralam. In other states such as Tamil Nadu and Andhra Pradesh, a new upper caste configuration of a similar order emerged as savarnas. The newly formed amalgamation of the savarnas associated with the idea of the Hindu became solidified by then (Sivaramakrishnan 2006). The ‘Hindu’ as an identity became consolidated through literary writings, official records and anthropological writings. In the case of Keralam, the Nairs were the most visible and dominant amongst the sudras. It is not my argument that this reorganization occurred around a knowledge/practice such as vaidyam. Instead, I argue that the new configuration of brahmins and sudras was effected through their shared knowledge in different fields, including vaidyam. And most importantly, by distancing this knowledge from other similar practices, thus producing a special status for it as the prime classical practice, is an important node in this history.

The institutionalization of ayurveda as the singular and unique medical practice of Keralam (or rather India) occurred because of its association with not only
savarna vaidyas (brahmins and sudras) as noted in most of the studies on vaidyam, but also in its association with both literate and non-literate lower caste vaidyas. At the time when savarna practitioners owned up a classical ayurveda, many of the newly literate lower caste practitioners were already part of this tradition. It was impossible to weed out the practitioners on the basis of their caste background. So, another method of weeding out was initiated by savarna practitioners through a categorization by differentiating the practice of the lower castes from ayurveda. All other medical practices were classified in this differentiation under folk, exoteric and superstitious or irrational practices. Many of the practitioners who belonged to the lower strata of the society were specialists in particular areas of medical practice, such as pediatrics (balachikitsa), toxicology (vishavaidyam), single remedy (ottamooli), eye diseases (kannuvaidyam), etc. Some castes such as Mannan and Velan were known for their efficacy in vaidyam and their women practitioners were efficient dais too (Varier 1980, 483).

Rules and games

The various histories of ayurveda or ayurveda charithram that were produced in the twentieth century are founded on a lament about absences (Kutumbiah 1962; Varier 1906). These histories could be seen as a discourse of lack. Apart from the histories of ayurveda, proponents of allopathic medicine, various committees constituted by the colonial state for the study of indigenous medicine and different departments of the state – both colonial and postcolonial state - in the twentieth century were also the main players in producing a discourse of lack in

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10 Also see The Census Report of Travancore, Cochin and Madras, 1901.
ayurveda. Brahmamand Gupta finds the degeneration of indigenous medicine in the official patronage given to biomedicine (Gupta 1976, 369). Arnold shares a similar view, and for him the shift in official patronage was an assault on the corpus of indigenous medical knowledge (Arnold 1993). The attitude was also attributed to the policies of the colonial government in which indigenous medical practice was subsumed as mythological (Chattopadhyaya 1977, 425). The prime demerit was the lack of research and development in ayurveda. The inability of innovation in producing new medicines for newly evolved diseases is the demerit that ensues from the first. The consecutive demerit is the dependence on age-old texts which is an indication of a state of stagnancy. This critique is strengthened by showing that there is an absence of sufficient texts or written documents as evidence of knowledge about the practice. Other medical practices that depended upon oral culture, were not \textit{sstras} due to the inability to preserve and document the scientific explanation (theoretical knowledge) of their practice in tangible form. The absence of a sufficient number of \textit{sastrasya} texts in \textit{nattuvaidyam} was projected as an indicator of its incapacity to theorize the highly developed field of practice. All the above stated demerits together pointed to the lack of progress and the nature of stagnancy in ayurveda, the projected monolithic indigenous medicine. The discourse of lack was met by \textit{nattuvaidyam} with counter arguments. The strategy adopted by the proponents of \textit{nattuvaidyam} was not to deny any of the above mentioned absences, but rather to provide justification for each and every criticism from a different perspective.

\footnote{11 Ibid., The Usman Committee Report 1923; Dr. Koman’s Report of Indigenous Drugs 1923, General Bundle No.207, File No.423, KSA, Trivandrum.}

\footnote{12 Koman’s Report of Indigenous Drugs 1923.
The counter history of vaidyas and the proponents of indigenous medicines, which argued against the history of absences in nattuvaidyam, can be summarised as follows: Their practice is an age old one with connections to Atharva Veda\textsuperscript{13} and is taught by the God Brahma\textsuperscript{14} to Dakshprajapati and then from him to Ashvini Kumaras (Sinh Jee 1896, 23-26). It is further developed and codified in Samhita texts by three eminent physicians, Charaka, Susruta and Vagbhata, later known as the Brhatrayi or Vrudhatrayi (Sinh Jee 1896, Varier 1906, Bagchi 1997, Valiathan\textsuperscript{15}). Two of the Brhatrayis, Susruta and Vagbhata lived during the Buddhist period (Bagchi 1997, Valiathan). The Buddhist monasteries and monks contributed further towards the popularization of the practice throughout India, Sri Lanka, Indonesia and Japan. But surgery, a specialized stream of the Susruta School began to decay during the Buddhist period, since ahimsa was the precept of Buddhism.\textsuperscript{16} Ayurveda further declined after India was attacked and ruled by the Mughal empires (Varier 1906; Varier 1980; Bagchi 1997). The decline of ayurveda was augmented during the initial stages of the colonial period (Varier 1906; Varier 1980; Sharma 2012) but regained its lost status by the twentieth century (Varier 1980). The efficacy of the contemporary practice has a wide acceptance globally and it is indeed an age old tradition yet with all kinds of innovative and modern elements (Varier 1980). Because of this ever present

\textsuperscript{13} Sinh Jee says ayurveda or science of life is based on Rig Veda and surgery is derived from the Atharva Veda.

\textsuperscript{14} Brahma composed ayurveda with one hundred sections (adhyayas) of one hundred stanzas (stokas) each (Sinh Jee 1896, 24).

\textsuperscript{15} Valiathan, http://nptel.ac.in/syllabus/121106003/ accessed on 08.05.2014. This is an E-learning course co-ordinated by Indian Institute of Technology, Madras in August 2013.

\textsuperscript{16} There were differences of opinion on this view. Some argue that surgery was allowed on dead bodies. See Valiathan, http://nptel.ac.in/syllabus/121106003/ and Raghava Varier, http://ces.iisc.ernet.in/hpg/ragh/ccs/podcasts/2013-10-18-Raghava-Varier.mp3 accessed on 24.06.2014. For the view on decline of surgery, see Bagchi, 1997.
innovative potential of the age old texts, the prescriptions are relevant across time and space. (Lakshmipathi n/d, Muthu 1913, 177-190).

Let us consider the case of origins. The above mentioned histories of ayurveda suggest a divine origin for the practice. This suggests, from the point of view of modern history writing, that the origin is in fact unknown or unverifiable. In other words, a claim on God-given origin is an assertion of an unknown origin, history and past. It is an origin embedded in the notion of eternity (no time/that transcends time), a strategy of challenging the very notion of a linear historical time.

This divine origin has another analogy with the story of the origin of Keralam as the land that emerged from the ocean when the mythological Lord Parasurama threw his axe into the ocean to create a land for the Brahmins. An origin which is unknown to the present has to be connected with divinity so that the need for proof can be brushed aside. In other words, the methodological requirement of history to produce proof for substantiating every ‘fact’ is sabotaged in the history of ayurveda by bringing myth and divinity as supportive ideas of that origin.

Time has its own agency in altering the life of human beings. Time is not seen as something that can be conquered or controlled by man. On the contrary, it has the ability to conquer and control man. In the nineteenth century, the way of relating life with its surroundings is intermingled with historical facts and proofs as well as myths and beliefs that is handed down from generation to generation. In other words, the rational and the emotional and the real and the imagined remain locked together in such a way that it is difficult to separate out one from the other. For

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17 See Gundert 1843. Gundert had edited and published one of the texts on Keralolppathy.
the *vaidyas* and the proponents of indigenous medical practice, their practice and its connection with myth and divinity is not at all contradictory while presenting the contemporary relevance of their practice. The idea of irrationality was not a part of their epistemological universe and the binary of the rational and irrational was nullified in this perspective. The rational cannot exist without the support of the imagined divinity. Though this is not a conscious resistance, it was another way of countering the positivist\(^{18}\) perspective of nineteenth century Europe in assessing the world.

Many of the well-known ayurvedic physicians attempted to reply to the discourse of lack in ayurveda by publishing articles and books which elaborate the theoretical foundation and innovative possibilities in ayurveda. Some of them began to produce the history of ayurveda to substantiate its existence and relevance. To cite a few examples, in 1902 Krishna Varier wrote, *Aryavaidya Charitram*; in 1903 P.C. Ray wrote *A History of Hindu Chemistry* and in 1923 Girindranath Mukhopadhyaya wrote *History of Indian Medicine*. In 1944, Dr. A. Lakshmipathi\(^{19}\) wrote *Ayurveda Sikshaa*, a text book on ayurveda and P.S. Varier wrote *Bruhat Sareeram*.\(^{20}\) By then instead of the orally preserved and transmitted knowledge in *vaidyam*, tangible documents attained the position of necessary proof to assert the validity of any practice. Apart from writing histories

\(^{18}\) In Positivism, the goal of knowledge is in describing the phenomena in such a way that one could observe and measure it. All genuine enquiries should be concerned with the description and explanation of empirical facts. It is a trend in philosophy that emerged in response to the inability of speculative philosophy in solving philosophical problems in the context of the new scientific development. (See Frolov 1967, 331 and Mautner 1997).

\(^{19}\) Lakshmipathi was an allopathic doctor and an ayurvedic practitioner. A degree in allopathic medicine indeed increases the credibility of any ayurvedic practitioner. He declined to enroll in the allopathic medical register when the Madras government introduced the Madras Medical Registration Act in 1914. It was a protest against the Act, which was introduced to brand ayurveda as an unrecognized system of medicine. Though the book was published by the author in 1944, the manuscript was presented before Mahatma Gandhi, as Wardha Lectures in 1929. See http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3487242/ accessed on 25.06.2014.

\(^{20}\) P.S. Varier also learned allopathic practice informally from an allopathic doctor.
of Indian medicine, *vaidyas* across India began to translate and redact the existing *Samhita* texts of the *Brhatrayi* in order to substantiate the evidence of valid and codified texts in indigenous medical practice. They claimed that the nature of these codified texts and the prescriptions in them transcended time and space. They argued that *Samhita* texts are relevant for all time and the treatments and medicine prescribed in them are applicable across space, since the basic cause of disease is a derangement of *tridoshas* in the body. While interpreting or redacting existing texts, at least in the beginning, they did not bother about the form of the texts they produced. In other words, they attempted to produce texts which were largely prescriptive and in verse form. In these prescriptive texts, ways of knowing are explained but not as an objective knowledge about the practice. Knowing and knowledge are intermingled, and the embodied subject who acquires this knowledge has an instrumental role in disseminating this knowledge. They did not separate a subject from an object or subjectivity from objectivity. *Vaidyam* is not a disembodied objective knowledge for these *vaidyas*. Rather knowledge exists at its moment of application as knowing. The texts were largely prescriptive rather than in the form of explaining the cause and effect of each and every disease and the corresponding medicines. The texts included a description of the nature of diseases, the corresponding symptoms expressed in the body, the medicines required to reinstate the equilibrium of deranged humours, the methods of preparing compound drugs (*yogams*), etc. They do not explain why a disease is so and what causes a disease to happen. The knower or learner does not perceive the acquiring of knowledge as an objective activity. At the same time, there are conditions to reach any conclusion in a treatment through *prathyaksha* (experience), *anumana* (inference) and *apthavakhya* or *aptopadesa*.
(opinion of an experienced and known personality/ background evidence). These conditions are also the philosophical base of the Nyaya, Samkhya and Vaisheshika schools (Varier 1980, 65). The vaidyas present their arguments without challenging any of the critiques. They do not deny or argue against the specific criticisms raised against their practice. Instead, they accept the criticism and produce their own justification for each of the critiques by presenting a perception from a different cultural and philosophical context, by intermingling myth and divinity. In general, almost all the writers agree that there is a lack of research and development in ayurveda. They also agree that the degeneration of ayurveda began during the Mughal period and increased under the colonial regime (Bagchi, 1997).

Revitalization as part of nationalism

During the early twentieth century, in the process of responding to the discourses of lack, nattuvaidyam began to assert its authenticity alongside the establishment of a state-supported modern medicine. As mentioned in the previous chapter, nattuvaidyas from different parts of Keralam began to produce bottled medicine with shelf life, formed vaidya associations, published magazines on vaidyam, and conducted annual examinations to produce qualified vaidyas with certificates. This strategy of nattuvaidyam has been studied by scholars as a

21 Kottakkal Aryavaidya Sala (AVS) from Malabar, North Keralam and Kesavan Vaidyan from Paravur, South Keralam advertised their bottled medicines. A lot of advertisements about various bottled medicines appeared in Vivekodayam, Nasrani Deepika, Yogakshemam etc. in 1920s.
22 Aryavaidyam Samajam of Kottakkal, 1901 and Keraleeya Ayurveda Samajam, 1902 were the two vaidya associations that formed and negotiated with the colonial state during 1900 to 1930s. Similar associations were formed in different parts of India during the same period such as Mumbai Vaidya Sabha, 1890 and The Ayurvedic Congress led by Pandit Shiv Sharma, 1907.
revitalization process activated by the nationalist movement (Panikkar 1995, 145-75; Leslie 1976, 356-67; Brass 1972, 342-71). Leslie further observes that the notion of the decline of ayurveda was a logic of the revivalist ideology (Leslie 1976, 357). In other words most of the theorization and historicizing of the revitalization process in ‘ayurveda’ of the early twentieth century has been seen as part of a reformist and nationalist imagination. Knowing or unknowingly, this scholarship reproduces the ideology of a uniform India (nation) and its subjects with their uniform aspirations, even when they critiqued the colonialist ideologies and policies which for them stood for a world with a centralized scientific view. They have done their theorization within the given normative of ‘knowledge’ which was entirely unaware about the tools and methods used in a different mode of knowing. Practices that emphasize ways of knowing are different from the idea of modern knowledge. The same kind of assumptions can be observed in many other fields.24 The scholars mentioned above assume that there were practices that strictly use particular texts and language for their transmission. Moreover, this Sanskritic, textual, codified tradition is assumed to be the sole property of the upper caste practitioners or the ‘elite practitioners’ (Panikkar 1992, Cleetus 2007, Trawick 1992, 129-159).25

Majority of the scholarly accounts privilege the literati as hegemonic practitioners and their texts as authentic sources in the making of a valid history (Panikkar

24 An instance what is relevant here is the well known historian of Keralam, Raghava Varier’s study of ‘northern ballads’. According to Varier, upper castes (specifically nampoothiris) developed as a reference group and lower castes adapt various usages and techniques from their culture. With this view in the background Varier says northern Keralam has a peculiar folk culture since the sanskritizing process of the nampoothiri reference group is less there because of their absence (R. Varier 1982/2005, 74). So, Varier contradicts himself saying that lower castes learn from upper castes, and at the same time, absence of upper castes in a place reduces the sanskritizing process and produces a peculiar folk culture.

25 Interview with M.R.Raghava Varier, the historian and the in-charge of the publication division of Kottakkal AVS, dated 10.10.2011.
1992, Leslie 1976). Texts are seen as the authentic source material in determining the efficacy and wide social acceptance of any practice. This privileging of a written document over an orally transmitted and memorized mode in practice destabilizes a culture that privileged memory and improvisation to preserve its ways of knowing. The process invariably leads to the demarcation of a vast area of the colonized as less civilized because of a different mode of relating with life through memory and improvisation (Ong 2002, Goody 1977).

Thus ayurveda practised by the literate, Sanskrit-knowing vaidyas (even when they did not refer to texts for their practice) was found to be more authentic than that practised by non-literate vaidyas. In this process of making history of a literate tradition, it was also presumed that all vaidyas from the upper castes were literate. But in the realm of practice, the literate and the non-literate vaidyas shared the same social space with different status and financial support. The social space of vaidyam was also shared by a variety of castes and communities. Some of them possessed texts and had textual knowledge, while others possessed orally transmitted knowledge. Vaidyas belonging to brahmin castes were treated as out-castes by their community, since touch is important in medical practice (Krishnankutty 2001, Varier 1980, Bhaskaranunni 2012). Even when the Brahmin practitioners were treated as inferior within their castes, they used different techniques to avoid touching the body of patients belonging to the lower castes. Vishavaidyas of the upper caste, instructed their helpers to touch and treat the patient while closely observing the minute changes of the effect of the poison in the body of the patient.

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26 Ong characterizes the oral mind as additive, aggregative, redundant, traditional, conservative, homeostatic and situational while listing out the differences between the mentalities of oral and literate societies. Goody argues that the development of logical thought is essentially based on the development of writing.
in each stage. This suggests that in practice, the textual and the oral worked together rather than in isolation. There are many instances that point to the mutually dependent nature of literate and non-literate as well as the upper caste and non-upper caste vaidyas. These practices and their incessant interaction have been ignored in most scholarship.

It is erroneous to argue that certain communities who practiced vaidyam depended solely upon written texts, and that other communities depended solely upon oral transmission of knowledge. Literacy cannot be attributed as the possession of some communities and illiteracy attributed to some other communities. In the late eighteenth and early nineteenth century Keralam, people who learned reading did not necessarily learn the art of writing (Bhaskaranunni 2012, Menon 1986). The experts who knew the technique of writing on palm/cudjen leaves were known as scribes (ezhuthasan - assattilezhuthachan) and were paid for their work (Ayyer 1999, 18-19). The first Chief Minister of Keralam, E. M. S. Nampoothiripad mentions in his autobiography that though he learned Vedas, and to read Malayalam, Granthakshari and Devanagari, he did not learn the art of writing in any of these languages until he was 12 years old (Nampoothiripad 2007, 17). V. T. Bhattathiripad, in his autobiography, writes that he was introduced to modern education, i.e. reading and writing in Malayalam, at the age of 17 (Bhattathiripad 1970, 5). Both of them were from the nampoothiri community, assumed to be literate. Learning, be in Vedas, vaidyam

27 Interview dated 16.01.2010 with Avanaparambu Maheswaran Nampoothiri, a vishavaidya and gajavaidya (treatment for elephants) practitioner, Wadakkancherry. Interview with Vimala, Thrissur, a vishavaidya dated 22.11.2010.
28 Also see the Imperial Census of 1881, The Presidency of Madras, E Keys at the Government Press, 1888.
29 E.M.S said that after acquiring the reading ability he read a large number of books in Malayalam before he joined a school for formal education (Nampoothiripad 2007, 70).
30 Kanneerum Kinavum (Tears and Dreams).
or *jyothisham*, meant an emphasis on the art of memorizing verses in its exact form. A new meaning for literacy which now included both reading, writing and a rational understanding of these actions, emerged only in the nineteenth century. As historian Rajan Gurkkal has argued, the notion of ‘illiteracy’ is itself produced within the colonial definition of literacy (Gurukkal 2009, 166). Gandhi saw literacy as only one of the means of education. He says literacy in itself is no education (Misra 2005, 95). The relation between script, writing and reading, and the different techniques within script is also transformed by that period. In certain languages the script used for writing texts on *vaidyam* is different from the script used for other purposes.\(^{31}\) The advent of print culture activated the transformations and the relationship of script with reading, writing and memorizing. Print not only transformed the relationship with learning and writing, but also imputed new meanings to them. One who does not know the art of reading and writing was assumed not to possess a rational mind to access ‘knowledge’. They were also assumed to be those who did not know the art of writing, by making an inseparable association between reading and writing which was not prevalent in early nineteenth century India. The coexistence of the literate and oral traditions within many practices such as *vaidyam, jyothisham*, architecture etc. began to change in the twentieth century. It became a relationship of tension, negotiation, manipulation and transformation as literacy became a means for accruing power. The scribes and scribal community who

\(^{31}\) I did not find any reference or evidence for the techniques within script in any of the secondary literature. But, the Arabi-Malayalam material which I obtained from a *vishavaidya*, was given to two experts for translation. Both of them, before reading the material, at the first glance itself told me that the matter pertained to *vaidyam* because of its script. In the seventeenth century, Itty Achuthan, an Ezhava *Vaidyan* who had assisted Van Rheede in compiling *Hortus Malabaricus* had used *Kolezhuttu* Malayalam script (the script used by Brahmans) to write his declaration in the book. (*Hortus Malabaricus* 1678-1693); Alathur Manipravalam enna vaidya grantham, an oldest text in vaidyam used old *Arya* script (Varier 2009, 10).
performed the art of writing were extinct by the late nineteenth century. Till then, literacy per se was not considered as an important ability and was not a requirement to learn ways of knowing or practices. Similarly, illiteracy was not seen as ignorance or incapability in using a thoughtful mind. For example the Census Report of Cochin, 1875 does not equate literacy with education. The report in fact, equates education with 'little learning’ or an impediment to actual learning.

The ability to read and write is no test of education as this term is properly understood in regard to its effect on mental faculties. And not unfrequently it happens that this attainment is used in promoting litigation and in defrauding those who place faith in these officious men of little learning.

(The Census Report of Cochin, 1875, 51)

It was impossible to equate literacy with textual knowledge because almost all the texts were memorized by the practitioners including Vedas, vaidyam, jyothisham, mathematics or literature. The form of the text is decisive here. It was in verse form, a mnemonic device which in fact activates the memory of the learner. Well-known texts that helped a student to inculcate foundational grammar in Sanskrit were Amarakosam and Siddharoopam. Memorizing these texts was essential before commencing formal learning in vaidyam, jyothisham or advanced Sanskrit literature. These texts were not only popular among Brahmins, but also among lower caste communities especially among those who practiced vaidyam and jyothisham (Varier 1980, 483; Vinayachandran 2001, 223). In fact, the curriculum of early eighteenth century education included learning of some

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32 Interview with Vimala and Brahmadathan on 22.11.2010, Dr.Mohanlal on 20.03.2015, Raghavan Vaidyan on 13.05.2013.
vaidyam and jyothisham (astrology) along with arithmetic, art and polity (Ghosh 1995). Ashtanga Hridayam was a Sanskrit text used in Keralam not only for learning vaidyam but also for learning Sanskrit (Mohanlal 2015, 10). There were techniques and games to maintain accuracy in memorizing each and every part of the text in verse form, without failure. People learned Vedas, vaidyam or jyothisham in Sanskrit and other languages, not by reading a text, but by listening to them orally from a guru and reiterating them continuously till they could memorize it from beginning to end and vice versa. This is termed as kambodu kambu learning (memorizing thoroughly so that the learner can remember any stanza from any part of the verse). Anthakshari and aksharaslokam were some of the mnemonic devices which prevailed widely to test the capacity, speed and accuracy of memorization of the slokas or verses (Frohnmeyer 1913). Many of the texts in verse forms were written with praasam (alliteration) which helped the practitioner to recall one line after the other. These techniques are seen not only in Sanskrit but also in Tamil, Malayalam and Arabi-Malayalam. Another characteristic of the mnemonic devices is that in the initial stage of learning, the focus of teaching or learning was only on memorizing the verses with accuracy and not on delineating the meaning of the poem as part or as a whole. Meaning is attributed to the memorized verses at a later stage of learning, sometimes towards the end of the learning.

This can be seen not merely in orally transmitted knowledge/practice such as vaidyam but also in other embodied practices like kalari. In kalari, the first three

33 Praasam is a technique in which each line in a stanza begins with the same word or alphabet. In dwitheeyakshara praasam second word in each stanza begin with the same word or alphabet. In anthadipraasam, last line of a stanza repeats in the next line of another stanza.
34 In Arabi-Malayalam kambi is used for praasam, kazhuthu is for dwitheeyakshara praasam and valummakambi for anthadi praasam. In Tamil muttumona is used for repeating the first word in each first stanza.
months learning *meythozil* (body art or practice), helps a student to perfect her/his *vadivukal* (body postures) and *chuvedukal* (steps) and maintain her/his balance at the moment of defending an attack. During the last stage where (s)he begins to learn *meypayattu* or bare bodily defense, (s)he begins to know that what (s)he had learned as *meythozhil* were actually postures that can be deployed for defending and attacking. Only at this stage, the practitioners realize that those techniques can also be used as devices to cure bone injury or vital spot injury along with appropriate medicine.

Texts were circulated orally through memory even among the upper castes. Texts were circulated orally through memory even among the upper castes. These learning techniques make an appearance in modern forms of education, albeit interpreted in negative terms as rote learning without an understanding of the content of learning (Travelyan 1838, 17-45, Kumar 2004, Seth 2007). Rote learning was also known as ‘learning by heart’, to indicate that learning through heart is inferior to learning through mind. It is a privileging of the mind over ‘heart’ and the rational over the emotional. In the case of reiterative learning and memorizing the learner was seen as lacking the ability of critical thinking. In short, within literate and illiterate practitioners spread across diverse communities, knowledge was transmitted orally even when some texts were randomly used for teaching, learning or as reference books. What is considered as learning does not necessarily include a rational application of the mind, but

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35 Many people whom I interviewed (except the modern ayurveda doctors) learned *vaidyam* through rote learning and memorization despite the fact that they are all literate. Here I can mention among them, Avanaparambu Namboothiri, an 81 year old *vaidyan*, Vimala Antharjanam, a 60 year old *vaidya*, Krishnan Bhattathirippad, an 80 year old *vaidyan* (all from the brahmin castes), Mannadhan, a 61 year old *vaidyan*, Apputy, a 45 year old *vaidyan* (both from non-upper castes).

36 Seth further theorizes this rote learning as a negotiation of the subjec by using her own techniques in accessing modern ways of learning. (Seth 2007,17-45).
envisages a practical application of knowledge in a productive way. The method of learning was an action in itself.

From the seventeenth century onwards, there were Ezhava vaidyas who were well versed in Sanskrit (Varier 1980, 483). This helped their successors in learning Sanskrit even if we accept the reigning argument that the chance to learn Sanskrit (considered to be the Deva Bhasa) was denied to the lower caste practitioners. As I have already mentioned, in Keralam, vaidyam was practiced by a variety of castes and communities. Ezhavas, Mannans, Velans etc. were the popular indigenous medical practitioners (Varier 1980, 483). Many of the balachikitsakas (pediatricians) were from the lower castes and they were called upon for treating children of upper caste communities even while observing the rituals of castes (Krishnankutty 2001). Children of Thaikattu Mooss, a well known ashtavaidya family were treated regularly by an Ezhava vaidya. As the vaidya was not supposed to touch the child, he used to ask his helper who was from the upper caste house to give him proper information about the state of the patient. In most cases, the Ezhava or other lower caste vaidyas were only allowed till the entrance of the house of the upper castes. Stories about well-known upper caste practitioners who would approach lower caste practitioners to learn their

37 Itty Achuthan, a vaidyan from the chegon caste was one among others who helped Van Rheed in compiling his volumes on the plants and herbs of Malabar. The co-workers of Achuthan were two Brahmin vaidyas from Karnataka, an indication of collaboration between Brahmins and lower castes at least in cases of official requirements (See Manilal 2003). Chegon is a Thiyya caste belonging to north Malabar. Ezhavas from southern Keralam and their equivalents Thiyyas from the northern Keralam are an organized community and are categorized under other backward castes. Chegons are people who knew and teach kalari. The word chegon means people who are willing to fight in kalarippayattu and die for the sake of a king/landlord/community.

38 Also see Dhanwantari, 1910, January, 7:6, Editorial, Anonymaapeksha.

39 Interview with Brahmadathan Nampoothiri, a vishavaidyan dated 22.11.2010.

40 Interview with Brahmadathan Nampoothiri, a vishavaidyan dated 22.11.2010. He was treated by an Ezhava vaidya at an age of 7 years. The vaidya did not touch the child. The child sat inside the gate and the vaidya stood outside the gate of the house and gave necessary instructions to the family members for making medicine. The father of the patient was a well-known vaidyan in the Palakkad district. (Also see the autobiography of M.C.Nampoothirippad, 2014, 37).
techniques of treatment. Kaikulangara Rama Varier (1832-1896), a famous vaidyan had treated a person and the patient was not cured. Later, Varier came to know that the patient was completely cured through the treatment of another vaidya from a lower caste. Varier went to that person’s home to learn which medicines had to be administered to the patient (Warrier 1997). Some upper caste practitioners also taught vaidyam to people from all castes and communities. P.S.Varier, the founder of Kottakkal AVS and Ayurveda Patasala, learnt vaidyam from ashtavaidyan Kuttancherry Vasudevan Mooss, a Brahmin guru in 1886 (Krishnankutty 2001, xi-xvi). Varier belongs to Ambalavasi, a sudra caste, and had gone through many hardships because of untouchability (Krishnankutty 2001). In his biography, Varier writes that the reason for the deterioration of his health was the hardships he had to endure during the learning of vaidyam from a Brahmin guru (Krishnankutty 2001). The yogams (medicinal compositions) in most of the available Malayalam texts on vaidyam indicate that they were part of the practice of the lower caste vaidyas (Varier 1980, 489).

Knowledge had to be textualized was not enough to be counted as authentic, the texts had to be of a particular kind too. In the first instance, presence of a text or a written and tangible document that constituted knowledge was essential. Second, the nature of a text, the norms within which an argument is developed, modes of explanation, what required explanation – all were important in the idea of a text, when text is perceived as a valid representation of a practice. In other words, not all texts are valid enough to represent knowledge or to convert a practice, a way of knowing, into explainable knowledge.
Third, the form in which the text was written was equally important. Prose was privileged in representing rational argument than verse. The form is critical criteria in determining the truth carrying capability of a text in representing theoretical and scientific arguments. The newly emergent prose acquired prominence and authenticity by categorizing and delegitimizing the verse form as a literary genre named pattusahithyam (poetry literature). The prescriptive texts in indigenous medicine that did not separate logical and illogical, medicine and mantram (secret chanting) were seen as irrational forms that represented vaidyam. Because of this, the practice that deployed the poetic was thought to be irrational. The solidification of prose into a dominant position by the late nineteenth century resulted in the marginalization of the mnemonic devices that aid memorizing and the practices based on this form. It also introduced new and ineluctable connections between texts, reading and writing as a precondition for learning. The nature of representing practices through prose necessitated new norms of explanation and analysis rather than a prescriptive presentation. The reader’s/learner’s mastery in picking up the contextually changing meanings of terms used for medicine and medicinal compound, which was once considered to be central to vaidyam slowly disappeared from practice. The efficiency made possible in knowing the multiple names of herbs and medicine was also erased within this outlook. But new conditions were introduced in deducing the general as well as contextual meanings within a text written in prose. Literacy, rational thinking and efficiency were important to analyze what is scientifically useful and what is not.
Fourth, the language in which the text is written is important in determining its significance as classical, folk or popular. Vernacular languages were not accorded an equal status in representing knowledge; Sanskrit was given the predominant position among different languages even when medical practices were redacted and interpreted in a number of vernaculars such as Tamil, Telugu, Malayalam and Arabi-Malayalam from sixteenth century onwards.

Fifth, the idea of codification emerged as the symbol of an ideal in validating knowledge of practices. Codification is the process of collecting and arranging the useful knowledge in vaidyam in an explainable mode. It is believed that the process of codification commences from the Samhita texts (Valiathan 2006). Possibility of codification within oral traditions at the abstract level of memory is completely ignored in this perception. Codification is seen as possible only through textual preservation in print or at least on palm leaves in a tangible form. This raises further concerns about which text would be dependable in the codified form from amongst a variety of texts such as Samhita texts in Sanskrit and other texts in regional languages. There are two issues here; one is the advent of print technology which valorized the importance of textual documents. It also raised concerns about what could be considered a codified text. The other is the erasure of the possibility for codification in oral culture.

Sixth, what is available within the tangible and visible mode is accepted as a text that bears a limited truth carrying capacity. A recorded document is seen as the one which has a potential to withstand alterations, mistakes and adulterations as opposed to oral texts and memorized knowledge. Even if the document is altered, it can be cross checked with the ‘original’ document, whatever be the nature of
‘originality’ of the document. Further, writing as an important activity of knowledge is placed in a higher order which invariably places oral and other embodied practices in a lower order in knowledge production.

In the early twentieth century, hundreds of translations and interpretations of the Brhatrayis and other texts whose authors are unknown were published in different vernacular languages.\textsuperscript{41} It was also a period in which print technology was thriving and a variety of magazines on vaidyam were being published from different parts of India.\textsuperscript{42} They addressed the health of an individual, contagious diseases, seasonal diseases and public health. The very presence of texts in vaidyam and their interpretative versions in vernacular languages increased the ‘symbolic value’\textsuperscript{43} of these texts as reference books in practising vaidyam, even when vaidyas did not refer to these texts for their treatment. There was another attempt to reproduce some of the interpretations or redacted texts into manuscript form in palm or cudjen leaves, in order to enhance the authenticity of the textual representation and its antiquity (Cleetus 2007, 147-72). Apart from a symbolic value, the texts did not serve any other purpose in the mid eighteenth century. The symbolic value was indeed a requirement in the context of newly emerging meanings and truth value that was getting attached to written documents and tangible forms that attempt to represent and decipher any practice. During the

\begin{footnotesize}
\begin{enumerate}
\item G.O No. 475-476 dated 19.11.1917, Health (Medical) 1917, 16-18, TSA, Chennai. The report found that 29 texts in Sanskrit, 79 texts in Telugu, 48 texts in Tamil and 16 texts in Urdu and Arabic were available for reference.
\item Dhanwantari, Vaidyamanorama, Arogyabandhu, Aroghyadeepam, Aroghyam, Sukhashamsi, Arogyachandrika, Arogyavilasam, Ayurvedic Gazette, Ayurvedachandrika, Vaidyabharatham, Ayurvedaratnam, etc. were published from Keralam in Malayalam. Dhanwantari was the oldest magazine, that commences in 1903 and was published up to 1923 with a break of a few months in between. Arogyabandhu started being published in 1958 and went on till 1968. Now almost all the mainstream Malayalam magazines publish their monthly health magazines such as Arogyamasika of Mathrubhumi daily, Aroghyam of Malayala Manorama daily, Arogyachandrika of Chandrika daily etc.
\item Texts serve the role of validation of their knowledge, thus functioning as a ‘cultural capital’ to enhance the value of a practice (Jenkins 1992, 1-10).
\end{enumerate}
\end{footnotesize}
formal institutionalization of indigenous medical practice in the twentieth century, institutions whether run by the colonial state, the rajas, the community or by individuals needed texts as a first reference and main tools for teaching indigenous medicine in a standardized style. It also meant that the symbolic value of texts as ‘cultural capital’ changes. In other words, texts and pre-planned syllabus in the written form began to produce new meanings, notions of authenticity and began to represent the quality and accuracy of learning (education) in vaidyam.\textsuperscript{44} Earlier also, there were set patterns in teaching vaidyam, but this differed among individual teachers and gurukulas. The syllabus was not in a tangible, written format. Students learned vaidyam from gurus, by spending long hours or sometimes months with the teacher. This was also through a number of processes such as learning verses through reiteration, observing and helping the guru at the time of treating patients, making or grinding medicines, identifying and collecting herbs (Varier1906). Anubhavasiddhi (Krishnankutty 2001, xi - xvi) or the knowledge and expertise earned through sharp and subtle observation and experience was important to learn any practice.

The nineteenth century witnessed the production and preservation of a variety of documents such as ethnographic notes, biographic notes, legal documents and administrative notes, all in the form of prose.\textsuperscript{45} Histories were woven out of these documents. The written documents were also open to scrutiny because the material in written form is available to all who were literate. In contrast, orally transmitted knowledge is not available to all and circulates within communities

\textsuperscript{44} The Travancore Ayurveda Patasala established in 1889, invariably led to the introduction of a curriculum and texts in studying vaidyam. However, the texts used in the initial years included AH, AS, Hridayapriya, Yogamritam, Sahasrayogam, etc. (Mohanlal 2014, 10).
\textsuperscript{45} See for example The Mackenzie collection 1828; The Book of Durate Barbosa 1866; Writings of Buchanan 1807; Edgar Thurston 1909.
that know the conditions of the rules and norms of that tradition. In order to access an orally transmitted knowledge, one has to know about the mnemonic devices and the norms under which memorization process and techniques are managed, for preserving accurate memory within that tradition. It is also essential to know the techniques through which meaning is imbibed in the orally transmitted knowledge. Of late, orally transmitted knowledge is also considered as a text but as tools that lack sasthreeyatha. They are categorized as the methods and tools used in folk cultures (Rajagopalan 2007).

Most of the historians of vaidyam seem to agree on the fact that the main texts on vaidyam were originally written in Sanskrit and that the Brahmin castes or elitists were the sole practitioners of this ‘classical textual’ tradition (Wise 1845; Kutumbiah 1962; Hymavathi 1993; Panikkar 1995). As per this scholarship, all the other caste vaidya practitioners either use vernacular texts or follows non-textual form of knowledge. The literature produced during the late nineteenth century classified ayurveda as a practice of the upper caste, Sanskrit-knowing and literate vaidyas (Bagchi 1997). Correspondingly, the truth carrying capacity of Sanskrit language and textual knowledge is explicitly asserted in the official documents of the early twentieth century. As stated in Chapter 2, the Director of Ayurveda, Travancore wrote in his Inspection Notes after visiting grant-in-aid vaidyasalas that vaidyas who learned vaidyam in Sanskrit were ‘vaidyan with great experience’ and the ones who used Malayalam vaidyam texts were ‘vaidyan

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46 Historian Raghava Varier interviewed on 10.10.2011 affirmed this idea of a literate upper caste practitioner who follow textual knowledge. In the authors mentioned above, Panikkar agreed that ayurveda, at least in Keralam was not a monopoly of upper castes. But he emphasized that the revitalization process had operated within the literate tradition who knew Sanskrit and English. For him vaidyas who knew other vernacular languages were not literate enough to participate in the revitalization movement. He emphasizes this by stating that non-literate popular practitioners who had no textual knowledge were inevitably marginalized and treated as object of reform (Panikkar 1995, 145-75).
with some experience’ or ‘is not a learned physician’. At the same time, the
ambivalence in this understanding can be seen in his assessing vaïdyas who did
not know Sanskrit, yet had popular acceptance for their efficacy in curing
diseases. The Director categorizes such vaïdyas as ‘one with great popular
acceptance for his treatment’ even when ‘the vaïdyas has no formal
qualification’. It is clear that he was not using the single criterion of knowing
Sanskrit in judging the efficacy of a practitioner. The author of Ayurveda
Charitram states that in Kerala, the history of ayurveda can be divided into
three periods as before the entry of Sanskrit, during the period of Sanskrit and the
modern period (Varier 1980, 485). Before the refashioning of a particular practice
as ayurveda, diverse medical practices existed and the ayurveda assimilates many
of the popular practices into it (Varier 1980).49 The upper caste vaïdyas
community easily associated themselves with this classical ayurveda even when
many of the lower caste vaïdyas community also possessed the above mentioned
qualifiers (Sanskrit, text and literacy). In regions such as Punjab
(Sivaramakrishnan 2006), Bengal (Gupta 1976), Benares (Sharma 2012),
Bombay (Abraham 2009) and all over south India similar kinds of processes had
occurred with an urgent need for a uniform medical practice and consequently
ayurveda emerged as a classical indigenous medical tradition of India. This
monolithic form attributed to a region is also the requirement of the late
nineteenth century, because the practice had to respond to the monolithic state-
sponsored biomedicine. For supporting this emergence of ayurveda as a solitary
classical tradition, there were the Samhita texts of Brhatrayis, notwithstanding the

47 See B.No.172, General Section, II-4/1 of 1918, Inspection notes of the Director of Ayurveda,
dated 19.03.1918. KSA, Trivandrum.
48 Ibid.
49 Also see Dr.Valiathan. http://nptel.ac.in/syllabus/121106003/ accessed on 08.05.2014.
fact that amongst the practicing vaidyas in Keralam and other regions of India hundreds of vernacular texts were popular (Unnikrishnan 2011, 192; Varier 1980, 154). Amongst the Brhatrayi texts, only Ashtanga Hridayam (AH) was popular in Keralam. The second history of ayurveda in Malayalam explicitly stated that the Samhita texts were not used in south India for learning or teaching vaidyam. These texts were introduced into the curriculum of the south India only during the middle of the twentieth century (Varier 1980, 479). AH was most popular among vaidyas who used Sanskrit or Malayalam texts (Unnikrishnan 2011, Vinayachandran 2011). By the mid twentieth century, all ayurveda educational institutions in Keralam began to use the Charaka and Susruta Samhitas as the main texts for teaching vaidyam instead of AH. However, individual vaidyas from different parts of Keralam started advertising their vaidya courses, by stating that there was provision to learn vaidyam as per Kottakkal Arya Vaidya Patasala (AVP) syllabus as well as Travancore Ayurveda Patasala (TAP) syllabus. This indicates that different styles of teaching in vaidyam continued to exist. The process of institutionalization of educational institutions that impart vaidyam, furthered the marginalization of vernacular texts as non-authentic sources as they used standardized texts to bring a uniformity in learning ayurveda. The learning in Ayurveda Patasalas of Cochin and Travancore were based purely on Sanskritic texts, whereas that of Kottakkal AVP promotes Malayalam along with Sanskrit. As ayurveda began to represent a homogenous indigenuity that cuts across different regions in India, it became the sole indigenous medical practice, and all institutions started using the Brhatrayi texts in teaching. This resulted in the diminishing of the value of hundreds of vernacular texts on vaidyam, mostly

50 See Vivekodayam 1907, August, Vol.4,169.
in the verse forms because the *Brhatrayis* are in prose.\(^{51}\) By then, attempt to standardize learning of *vaidyam* across India, despite the nature of diversity in its practice, was initiated at the national level. The attempt ends up delegitimizing all other practices of *vaidyam* that uses hundreds of regionally available vernacular texts instead of the *Samhita* texts. The argument that the vernacular texts are the redacted versions of the *Samhita* texts was used for this purpose. However, Raghava Varier avers that many of the *yogams* of *Alathur Grantham*, a pre-eighteenth century text, can be seen in the later vernacular texts such as *Chikitsamanjari, Sahasrayogam, Navagandam, Yogamritam, Vaidyaratnamalika* and *Sarvaroka Chikitsanool*. But *Alathur Grantham* has affinity with home medicine rather than the *yogams* of *Samhita* texts (Varier 2009, 25 and 177-182).

This clear evidence shows that there were practices that did not come under ayurveda and texts that did not follow the traditions of the *Samhitas*. By the twentieth century, vernacular texts are considered by the *savarna* practitioners as non-scholastic texts used by *nattuvaidyam* practitioners and layman for experimenting *vaidyam* at home (Varier 2009). In other words, non-scholastic texts were identified as part of folk and home medicine or simple medicinal practices followed by lay persons for minor ailments.\(^{52}\) *Vaidyam* practiced at home by the elderly people got differentiated as home medicine and *ammoomma* or *muthassi* (grandma) *vaidyam* (Unnikrishnan 2011).

The differentiation and categorization of a practice followed at home by a layperson and that practised by experienced *vaidyas* was essential in a period where a subject was required to have a certain training and capability – literacy, a

\(^{51}\) Valiathan states that amongst the *Brhatrayi* only AS consists of verses and is easy to remember compared to the other two *Samhitas* (See Valiathan 2009)


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rational mind, a particular kind of training etc. - to acquire any knowledge (Seth 2007). It was also a differentiation and elevation of certain practices from the popular realm as knowledge that needs expertise, and hence made inaccessible to the layman. But the layman always utilizes what is relevant and accessible to them, even in the case of modern medicine.

This resulted in the further differentiation of practices as classical and folk, and practitioners as sastra nikshnathar (those who know the theory) and kriya vichakshanar (those who know the practice) respectively. Dhanwantari magazine described the upper caste vaidyas as one who knew sastras (sastra nikshnathar) and knew Sanskrit texts, and the lower caste vaidyas as one who was efficient in practice (kriya vichakshanar) and knew vernacular texts. The place of layman in accessing knowledge was in between the folk and the classical and the latter had all the qualifiers to become the secular practice. Folk practitioners were characterized by a lack that prohibited them from becoming the classical, and were treated as the ones who did not have texts or proper texts written in particular form and in the appropriate language. ‘Popular’ is a place for non-practitioners who could access some knowledge mainly from the vernacular texts of the folk practitioners. Thus, classical medicinal knowledge was presumed as being inaccessible to both nattuvaidyas and layperson because of its scholastic and esoteric attributes. The texts are seen as scholastic as they are in Sanskrit and used by the upper caste practitioners. They are esoteric as the knowledge is not (meant to be) accessed by all. In contrast, the erudite texts (both oral and written) in nattuvaidyam were undermined as inaccessible and cryptic because of the

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54 Ibid.
secrecy around the practice. Scholars differentiated ayurveda and nattuvaidyam not by the nature of practice, but by the perception of the nature of the practice (Unnikrishnan 2011, 74). And this perspective evolved through a discursive field including the practice, institutions, policy making, medical lore etc. Apart from scholastic, nattu and popular practices, medical knowledge is also disseminated through the sellers in tharimarunnu (pieces of herbs and medicines sold in packets as per requirement) shops. People who gather herbs, minerals and metals, and people who sell them have the capacity to disseminate the medicinal qualities of these gathered articles. In contemporary Keralam, one can still find tharimarunnu outlets that sell fresh and dry herbs, as their role is important in the existence of nattuvaidyasalas that prepare and sell medicines. The intermediary sellers not only supply herbs, minerals and metals to institutions and individuals who make medicine in mass volume, but also to lay persons who possess some knowledge of medicine. They know which herb is used in certain medicines meant for particular ailments, but they are not seen as a threatening force like nattuvaidyam is to classical ayurveda, since they are not practitioners of vaidyam.

**Emergence of the Ayurveda**

The name ayurveda was not used anywhere in India even in the early twentieth century as an institutionalized and systematized practice. The author of *Ayurveda Charitram*, Varier, argues elsewhere that ayurveda had come from north India whereas Keralam had its own rich and diverse medical practices (Varier 2013, 300). He further states that the term ayurveda is not seen in Vedas; there the usages were baishajyas and ayushyas (Varier 2013, 16). According to him the term ‘ayurveda’ appears only in the Samhita texts during the Buddhist period
The vaidya magazines that were published in the early twentieth century from Keralam did not use the term ayurveda to represent their practices in the initial years. The magazine *Dhanwantari* began to use the term ayurveda to represent their medical practice only after 1910. Till that time, *nattuvaidyam* (indigenous medicine) was the term used widely to represent all kinds of indigenous medicines from *siddha, ottamooli, vishavaidyam, kalari chikitsa* to magical medicines (*mantram* and *tantram*). In 1917, Kolatheri Sankara Menon, the superintendent of the *Vaidyasala*, Travancore sent a letter to the government suggesting some changes for modernizing his institution. In the letter, he proposed a change in the name of his institution from ‘Native *Vaidyasala*’ to ‘Ayurveda *Vaidyasala*’ in Malayalam and ‘Ayurveda Institution’ in English, since the former is an “uncouth expression that does not connote the scientific aspect of the Ayurveda System of medicine”. He also suggested changing the name of the ‘Ayurveda Patasala’ as ‘Ayurveda College’ since the former is “old and uninviting”, and further a change in the name of his position of Superintendent to the ‘Director of Ayurveda’. The educational institution started in 1880 in Travancore was named as Ayurveda Patasala even when the 72 grant-in-aid *vaidyasalas* under it were known as *nattuvaidyasalas* (indigenous pharmacies) and *vishavaidyasalas* (toxicology centres) respectively. During the institutionalization and systematization of ayurveda as a coherent medical practice of a region called India, pre-existing regional practices and remedies

(Varier 2013, 30). See *Dhanwantari*, from 1903 to 1926 in 23 books and 274 issues, *Nattuvaidyan*, a magazine published from Central Keralam. The title of the magazine is *nattuvaidyan* or native medical practitioner and not ayurveda practitioner.

See Bundle No.164, File No.II. 5 of 1917, Rules for grant in aid to vaidyasalas, KSA, Trivandrum.

Ibid.

Ibid. p.1
were adopted when they were found beneficial.\(^{59}\) In course of time, though, practices changed beyond recognition, while things remained unchanged at the conceptual level.\(^{60}\)

*Panchakarma* that includes *dhara* and *pizhichil* was a peculiar treatment pertaining to the geographical area that was not yet named as Keralam, and has a close relation to *kalari vaidyam*. In a meeting of the members of All India Ayurveda Congress, at Kottakkal in 1954, the members of the Congress got the first opportunity to see certain aspects of *panchakarma* treatment.\(^{61}\) They decided to include questions pertaining to *panchakarma* in the forthcoming ayurvedic examinations.\(^{62}\) As mentioned in Chapter 1, in 1959, the Travancore Ayurveda Patasala began to research the ‘Malabar special treatment’ which included massaging and bone setting, two practices integral to *kalari* (Mohanlal 2014, 98-99). Later, in the last decade of the twentieth century, the term ‘Malabar treatment’ was abolished by integrating *Panchakarma* into the curriculum. While subsuming certain medical practices into it, the classical ayurveda differentiated itself from other native medical practices, i.e. *nattuvaidyam*. *Marmachikitsa* is found within *kalari* and *siddhavaidyam* and has also been incorporated into institutionalized ayurveda. Bone setting was part and parcel of *kalari chikitsa* since *kalarippayattu* is a bodily art and the attacks on the vital spots and bones often caused injuries and dislocations. Surprisingly, bone setting remains an exclusive practice of *kalari chikitsa* without having official recognition, and has not been incorporated into institutionalized ayurveda. The surgical nature of bone

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\(^{59}\) Valiathan, NPTEL lecture, Module 2. Traditional medicine in Buddhist India. See [http://nptel.ac.in/syllabus/121106003/](http://nptel.ac.in/syllabus/121106003/) accessed on 08.05.2014.

\(^{60}\) Ibid.


\(^{62}\) Ibid.
setting treatment needs precision and is seen as an area that has to be authorised by modern medicine.

Vaidyas who were educated and certified through the newly evolved educational institutions were formally termed as ayurveda practitioners, though locally they were called as nattuvaidyas. There were a number of titles for ayurveda practitioners who had studied and qualified through the government Ayurveda Patasalas of Tripunithura and Travancore and through the Patasala of Kottakkal AVP. Ayurvedabhooshanam, Ayurvedacharya, Ayurvedashiromani, Vaidyakalanidhi, Aryavaidyan, Vaidyaratnam etc. were some of the vaidya titles used in mid-twentieth century.63 In 1922, the Director of Ayurveda of Travancore had submitted a proposal for instituting titles for ayurveda examinations. He had suggested ‘Vaidyasastri’ for the students who pass the third year exam and ‘Vaidyakalanidhi’ for students who pass the fifth year exam.64 Thus the students who successfully completed the course of Travancore Patasala were titled as Vaidyasastri and Vaidyakalanidhi, Tripunithura (Cochin) Patasala were titled as Ayurvedabhushanam and Kottakkal were titled as Aryavaidyan (Mohanlal, 2014). By 1939 three private ayurveda colleges were established. But all these colleges were closed by 1950 (Mohanlal, 2014). Madhava Ayurveda college of Ernakulam introduced the title of Diploma in Ayurveda Sastra (DAS) in 1940, whereas Madhava Ayurveda college of Kannur introduced the title of Vaidyapadan. Keraleeya Ayurveda Samajam College of Shoranur introduced the title of Ayurvedabhushanam in the same year (Mohanlal 2014). The individual teachers who were not associated with any institutions did not have the authority to award

63 See Arogyabandhu 1955, Annual special edition, Thalasserry.
64 See Bundle No.203, General File No.545/G.A dated 11.06.1922. Ayurveda- Institution of titles and charges in the Ayurveda Examinations, KSA, Trivandrum.
degrees or titles to their students on completion of the learning, till the
Travancore state instituted examinations under the department of indigenous
medicine. So, those who completed their learning of vaidyam under such
unaffiliated vaidyas were known merely as nattuvaidyas or vaidyas irrespective
of the years (five or more years) they spent with their Guru. Thus vaidyas were
differentiated as two types, one with a formal title even though the title varied on
the basis of the institution in which the practitioner learned vaidyam, and the
other without them. And a third group of specialists who were well-versed in one
or two streams of ayurveda continued to practice as Vishavaidyas,
Marmavaidyas, Netravaidyas or Balachikitsakas. Students who learned under
these traditional vaidyas were given the title of the respective stream of
specialization. These were informal titles and were not recognized by any
ayurvedic educational institution where vishavaidyam and marmavaidyam were
included in the syllabus. By 1956, with the formation of the united state of
Keralam, institutionalization and systematization invariably led to the necessity of
developing a uniform standard for ayurveda and created an organized body of
practitioners within the standards that were set (Brass 1972, 342-71). The diverse
titles given to scholars in ayurveda from various institutions were brought
together as a Degree in Ayurveda for the five-year course, and a Diploma in
Ayurveda for the three-year course.

Ayurveda got its present status, as the unique practice of Keralam, during the
course of systematization and institutionalization in the early nineteenth century.
Thus, one amongst the indigenous medical practices associated its identity with
that of a region and also with the nation, elevating its role as a unique indigenous
knowledge of that nation. Attempts at systematization and institutionalization had begun much prior to the seventeenth century, by the *Samhita* authors Charaka, Susruta and Vagbhata. Their successors had attempted to redact the *Samhita* texts in their own creative ways. But this attempt at systematization did not have the agenda of projecting ayurveda as a sole practice of a particular region and as representing the region’s pride and identity. The earlier systematization was effected by accepting and incorporating many of the existing popular practices.\(^{65}\) The late nineteenth century consolidation also happened by incorporating the knowledge and methods of a heterogenous set of regional, popular *vaidyam*.\(^{66}\) But contrary to earlier initiatives, in the case of the attempts during the nineteenth century, incorporation ends in centralizing one *vaidyam* by marginalizing all other *vaidyams* as *nattu* or folk practices. It was a process of incorporation and simultaneous elimination.

In short, refashioning of an institutionalized and systematized ayurveda as the sole classical practice of a region called Keralam happened through a series of processes. All heterogenous medical practices to which this classical ayurveda was indebted to, were pushed aside neatly as *nattuvaidyam*, exoteric, non-textual, non-scientific and superstitious. A classical medical practice is formulated in the context of colonial modernity in the late nineteenth and early twentieth century, by valorizing certain attributes over others as the criteria for deciding the validity of one kind of knowledge over the other. These attributes can be summarized as an authentic language (here Sanskrit), textual, *sastreey*, literate, theoretical, rational and secular. In other words, there was a particular language (Sanskrit)

\(^{65}\) See Dr. Valiathan, [http://nptel.ac.in/syllabus/121106003/](http://nptel.ac.in/syllabus/121106003/) accessed on 08.05.2014.

\(^{66}\) Ibid.
and form (textual) to represent *sastreey* and theoretical knowledge. These were instituted as necessary conditions for a knowledge system to be considered as modern. The practitioner had to refashion herself in order to access knowledge (literate and efficient in accessing at least one particular language). This indeed reduces different ways of knowing in *vaidyam* into a particular form of knowledge and the product is a rational and secular classical practice of a region. Interestingly, during the early twentieth century, the concern was actually about the dissemination of theoretical knowledge in *vaidyam* without having practice oriented classes.\(^67\) The Director of Ayurveda, Travancore decided to engage a medical doctor in the Ayurveda Patasala for imparting practical knowledge on anatomy and physiology. He states that the teaching in ayurveda is highly theoretical and students do not get much chance to go for practical training.\(^68\) But by the middle of that century, the concern shifts to the opposite direction because *vaidyam* then becomes a merely practice oriented tradition without having any theoretical back up.\(^69\) So, this change in perspective and focus is a new concern within the larger discursive field, and not an idea that emerged from within *nattuvaidyam*.

In the late eighteenth century, when modern medicine was introduced with the material and political support of the colonial state, ayurveda was construed as the *nattuvaidyam* or native medicine, an assortment of practices. By the second half of the twentieth century, ayurveda became the classical medicine and other assorted medical practices became *nattuvaidyam*. Ayurveda was something more

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\(^{67}\) Bundle No. 172, General Section File No.II-17 of 1918, Vol.1, Reorganization of Ayurveda, KSA, Trivandrum.

\(^{68}\) Ibid.

\(^{69}\) The Usman Committee report, 1923.
than ‘nattu‘vaidyam, denoting a practice that had the potential to rise above the region (nadu) and transcend time and space. By post-independence, the solidification of ayurveda as a unitary and authentic practice of a particular nation-state had invariably isolated if not erased the diverse set of medical practices to which the present ayurveda owes its medicine, treatment styles and medicinal plants. By this time, the diversity that existed and the resultant difficulty to delineate and mark these diverse practices were flattened out by the governing process of the state. Diversity in practices also acts as a strategy in nattuvaidyam in circumventing the governing process of the state. Diversity is controlled through homogenized education and degrees, and monitored through the process of medical registration. Many of the marginalized or delegitimized regional medical practices continue to exist to date as alternative healing practices.

The theorization of indigenous medical practices or rather indigenous knowledge has always happened in relation to modern medicine/knowledge and in relation to the State (See Arnold 2000, Harrison 1994, Pati and Harrison 2001). This epistemic framework invariably rests on the predictable questions of scientificity, rationality and multiple lack in indigenous practices in relation with biomedicine. Raising these theoretical issues in terms of a collection of diverse practices is difficult within the universal epistemological paradigm, which underplays diversities. So, these arguments end up focusing on certain practices amongst heterogenous practices. Such selection favoured codified over partially codified or non-codified vaidyam or practices which were assumed to be non-codified.

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70 Post-modern thinkers reject the universal nature of modern science and argue that it is inescapably rooted in the cultural singularities of the West. (See Bala 2006).
Since the epistemological paradigm that upholds rationality and scientificity itself is premised on codified practices and their normative frames, they easily communicate with another set of codified practices with a similar nature. Practices are codified in texts through observation and synthesis of these observations using abstraction, deduction, induction, analogy etc. in order to preserve them for a useful application in other similar situations in future (Murti 1948). But this codified knowledge acts as a norm for regulating and modulating further practices once they get reified into the form of a standard text. Nevertheless practices elude the strict boundaries of defined rules even when they follow certain elements prescribed in texts. I argue that practices are always excessive of their modulating apparatus, which is why they remain as practice. However, indigenous practices also reconfigure themselves through selective ‘rejection and reform of the present’ (Panikkar 1995, 145-75)) and through ‘in-house churning’ (Alavi 2007, Sivaramakrishnan 2006).

The process of acquiring authenticity and authority for one among the many indigenous healing practices, as the classical tradition of India, hints at the capacity of a powerful textual tradition to join hands with similar kinds of classical practices in other regions. In the initial years of the consolidation, it also renders invisible the other age-old textual traditions such as siddhavaidyam by labelling them as esoteric practice or as a subset of ayurveda. In this process what is erased or underplayed is the contributions and the role played by a range of indigenous practices or ayurvedas in rendering one among them as an authentic classical tradition. The diverse practices were not stagnant, they also reconfigured, renegotiated with the emerging public health initiatives and
refashioned themselves. The neo-literate *vaidyas* of these practices, especially those who gained access to the secular modern educational space, played an important role in this process. Their renegotiation sometimes acted as a threatening and hence regulating force in the consolidation of an authentic tradition. The whole process is not a unique feature of a particular region like Keralam. The authenticity and authority claim of a particular practice is strengthened by creating alliances with similar *vaidyams* in other regions, standardizing the texts used for learning and also through the contours of a nation’s territory.

**What constitutes Ayurveda?**

Let us ask the most basic question, what constitutes ayurveda? Is it *tridosha* principle of body? Is it the *Samhita* texts which ayurveda claimed as its source? Is it divinity of the age-old texts and yet their contemporaneity? Is it Sanskrit language that was widely used for codifying medical practice? Is it patronage? Or is it something else?

If it is *tridosha* principle that makes ayurveda distinct from other practices, then almost all *nattuvaidyam* – *kalarivaidyam*, *vishavaidyam*, *marmanivaidyam*, *siddhavaidyam*, *chintamanivaidyam*, *ottamulivaidyam* etc. to name a few - are more or less based on the same principle even when some of these practices possess other ideas of the body. So, it is not easy to say how a codified and textual ayurveda became a distinct and authentic traditional medical practice of a region among all these practices. Ayurveda has had a very close interaction with all these traditions. What is ayurveda is a contested issue, when all of these medicinal traditions are based on *tridosha siddhantham*. The plants and herbs,
minerals and metals used in treatment are varied, based on their availability in each region. The combination of their usage also differs in each tradition. This is equally applicable to ayurveda medicines as stated in the government document, “the Aryavaidyam or Indian system of medicine varies with the circumstances in different parts of India”.71 If that is the case then what is unique about the tridosha principle in ayurveda?

If one considers the textual tradition of ayurveda as its source, one has to take into account other textual traditions that co-exist with ayurveda. The practice of ayurveda is believed to be based on “the great threesome” (Brhatrayi), the Charaka Samhita, Susruta Samhita and Ashtanga Hridayam (Wujastyk 1998, 13). All over India the first two Samhitas are believed to be widely used in the practice of ayurveda. In south India Susruta Samhita and Charaka Samhita were rarely used in the nineteenth century (Thirumulpad 2010, 11-14). Likewise, there is not even a single interpretation of Charaka Samhita from south India till the late nineteenth century (Thirumulpad 2010, 11-14). Especially in Kerala, ayurveda practitioners did not use Samhita texts for their practice till twentieth century (Varier 1980). The accepted Sanskrit texts among Brahmin vaidyas were Ashtanga Hridayam and Ashtanga Sarasamgraham. The latter was believed to be redacted after the Samhita period (Varier 1980, Thirumulpad 2010).72 However, the widely used texts by lower castes were Sahasrayogam, Dharakalpam, Vaidyamanorama, Chikitsamanjari, Yogamritam, Sarvaroga Chikitsaratnam, Vaidya Sarasamgraham etc. (Unnikrishnan 2011, Varier 1980, Vinayachandran

71 GO No. 475-476 dated 19.11.1917, Local and Municpal Department (Medical), Government of Madras, TSA, Chennai.
72 These texts are believed to have belonged to a period around the second century before Christ (Sinh Jee, 1896).
2001) written in Sanskrit, Malayalam, Manipravalam\textsuperscript{73}, Tamil or Arabic-Malayalam. These were all written or redacted by well versed \textit{nattuvaidyas} of Keralam (Unnikrishnan 2011, Vinayachandran 2011). Apart from these texts there were other textual traditions such as \textit{siddhavaidyam}.

\textit{Siddhavaidyam} has an age-old textual tradition believed to be given by gods to \textit{rishis}\textsuperscript{74} just like \textit{Samhitas} in ayurveda. \textit{Siddhavaidyam} is believed to have originated in Dravidian traditions and it is largely seen in southern Keralam and Tamil Nadu and was earlier known as Tamil medicine or Tamil Ayurveda as mentioned before (Weiss 2009). In contrast to \textit{Siddhavaidyam}'s Dravidian tradition, ayurveda argued for and claimed an Aryan origin (Varier 1906).\textsuperscript{75} The older texts that are available in \textit{Siddhavaidyam} were mainly written in Tamil, though some of them were also in Sanskrit. Some of the important texts in \textit{Siddhavaidyam} that describes medicinal compositions using metals and herbs are \textit{Rasaratnayogam}, \textit{Rasasamuchayam}, \textit{Rasavaiseshikam}, \textit{Vagbhatanidhanam}, \textit{Rasahrdlaya}, \textit{Rasaratnakara}, \textit{Rasarnava} and \textit{Rasaratnasamuccaya} (Unnikrishnan 2011, Varier 1980). The apparent and important difference between consolidated ayurveda and \textit{siddhavaidyam} is that the former uses plants, herbs and roots and the latter uses purified and processed minerals and metals with herbs in its medicinal composition. In many occasions, in order to articulate itself as an important \textit{vaidyam}, the \textit{Siddha vaidyas} claimed that they were ayurvedic practitioners. In studies on ayurveda too \textit{Siddhavaidyam} is treated as part of

\textsuperscript{73} Manipravalam is a mixture of Malayalam and Sanskrit.

\textsuperscript{74} Agastyar \textit{rishi} is believed to have brought the practice to earth and gave it to 84 \textit{siddhars} (some believed this is 18 \textit{siddhars}) who then taught it to their disciples (Krishnamurthy and Mouli 1984).

\textsuperscript{75} In \textit{Aryavaidya charitram}, Varier has reproduced the story of Vedas. Brahma is believed to be the first god who composed ayurveda consisting of one hundred chapters with one hundred slokas in each chapter. The author reproduced the ideas of Max Muller and the concepts in Manusmriti in order to strengthen his Aryavarta story.
ayurveda. If that is the case, how does *Siddhavaidyam* became only a subset of ayurveda? And how is ayurveda validated as the only age-old textual tradition of a region? However, *Siddhavaidyam* is also treated as the medical practice of Tamil Nadu by the late twentieth century.

The claim about divinity and contemporaneity of the age-old *Samhitas* is another significant way in which ayurveda assumes a central position. This indicates a different relationship between a knowledge carrying text and notions of time (*kalam*). The text is seen as an open source for all who want to interpret it or use it. The late nineteenth and early twentieth centuries witnessed a proliferation of printed texts, in Sanskrit, Malayalam, Arabi-Malayalam and Tamil on indigenous medicines. All over India texts were produced on a large scale by Indians and Orientalists on *vaidyam* (Banerji 2010). In this re-production and redaction also the available texts on *vaidyam* were seen as open sources for further interpretation and use. This is irrespective of their nature and the language in which they were codified since they were not author-specific or period-specific. Most of them were either redactions of the existing texts or their interpretation which incorporated the experiences of the *vaidyas* who had written them.\(^7\) The name of the writer as well as the time of writing was not important till the early twentieth century. The writer or interpreter has a different relationship not only with the text but also with the time of the text. For most of them the ancient quality or the

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\(^7\)For instance see *Sahasrayogam, Vaidyasarasamgraham* and *Chikitsamanjari*. Authors of these texts are not known even when they were widely circulated amongst practitioners and layperson. Whereas the authors of *Prayogasamuchayam* and *Kriyakaumudi*, two texts on *vishvavidyam* are Kochunni Thampuran and Kuttikrishna Menon. Both the authors were *vishvavidyam* practitioners and it is not clear from which sources they had redacted these texts. Menon stated that he checked and compared the available texts on *vishvavidyam* in Sanskrit, Prakrit, Tamil and Malayalam. Menon also hints that *Prayogasamuchayam* is a redacted text from *Jyotsnika*, an older *vishvavidyam* text (See Menon n/d, XXIX-XXXV). It could be possible that both of them have added the knowledge they learnt through memorization and application.
aura of a text symbolized its authority and divinity rather than signify its outdated nature as alleged by biomedicine practitioners and state officials. It symbolized the deep-rooted nature of a text or a traditional practice. This is a journey from one time to another time without negating or erasing the old time with the existing present or a projected future. This is also a back and forth journey, but not a nostalgic one of upholding a glorious past in order to validate the present. The past itself is as important as the present and a determining factor of the present. Without the past, the present has no value of its own. It is a relation with another time in order to connect with the present time or rather the emphasis is on the inter-connectedness of time. In this journey through time the author or interpreter see themselves as mere instruments in preserving the knowledge of a divine past. Making books was not seen as writing one’s own original ideas (Varier 2009, 25) in spite of including the writer’s view and experience in texts. In this view, the subject is configured as an instrument in producing change, rather than as an active and conscious interventionist.  

One of the criticisms about ancient texts is that they were incapable of treating new diseases. However, *nattuvaidyam* or ayurveda does not focus on the newness of the disease. Rather the focus is on the *lakshananidanam* or symptom of the diseases that appear on the body of a person from moment to moment (Thirumulpad 2007). Changes that are seen in the bodily humours are the prime concern while prescribing medicine and treatment. So even if the disease articulated on the surface of the body is new, say because of a new food habit or pesticide or biomedicine, the newness of the disease has little importance in

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77 Interview with Manmadhan dated 30.05.12, Avanaparambu Maheshwaran Nampoothiripad dated 16.01.12, Unnikrishnan dated 16.05.13.
Giving new names for fevers such as Dengue or bird flu, as is the case with modern medicine, is not important in ayurveda.

*Alathur Manipravalam enna vaidyagrantham* is a text belonging to the medieval period and written in Manipravalam language (Varier 2009). Many verses from this text were reproduced in other texts on *vaidyam* including *Sukhasadagam* and *Yogamritam*, two oldest texts from the early nineteenth century. Later twentieth century popular texts such as *Chikitsamanjari*, *Sahasrayogam* etc. also reproduced *slokas* from *Alathur Grantham*. The author of this text is unknown. The term ‘author’ usually referred to one who edited and compiled a variety of literature taken from various sources across India. A *vishavaidyam* series had been published in *Dhanwantari* for four years continuously from its very inception in 1903. This was written by Channazi Kumaran Moossad *vaidyar*. The series was posthumously published as a book in 1958 by P. K. Brothers, Calicut. The purpose was to use it as a text in teaching *vishavaidyam* at AVP. But the name of the author is given as P.V.Krishna Varier, the one who listened, noted down, edited and corrected the essays. If this was the case in the mid-twentieth century, it would be even more difficult to locate the authenticity and authority of older texts on the basis of authorship. In the re-production of available materials on *vaidyam* through print, the choice of the authors and redactors were entirely selective and subjective. The effects of such selection could only be analyzed through the existing texts and literature on *vaidyam*. So, the authority of divinity and contemporaneity used to validate ayurveda is not convincing in the context of

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78 According to Varier this is a 600 years old book.
79 In the preface of the book Varier has mentioned that since Moossad did not know how to write essays, *Dhanwantari* appointed a person to note down what Moossad had to say on *vishavaidyam*. During the first six to eight months the appointed person had done this work. After that Varier himself had done the job of writing down Moossad’s orally communicated knowledge on *vishavaidyam*. 

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the multiplicity of texts used by diverse *vaidyas* in Keralam.

The fourth claim is about Sanskrit as an authentic language used in codifying *vaidyam*. Sheldon Pollock observes that European histories of Indian literature uphold histories of Sanskrit and its congeners, Pali and Prakrit. According to Pollock this is a fascination of the “Romantic Europe’s preoccupation with origins and lines of descent” (Pollock 2003, 36). However in Keralam, books on *vaidyam* were not written only in Sanskrit. Other vernaculars such as Malayalam, Manipravalam, Arabi-Malayalam and Tamil have equally been used for documenting *vaidyam*.80 A large number of Telugu and Kannada books are also seen in other parts of south India.81 Moreover, in some languages the script used for writing texts on *vaidyam* is different from the script used for other purposes.82 This indicates that languages had a special technique to document and preserve the knowledge of *vaidyam*. By nineteenth century, new languages evolved and replaced some of the old ones in documenting *vaidyam*. For instance, Urdu evolved as a pidgin language from Persian and Arabic speaking esoteric practitioners of north India and was used in representing the new Unani in the nineteenth century (Alavi 2007). Similarly Hindi began to emerge as the language of Hindu *baids* in Punjab. In contrast to Hindi the Gurumukhi speaking *baids* claim to an indigenous ayurveda that is preserved through their language (Sivaramakrishnan 2006). A variety of languages emerged and began to represent *vaidyam* from late eighteenth century onwards. The neat divide between reading, rote learning and writing also changed by this time. The scribes meant to do writing were extinct by late nineteenth century. The relation between script and

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80 See The Usman Committee Report, 1923.
81 Ibid.
82 See Footnote No.195.
speech and the different techniques within script also transformed with the advent of print culture.

So, the validation using *tridosha* principle, divinity, codified nature and particular language used for that codification does not bear sufficient truth value for ayurveda to become *the* unique cultural practice of a region since these are equally claimable by other codified and non-codified traditions. Besides codification is also possible at an abstract level in memory which is precisely the basic nature of many non-textual practices or oral traditions. Classical ayurveda emerged out of the compulsion to speak in equal terms to modern medicine, a knowledge system that was morally and financially supported by the state and authenticated by science. The scholastic literary tradition was established as *the* authentic tradition through the association of its practitioners with rulers, regional rajas and landlords. In the seventeenth and eighteenth centuries many of the practitioners worked as *kottaram* (court) *vaidyas* of rajas. This continued in the colonial period too; their connections as translators, subordinate officials etc. and their correspondences with the colonial officers helped them to legitimate and establish their practice as an authentic tradition. They further ascertained the authenticity and authority of their medical practice by making connections with sacred texts (the Vedas) and *vaidyam* (*CharakaSamhita* and *SusrutaSamhita*). Antiquity and divinity of the texts were used to highlight its stability and contemporary relevance. Thus the *Samhitas* symbolised an everlasting truth carrying capacity of selected practices. These attributes worked as the norms of the classical. Paradoxically, the same conceptions are deployed against all indigenous healing practices by biomedicine practitioners and the state officials.
of British Malabar. They said, indigenous medicine was archaic and hence stagnant and no valid research had happened to test either the validity of treatment or the composition of medicines used for treatment.\textsuperscript{83} The same points of view and tools create different meanings in different epistemological frameworks to argue for and against a group of practices. The above mentioned arguments were played out through print media and in the newly formed association of vaidyas and patasalas in claiming authenticity and authority for ayurveda.

To sum up, an understanding of the process of selective rejection of colonial modernity in defining what constitutes a valid indigenous medical practice, is important in narrating the story of the reconfiguration of ayurveda. This has to be seen in tandem with the selective rejection of nattuvaidyam in its endeavour to speak for and represent itself as a traditional knowledge of a region. Assorted practices are both difficult to decipher and to classify as homogenous. So the only choice is to select one practice among a range of practices. The selection would be ideal in the case of codified practices with its claims of textual traditions – ayurveda - because that is the easily decipherable practice for colonial modernity. In this process many other codified and non-codified practices were pushed away as nattuvaidyam in spite of their common tridosha principle. The stories of this negotiation and reconfiguration are not one-dimensional. The constructed image of ayurveda as a classical tradition of a region reveals only one story in which Sanskrit language and upper caste vaidyas play the dominant role. The untold aspect of this story is that in the refashioning of one ayurveda as a classical

\textsuperscript{83} GO No. 475-476 dated 19.11.1917, Indigenous Systems of Medicine, Local and Municipal Department (Medical) 1917, TSA, Chennai.
tradition amongst a range of ayurvedas, it acquired the image of a secular medical practice. The reconfiguration of *nattuvaidyam* brings to fore other stories in which one is of the active participation of Ezhava *vaidyas*, many of whom were Sanskrit scholars, from the seventeenth century onwards. The presence of large number of vernacular texts on *vaidyam* which were used by *nattuvaidyam* practitioners tells us yet another story – one of the active presence of a range of people from all castes and religions and their contribution to the medical space of Keralam. The layperson’s knowledge of *vaidyam* shows the live interaction between them and *nattuvaidyam*. The interactions between these players were unpredictable and non-linear. There are multiple players and stories, each of them speak differently and the whole play reveals many untold stories and unseen players. For instance *nattuvaidyam* and ayurveda, the two interchangeable terms in the nineteenth century, became entirely differentiated as two separated knowledge realms by the late twentieth century in which ayurveda represents the scholastic realm and *nattuvaidyam* the popular or folk practice. Through the primary and secondary materials gathered and interviews conducted, this chapter has attempted to unveil the invisible spaces within a few told stories. It was equally an attempt to re-read the oft-told stories to re-configure the role of its main players. The endeavour was also to disclose and theorize a few untold stories by bringing the hitherto unnoticed players into the forefront.

The next chapter maps out the notions of body and disease in *nattuvaidyam* by closely looking at some moments of *kalari* and *vishavaidyam* practices. The ideas on body and health invariably lead to an enquiry in to the idea of standardization and classification in *nattuvaidyam*. The body-specific modes of standardization and classification does not limit the possibility of a universalization within it.